

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

Interim Final

Date of Interim Audit Report: February 21, 2022 N/A

If no Interim Audit Report, select N/A

Date of Final Audit Report: February 4, 2024

Auditor Information

Name: Monica Lugo	Email: npacpro@yahoo.com
Company Name: National PREA Auditing and Consulting (NPAC), LLC	
Mailing Address: PO Box 761536	City, State, Zip: San Antonio, Texas 78245
Telephone: 210-710-9479	Date of Facility Visit: February 19-21, 2022

Agency Information

Name of Agency: Sedgwick County Sheriff's Office			
Governing Authority or Parent Agency (If Applicable): Click or tap here to enter text.			
Physical Address: 141 W Elm Street		City, State, Zip: Wichita, Kansas, 67203	
Mailing Address: 141 W Elm Street		City, State, Zip: Wichita, Kansas, 67203	
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
Agency Website with PREA Information: https://www.sedgwickcounty.org/sheriff/detention-bureau/prea/			

Agency Chief Executive Officer

Name: Jeffrey Easter	
Email: Jeffrey.Easter@sedgwick.gov	Telephone: 316-660-3900

Agency-Wide PREA Coordinator

Name: Todd Hallacy, Lieutenant	
Email: Todd.Hallacy@sedgwick.gov	Telephone: 316-660-0892
PREA Coordinator Reports to: Captain Paula Smith	Number of Compliance Managers who report to the PREA Coordinator: 1

Facility Information

Name of Facility: Sedgwick County Detention Facility

Physical Address: 141 W Elm Street

City, State, Zip: Wichita, Kansas, 67203

Mailing Address (if different from above):

Click or tap here to enter text.

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

The Facility Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

Facility Type:

Prison

Jail

Facility Website with PREA Information: <https://www.sedgwickcounty.org/sheriff/detention-bureau/prea/>

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

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

ACA

NCCCHC

CALEA

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

N/A

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

Click or tap here to enter text.

Warden/Jail Administrator/Sheriff/Director

Name: Jared Schechter, Colonel

Email: Jared.Schechter@sedgwick.gov

Telephone: 316-660-3906

Facility PREA Compliance Manager

Name: Christopher Tucker, Sergeant

Email: Christopher.Tucker@sedgwick.gov

Telephone: Click or tap here to enter text.

Facility Health Service Administrator N/A

Name: Sara Hallacy

Email: sara.hallacy@sedgwick.gov

Telephone: 316-660-0850

Facility Characteristics

Designated Facility Capacity:

1405

Current Population of Facility:

1347

Average daily population for the past 12 months:	1408
Has the facility been over capacity at any point in the past 12 months?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input type="checkbox"/> Males <input checked="" type="checkbox"/> Both Females and Males
Age range of population:	17-66
Average length of stay or time under supervision:	23 days
Facility security levels/inmate custody levels:	Minimum, Medium, Maximum
Number of inmates admitted to facility during the past 12 months:	22,502
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for <i>72 hours or more</i> :	0
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for <i>30 days or more</i> :	0
Does the facility hold youthful inmates?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Number of youthful inmates held in the facility during the past 12 months: (N/A if the facility never holds youthful inmates)	8 <input type="checkbox"/> N/A
Does the audited facility hold inmates for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Select all other agencies for which the audited facility holds inmates: Select all that apply (N/A if the audited facility does not hold inmates for any other agency or agencies):	<input checked="" type="checkbox"/> Federal Bureau of Prisons <input checked="" type="checkbox"/> U.S. Marshals Service <input checked="" type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input checked="" type="checkbox"/> U.S. Military branch <input type="checkbox"/> State or Territorial correctional agency <input checked="" type="checkbox"/> County correctional or detention agency <input checked="" type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: Click or tap here to enter text. <input type="checkbox"/> N/A
Number of staff currently employed by the facility who may have contact with inmates:	214
Number of staff hired by the facility during the past 12 months who may have contact with inmates:	88
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	0
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	88
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	113

Physical Plant

<p>Number of buildings:</p> <p>Auditors should count all buildings that are part of the facility, whether inmates are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house inmates, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</p>	2
<p>Number of inmate housing units:</p> <p>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows inmates to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	44
Number of single cell housing units:	639
Number of multiple occupancy cell housing units:	14
Number of open bay/dorm housing units:	8
Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):	26
In housing units, does the facility maintain sight and sound separation between youthful inmates and adult inmates? (N/A if the facility never holds youthful inmates)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Medical and Mental Health Services and Forensic Medical Exams	
Are medical services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Are mental health services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

<p>Where are sexual assault forensic medical exams provided? Select all that apply.</p>	<input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.)
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Investigations

Criminal Investigations

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

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

The summary should include the number and list of standards exceeded, number of standards met, and number and list of standards not met.

Auditor Note: No standard should be found to be “Not Applicable” or “NA”. A compliance determination must be made for each standard.

Interim Audit Findings

Standards Exceeded

Number of Standards Exceeded: 0
List of Standards Exceeded: N/A

Standards Met

Number of Standards Met: 35

Standards Not Met

Number of Standards Not Met: 10
List of Standards Not Met: 115.11, 115.13, 115.15, 115.16, 115.31, 115.33, 115.51, 115.53, 115.64, 115.67

Final Audit Findings

Standards Exceeded

Number of Standards Exceeded: 0
List of Standards Exceeded: N/A

Standards Met

Number of Standards Met: 44

Standards Not Met

Number of Standards Not Met: 1
List of Standards Not Met: 115.13

Post-Audit Reporting Information

General Audit Information	
Onsite Audit Dates	
1. Start date of the onsite portion of the audit:	February 19, 2022 – Follow-up November 19, 2022
2. End date of the onsite portion of the audit:	February 21, 2022 – Follow-up November 22, 2022
Outreach	
3. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. If yes, identify the community-based organizations or victim advocates with whom you corresponded:	Wichita Area Sexual Assault Center
Audited Facility Information	
4. Designated Facility Capacity:	1405
5. Average daily population for the past 12 months:	1408
6. Number of inmate/resident/detainee housing units: DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows residents to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.	44
7. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

Audited Facility Population on Day One of the Onsite Portion of the Audit

Inmates/Residents/Detainees

8. Enter the total number of inmates/residents/detainees housed at the facility as of the first day of the onsite portion of the audit:	1335
9. Enter the total number of youthful inmates or youthful/juvenile detainees housed at the facility on the first day of the onsite portion of the audit:	4
10. Enter the total number of inmates/residents/detainees with a physical disability housed at the facility as of the first day of the onsite portion of the audit:	5
11. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) housed at the facility as of the first day of the onsite portion of the audit:	1
12. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) housed at the facility on the first day of the onsite portion of the audit:	0
13. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing housed at the facility on the first day of the onsite portion of the audit:	0
14. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) housed at the facility as of the first day of the onsite portion of the audit:	4
15. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual housed at the facility as of the first day of the onsite portion of the audit:	0
16. Enter the total number of inmates/residents/detainees who identify as transgender, or intersex housed at the facility as of the first day of the onsite portion of the audit:	1
17. Enter the total number of inmates/residents/detainees who reported sexual abuse in this facility who are housed at the facility as of the first day of the onsite portion of the audit:	0
18. Enter the total number of inmates/residents/detainees who reported sexual harassment in this facility who are housed at the facility as of the first day of the onsite portion of the audit:	0
19. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening housed at the facility as of the first day of the onsite portion of the audit:	0
20. Enter the total number of inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization housed at the facility as of the first day of the onsite portion of the audit:	0
21. Enter the total number of inmates/residents/detainees who are or were ever placed in segregated housing/isolation for having reported sexual abuse in this facility as of the first day of the onsite portion of the audit:	0
22. Enter the total number of inmates/residents detained solely for civil immigration purposes housed at the facility as of the first day of the onsite portion of the audit:	0

<p>23. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations).</p> <p><i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i></p>	<p>Not all targeted groups were properly tracked; therefore, the Auditor was tracking targeted groups as random interviews were taking placed. A list of 26 inmates was provided for inmates who submitted PREA complaints; however, it was not separated by type of incident. There were no inmates identified as LGB.</p>
<p><i>Staff, Volunteers, and Contractors</i> <i>Include all full- and part-time staff employed by the facility, regardless of their level of contact with inmates/residents/detainees</i></p>	
<p>24. Enter the total number of STAFF, including both full- and part-time staff employed by the facility as of the first day of the onsite portion of the audit:</p>	<p>189</p>
<p>25. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>0</p>
<p>26. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>0</p>
<p>27. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit.</p> <p><i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i></p>	<p>The contractors assigned to facility the first day of the audit were Medical and Mental Health personnel. Kitchen contractors were also assigned to the facility. Volunteers were just going to be allowed back into the facility due to Covid-19 pandemic.</p>
<p>Interviews</p>	
<p>Inmate/Resident/Detainee Interviews</p>	
<p><i>Random Inmate/Resident/Detainee Interviews</i></p>	
<p>28. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>30</p>
<p>29. Select which characteristics you considered when you selected random inmate/resident/detainee interviewees:</p>	<p><input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input checked="" type="checkbox"/> Gender <input type="checkbox"/> Other (describe) Click or tap here to enter text. <input type="checkbox"/> None (explain) Click or tap here to enter text.</p>
<p>30. How did you ensure your sample of random inmate/resident/detainee interviewees was geographically diverse?</p>	<p>Auditor utilized the inmate population report provided to make random selection.</p>
<p>31. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>a. If no, explain why it was not possible to interview the minimum number of random inmate/resident/detainee interviews:</p>	<p>Click or tap here to enter text.</p>

<p>32. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation, etc.).</p> <p><i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i></p>	<p>Click or tap here to enter text.</p>
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Targeted Inmate/Resident/Detainee Interviews

<p>33. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</p> <p><i>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols.</i></p> <p><i>For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed.</i></p> <p><i>If a particular targeted population is not applicable in the audited facility, enter "0".</i></p>	<p style="text-align: center;">14</p>
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<p>34. Enter the total number of interviews conducted with youthful inmates or youthful/juvenile detainees using the "Youthful Inmates" protocol:</p>	<p style="text-align: center;">4</p>
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<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
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<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Click or tap here to enter text.</p>
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<p>35. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p style="text-align: center;">2</p>
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<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Click or tap here to enter text.</p>
<p>36. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the “Disabled and Limited English Proficient Inmates” protocol:</p>	<p>1</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Click or tap here to enter text.</p>
<p>37. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (visually impaired) using the “Disabled and Limited English Proficient Inmates” protocol:</p>	<p>0</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>No inmates were identified during interviews conducted. Randomly selected inmates to be interviewed from all housing areas.</p>
<p>38. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the “Disabled and Limited English Proficient Inmates” protocol:</p>	<p>0</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>No inmates were identified during interviews conducted. Randomly selected inmates to be interviewed from all housing areas.</p>
<p>39. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the “Disabled and Limited English Proficient Inmates” protocol:</p>	<p>2</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Click or tap here to enter text.</p>
<p>40. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the “Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates” protocol:</p>	<p>2</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Click or tap here to enter text.</p>
<p>41. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex “Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates” protocol:</p>	<p>1</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Click or tap here to enter text.</p>

<p>42. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the “Inmates who Reported a Sexual Abuse” protocol:</p>	<p>3</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Click or tap here to enter text.</p>
<p>43. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the “Inmates who Disclosed Sexual Victimization during Risk Screening” protocol:</p>	<p>1</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Click or tap here to enter text.</p>
<p>44. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the “Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Alleged to have Suffered Sexual Abuse)” protocol:</p>	<p>0</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>No inmates were identified during interviews conducted. Randomly selected inmates to be interviewed from segregated housing areas.</p>
<p>45. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation, etc.).</p> <p><i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i></p>	<p>Auditor used the list of inmates provided and selected multiple inmates from each housing are.</p>

Staff, Volunteer, and Contractor Interviews

Random Staff Interviews

<p>46. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p align="center">15</p>
<p>47. Select which characteristics you considered when you selected RANDOM STAFF interviewees (select all that apply):</p>	<p><input checked="" type="checkbox"/> Length of tenure in the facility <input checked="" type="checkbox"/> Shift assignment <input checked="" type="checkbox"/> Work assignment <input checked="" type="checkbox"/> Rank (or equivalent) <input type="checkbox"/> Other (describe) Click or tap here to enter text. <input type="checkbox"/> None (explain) Click or tap here to enter text.</p>
<p>48. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>a. If no, select the reasons why you were not able to conduct the minimum number of RANDOM STAFF interviews (select all that apply):</p>	<p><input type="checkbox"/> Too many staff declined to participate in interviews <input type="checkbox"/> Not enough staff employed by the facility to meet the minimum number of random staff interviews (Note: select this option if there were not enough staff employed by the facility or not enough staff employed by the facility to interview for both random and specialized staff roles). <input type="checkbox"/> Not enough staff available in the facility during the onsite portion of the audit to meet the minimum number of random staff interviews. <input type="checkbox"/> Other (describe) Click or tap here to enter text.</p>
<p>b. Describe the steps you took to select additional RANDOM STAFF interviewees and why you were still unable to meet the minimum number of random staff interviews:</p>	<p>Auditor requested daily staff rosters for each day on-site and selected staff from each shift assigned to all areas of the facility.</p>
<p>49. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, etc.).</p> <p><i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i></p>	<p>Click or tap here to enter text.</p>

Specialized Staff, Volunteers, and Contractor Interviews

Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that interview would satisfy multiple specialized staff interview requirements.

<p>50. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p align="center">12</p>
<p>51. Were you able to interview the Agency Head?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>a. If no, explain why it was not possible to interview the Agency Head:</p>	<p>Click or tap here to enter text.</p>
<p>52. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>a. If no, explain why it was not possible to interview the Warden/Facility Director/Superintendent or their designee:</p>	<p>Click or tap here to enter text.</p>
<p>53. Were you able to interview the PREA Coordinator?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>

<p>a. If no, explain why it was not possible to interview the PREA Coordinator:</p>	<p>Click or tap here to enter text.</p>
<p>54. Were you able to interview the PREA Compliance Manager?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> N/A (N/A if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)</p>
<p>a. If no, explain why it was not possible to interview the PREA Compliance Manager:</p>	<p>Click or tap here to enter text.</p>
<p>55. Select which SPECIALIZED STAFF roles were interviewed as part of this audit (select all that apply):</p>	<p><input checked="" type="checkbox"/> Agency contract administrator</p> <p><input checked="" type="checkbox"/> Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment</p> <p><input checked="" type="checkbox"/> Line staff who supervise youthful inmates (if applicable)</p> <p><input checked="" type="checkbox"/> Education and program staff who work with youthful inmates (if applicable)</p> <p><input checked="" type="checkbox"/> Medical staff</p> <p><input checked="" type="checkbox"/> Mental health staff</p> <p><input type="checkbox"/> Non-medical staff involved in cross-gender strip or visual searches</p> <p><input checked="" type="checkbox"/> Administrative (human resources) staff</p> <p><input type="checkbox"/> Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff</p> <p><input checked="" type="checkbox"/> Investigative staff responsible for conducting administrative investigations</p> <p><input checked="" type="checkbox"/> Investigative staff responsible for conducting criminal investigations</p> <p><input checked="" type="checkbox"/> Staff who perform screening for risk of victimization and abusiveness</p> <p><input checked="" type="checkbox"/> Staff who supervise inmates in segregated housing/residents in isolation</p> <p><input checked="" type="checkbox"/> Staff on the sexual abuse incident review team</p> <p><input checked="" type="checkbox"/> Designated staff member charged with monitoring retaliation</p> <p><input checked="" type="checkbox"/> First responders, both security and non-security staff</p> <p><input checked="" type="checkbox"/> Intake staff</p> <p><input checked="" type="checkbox"/> Other (describe) Victim Advocate</p>
<p>56. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>a. Enter the total number of VOLUNTEERS who were interviewed:</p>	<p>1</p>
<p>b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit (select all that apply):</p>	<p><input type="checkbox"/> Education/programming</p> <p><input type="checkbox"/> Medical/dental</p> <p><input type="checkbox"/> Mental health/counseling</p> <p><input checked="" type="checkbox"/> Religious</p> <p><input type="checkbox"/> Other</p>

57. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. Enter the total number of CONTRACTORS who were interviewed:	3
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit (select all that apply):	<input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input checked="" type="checkbox"/> Medical/dental <input checked="" type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input checked="" type="checkbox"/> Other
58. Provide any additional comments regarding selecting or interviewing specialized staff (e.g., any populations you oversampled, barriers to completing interviews, etc.). <i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i>	Auditor request a list of staff who are responsible for the area required for specialized interviews.

Site Review and Documentation Sampling

Site Review

PREA Standard 115.401(h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: discussions related to testing critical functions are expected to be included in the relevant Standard-specific overall determination narratives.

59. Did you have access to all areas of the facility?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. If no, explain what areas of the facility you were unable to access and why.	Click or tap here to enter text.
Was the site review an active, inquiring process that included the following:	
60. Reviewing/examining all areas of the facility in accordance with the site review component of the audit instrument?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. If no, explain why the site review did not include reviewing/examining all areas of the facility.	Click or tap here to enter text.
61. Testing and/or observing all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., intake process, risk screening process, PREA education)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. If no, explain why the site review did not include testing and/or observing all critical functions in the facility.	Click or tap here to enter text.
62. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
63. Informal conversations with staff during the site review (encouraged, not required)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

<p>64. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</p> <p><i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i></p>	<p>Auditor communicated with staff and inmates while on facility tour. Auditor observed the intake and screening process. Auditor tested reporting avenues, phones, and kiosk. Auditor observed staff interaction with inmate population. Auditor had access to all areas of the facility.</p>
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Documentation Sampling

Where there is a collection of records to review—such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files—auditors must self-select for review a representative sample of each type of record.

<p>65. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
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<p>66. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</p> <p><i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i></p>	<p>Auditor randomly selected supporting documentation for intake screening, training documents, background checks, inmate files, grievances, request, etc.</p>
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Sexual Abuse and Sexual Harassment Allegations and Investigations in this Facility

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted.

Note: For question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.

67. Total number of SEXUAL ABUSE allegations and investigations overview during the 12 months preceding the audit, by incident type:

Instructions: If you are unable to provide information for one or more of the fields below, enter an “X” in the field(s) where information cannot be provided.

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
<u>Inmate-on-inmate sexual abuse</u>	X	X	X	X
<u>Staff-on-inmate sexual abuse</u>	X	X	X	X
Total	X	X	X	X

<p>a. If you were unable to provide any of the information above, explain why this information could not be provided.</p>	<p>Auditor was provided with investigative reports for 2022, during the corrective action period to review.</p>
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68. Total number of SEXUAL HARASSMENT allegations and investigations overview during the 12 months preceding the audit, by incident type:

Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
<u>Inmate-on-inmate sexual harassment</u>	X	X	X	X
<u>Staff-on-inmate sexual harassment</u>	X	X	X	X
Total	X	X	X	X

a. If you were unable to provide any of the information above, explain why this information could not be provided.

Auditor was provided with investigative reports for 2022, during the corrective action period to review.

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

Note: these counts should reflect where the investigation is currently (i.e., if a criminal investigation was referred for prosecution and resulted in a conviction, that investigation outcome should only appear in the count for "convicted.") Do not double count. Additionally, for question brevity, we use the term "inmate" in the following questions. Auditors should provide information on inmate, resident, and detainee sexual abuse investigation files, as applicable to the facility type being audited.

69. Criminal SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.

	Ongoing	Referred for Prosecution	Indicted/Court Case Filed	Convicted/Adjudicated	Acquitted
<u>Inmate-on-inmate sexual abuse</u>	X	X	X	X	X
<u>Staff-on-inmate sexual abuse</u>	X	X	X	X	X
Total	X	X	X	X	X

a. If you were unable to provide any of the information above, explain why this information could not be provided.

Auditor was provided with investigative reports for 2022, during the corrective action period to review.

70. Administrative SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<u>Inmate-on-inmate sexual abuse</u>	X	X	X	X
<u>Staff-on-inmate sexual abuse</u>	X	X	X	X
Total	X	X	X	X

<p>a. If you were unable to provide any of the information above, explain why this information could not be provided.</p>	<p>Auditor was provided with investigative reports for 2022, during the corrective action period to review.</p>
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Sexual Harassment Investigation Outcomes

Note: these counts should reflect where the investigation is currently. Do not double count. Additionally, for question brevity, we use the term "inmate" in the following questions. Auditors should provide information on inmate, resident, and detainee sexual harassment investigation files, as applicable to the facility type being audited.

71. Criminal SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.

	Ongoing	Referred for Prosecution	Indicted/Court Case Filed	Convicted/Adjudicated	Acquitted
Inmate-on-inmate sexual harassment	X	X	X	X	X
Staff-on-inmate sexual harassment	X	X	X	X	X
Total	X	X	X	X	X

<p>a. If you were unable to provide any of the information above, explain why this information could not be provided.</p>	<p>Auditor was provided with investigative reports for 2022, during the corrective action period to review.</p>
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72. Administrative SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	X	X	X	X
Staff-on-inmate sexual harassment	X	X	X	X
Total	X	X	X	X

<p>a. If you were unable to provide any of the information above, explain why this information could not be provided.</p>	<p>Auditor was provided with investigative reports for 2022, during the corrective action period to review.</p>
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Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

<p>73. Enter the total number of SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>12</p>
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<p>a. If 0, explain why you were unable to review any sexual abuse investigation files:</p>	<p>Click or tap here to enter text.</p>
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<p>74. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (N/A if you were unable to review any sexual abuse investigation files)</p>
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Inmate-on-inmate sexual abuse investigation files

<p>75. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>6</p>
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76. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (N/A if you were unable to review any inmate-on-inmate sexual abuse investigation files)
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77. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (N/A if you were unable to review any inmate-on-inmate sexual abuse investigation files)
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Staff-on-inmate sexual abuse investigation files

78. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	6
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79. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A (N/A if you were unable to review any staff-on-inmate sexual abuse investigation files)
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80. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (N/A if you were unable to review any staff-on-inmate sexual abuse investigation files)
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Sexual Harassment Investigation Files Selected for Review

81. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	12
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a. If 0, explain why you were unable to review any sexual harassment investigation files:	Click or tap here to enter text.
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82. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (N/A if you were unable to review any sexual harassment investigation files)
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Inmate-on-inmate sexual harassment investigation files

83. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	9
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84. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A (N/A if you were unable to review any inmate-on-inmate sexual harassment investigation files)
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85. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (N/A if you were unable to review any inmate-on-inmate sexual harassment investigation files)
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Staff-on-inmate sexual harassment investigation files

86. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	3
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87. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A (N/A if you were unable to review any staff-on-inmate sexual harassment investigation files)
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88. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (N/A if you were unable to review any staff-on-inmate sexual harassment investigation files)
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<p>89. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p> <p><i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i></p>	<p>Reports received and reviewed were from the corrective action period.</p>
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Support Staff Information

DOJ-certified PREA Auditors Support Staff

<p>90. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit?</p> <p><i>Remember: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</i></p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>a. If yes, enter the TOTAL NUMBER OF DOJ-CERTIFIED PREA AUDITORS who provided assistance at any point during the audit:</p>	<p style="text-align: center;">1</p>

Non-certified Support Staff

<p>91. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit?</p> <p><i>Remember: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</i></p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>a. If yes, enter the TOTAL NUMBER OF NON-CERTIFIED SUPPORT STAFF who provided assistance at any point during the audit:</p>	<p>Click or tap here to enter text.</p>

Auditing Arrangements and Compensation

<p>92. Who paid you to conduct this audit?</p>	<p><input checked="" type="checkbox"/> The audited facility or its parent agency</p> <p><input type="checkbox"/> My state/territory or county government (if you audit as part of a consortium or circular auditing arrangement, select this option)</p> <p><input type="checkbox"/> A third-party auditing entity (e.g., accreditation body, consulting firm)</p> <p><input type="checkbox"/> Other</p>
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PREVENTION PLANNING

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

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

115.11 (a)

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

115.11 (b)

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

115.11 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's

conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.11 (a) The Sedgwick County Detention Facility (SCADF) and Sedgwick County Annex Facility (SCAF) has a written policy outlining and mandating zero tolerance towards all forms of sexual abuse and sexual harassment in all the facilities it operates. This is outlined in policy 107.13 – *Prison Rape Elimination Act (PREA)* (p.1). The review and effective date of this policy is 7/8/2020 and was reviewed and approved by Sheriff Easter on 7/8/2020. The policy outlines how it will implement the agency’s approach, enforce policies, strive to detect, and respond to any incidents of sexual abuse or sexual harassment. The policy includes required definitions of prohibited behaviors by staff, contractors, and volunteers regarding sexual abuse and sexual harassment. Additionally, the policy prescribes sanctions for anyone found to have engaged in any prohibited conducted outlined in the policy. There is a description of agency strategies to respond to incidents and a plan to achieve maximum prevention of sexual abuse and sexual harassment of SCADF and SCAF inmates.

SCADF and SCAF displays their zero-tolerance philosophy towards a “zero tolerance” towards all forms of sexual abuse and sexual harassment via signage throughout the facility and kiosks. Signage was displayed in both the secured and non-secured parts of the facility and is visible to inmates, staff, and the public. Initial information regarding SCADF and SCAF “zero tolerance” policy is provided to all staff members when hired during cadet training. SCADF and SCAF adoption and implementation efforts to promote a sexually safe environment is also provided on the agency website. This was also observed during on-site audit as staff executed their duties and was reflected in staff and inmate interviews.

115.11 (b) Lieutenant Darren Ramsey is designated as the SCADF agency-wide PREA Coordinator as of January 2021 and completed the PREA 101 training in the fall of 2021. A review of the agency’s organizational chart and information obtained during interviews with staff at all levels confirmed that Lieutenant Ramsey is a member of the SCADF upper-level management team. Lieutenant Ramsey confirmed that he has enough time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all SCADF facilities. Lieutenant Ramsey reports directly to Captain Paula Smith who reports to Colonel Jared Schechter, Jail Administrator. This is outlined in policy 107.13 - *Prison Rape Elimination Act* (p.6), required the Sedgwick County Sheriff’s Office shall employ or designate a lieutenant as an agency wide PREA Coordinator with sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all its facilities.

Auditor was notified during interview with Lieutenant Ramsey that he would not be at the facility during the on-site visit due to being at school for training out of state. Sergeant Christopher was designated to oversee the on-site visit. Auditor was notified during on-site visit by Jail Administrator Colonel Jared Schechter during out brief that Lieutenant Ramsey is being promoted and would no longer be the designated PREA Coordinator upon his return from training.

115.11 (c) SCADF operates two facilities and has designated a PREA compliance manager. There was not a PREA Compliance Manager identified in the submitted PAQ. During on-site visit Auditor was informed the Lieutenant assigned to the Annex facility SCAF. Auditor interviewed the Lieutenant during facility tour of the Annex facility and it was determined that the Lieutenant does not play an active role as the PREA Compliance Manager. The PREA compliance manager works with the designated agency-wide PREA coordinator and reports to Captain Smith. This is outlined in policy 107.13 - *Prison Rape Elimination Act* (p.6-7), requiring each facility will have a designated PREA compliance manager and the main facility will be the responsibility of the PREA Coordinator.

Corrective Action: Based upon the review and analysis of the evidence, the auditor determined the

facility is non-compliant with specific provisions of this standard. The deficiencies noted and corrective action required are outlined below:

- During on-site visit, auditor was informed that the current PREA Coordinator was being promoted after returning from training and will no longer be the PREA coordinator. Need to identify the replacement PREA Coordinator.
- During the on-site visit, auditor determined that the Lieutenant over the Annex facility, which was named the PREA Compliance Manager did not properly serve the role and responsibilities of the PREA Compliance Manager.

Corrective Action Taken: Auditor was notified by Lieutenant Todd Hallacy via email on June 2, 2022, that he was designated as the PREA Coordinator and will be replacing PREA Coordinator Lieutenant Darren Ramsey. Auditor began working with Lieutenant Hallacy on corrective action items and provided guidance to obtain compliance. Lieutenant Hallacy confirmed that he has enough time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all SCADF facilities. Lieutenant Hallacy reports directly to Captain Paula Smith who reports to Colonel Jared Schechter, Jail Administrator. Lieutenant Hallacy had identified one PREA compliance manager for the Annex Facility and works closely with compliance manager. Sergeant Christopher Tucker was named the PREA Compliance Manager and became involved during the initial on-site visit as he was present in the absence of Lieutenant Ramsey. Sgt. Tucker was the main point of contact during the corrective action period until Lt. Hallacy became the PREA Coordinator.

During interview with Sgt. Tucker, PREA Compliance Manager it was determined that the compliance manager has sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards. The PREA compliance manager works with the designated agency-wide PREA coordinator and reports to Captain Smith.

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

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

115.12 (a)

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

115.12 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.12 (a) SCADF contracts with seven county jails for the housing of inmates. Auditor was provided contracts with county jails for the housing of inmates. Captain Smith oversees contracts and provided that 93 inmates are currently housed out of county at five different facilities. All the above contracts require contractors to adopt and comply with PREA standards. This is also outlined in policy 107.13 - *Prison Rape Elimination Act* (p.7), requiring all outside housing facilities must comply with PREA standards and be monitored regularly by the PREA Compliance Manager.

115.12 (b) All of the above contacts require the agency to monitor the contractor’s compliance with PREA standards. This is also outlined in policy - *Prison Rape Elimination Act* 107.13 (p.7), requiring all outside housing facilities must comply with PREA standards and be monitored regularly by the PREA Compliance Manager. Agency’s contract administrator was interviewed and confirmed random monthly inspections are conducted of all out of county facilities mentioned above. The procedures for these inspections are outlined in policy - *Prison Rape Elimination Act* 107.13 (p.10-11). These inspections include random interviews with inmates housed at each facility and a checklist is completed. This documentation was provided to Auditor and maintained by the PREA Coordinator.

Corrective Action: Based upon the review and analysis of the evidence, the Auditor determined the facility is compliant with all provisions of this standard. No corrective action required.

Standard 115.13: Supervision and monitoring

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

115.13 (a)

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices? Yes No

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

115.13 (b)

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

115.13 (c)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? Yes No

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

115.13 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.13 (a) SCADF did not provide the staffing plan with the PAQ, PREA Coordinator Lieutenant Ramsey indicated that he was unable to locate it and confirmed that he has not taken part or provided input in the staffing plan. PREA Coordinator was assigned position in January 2021. Auditor request copy of staffing plan during the on-site visit. The average daily number of inmates was reported as 1408 in the PAQ. The daily number of inmates in which the staffing plan was predicted was not provided in the PAQ.

The PAQ indicates SCADF requires each facility will develop and document a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect inmates against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, agencies will take into consideration.

1. The physical layout of each facility;
2. The composition of the inmate population;

3. The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and
4. Generally accepted detention and correctional practices;
5. Any judiciary findings of inadequacy;
6. Any findings of from Federal investigative agencies;
7. Any findings of inadequacy from internal or external oversight bodies;
8. All components of the physical facilities layout including “blind-spots” or isolation locations;
9. The number and placement of supervisory staff;
10. Programs, program locations, and shift hours;
11. Any applicable local, state, regulations, standards, or laws;
12. Any findings from PREA review committee meetings;
13. Any other relevant factors.

SCADF’s staffing practice does not appear to adhere to generally accepted detention and correctional practices which requires one officer to be assigned to one critical post; input from agency staff members at all levels is required and needs to be considered; consideration given to the facility’s physical make up and identified blind spots appears to be problematic with the outlined practice of operating unmanned housing units designed for direct supervision; composition of the inmate population; supervisory span of control and assignment locations; programs and other events occurring during each shift; and any applicable state laws or standards governing the operation of detention facilities.

Auditor observed four housing units that were unmanned and a staff member documented observation check without entering the housing unit. During interview with Jail Administrator, Auditor was informed that the facility plans to convert the entire North Tower and use cameras to monitor inmates, due to staff shortages. Cameras are permitted to supplement staff observation; however, are not permitted to replace staff.

115.13 (b) SCADF requires documentation each time the staffing plan is deviated from, along with documents to justify deviation from the plan. Jail Administrator will document and justify all deviations from the plan. Whenever necessary, but no less frequently than once each year, SCADF will assess, determine, and document whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section; Prevailing staffing patterns; The facility’s deployment of video monitoring systems and other monitoring technologies; and the resources the facility has available to commit to ensure adequate staffing levels. The facility reported there were no deviations to the staffing plan. Operation Deputies are assigned to the jail to maintain staffing designated by facility.

115.13 (c) SCADF reviews the staffing plan at least once each year to determine whether adjustments are needed to: the staffing plan, the deployment of monitoring technology, or the allocation of facility/agency resources to commit to the staffing plan. The PREA Coordinator indicated that he has not taken part in the staffing plan and was unaware of where the staffing plan was located.

115.13 (d) SCADF requires intermediate-level and higher-level staff as per SCADF policy 101.02 – *Code of Conduct* (p. 3), to conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment. These rounds are documented, unannounced, and cover all shifts and areas of the facilities. SCADF policy prohibits staff and inmates from alerting staff of intermediate-level or higher-level staff member rounds. Daily activity logs and documentation of shift rounds on all three shifts were provided in the PAQ. Captain Smith indicated that she conducts unannounced rounds. During interviews with random line staff, intermediate, and upper-level facility staff, there appeared to be miscommunication that Lieutenants are required to also conduct unannounced rounds. During inmate interviews, of inmates assigned to unmanned housing units, inmates reported that staff only enter the housing unit once during the shift. Auditor expressed a concern regarding observation

checks in unmanned housing units and was unable to get a straight answer on the required frequency of rounds made in the unmanned housing units.

Corrective Action: Based upon the review and analysis of the evidence, the Auditor determined the facility is non-compliant with specific provisions of this standard. The deficiencies noted and corrective action required are outlined below:

- Staffing plan was not provided to auditor with PAQ.
- PREA Coordinator is not involved in reviewing staffing plan
- Currently operating 4 unmanned housing units designed for direct supervision.
- Numerous unsecured doors through the facility.
- Boxes stacked high enough to block the view of a camera in property room.
- Numerous lights in walkways, dayrooms, cells, toilet areas and showers were out throughout the entire facility, causing blind spots.
- Broom/utility closets were unsecured throughout the facility.
- Doors throughout medical were propped open with hangers, towels, buckets, tape, and other objects.
- Doors throughout the laundry area were unsecured, allowing inmates unsupervised access.
- Bunk area lights were out in all the unmanned pods.
- No observation checks were observed in the unmanned pods
- Officer was seen conducting an observation check, but never entered any of the housing units.
- Numerous toilets in the housing areas were completely covered with blankets and sheets

Corrective Action Taken: The staffing plan was provided to Auditor. Work orders were submitted to maintenance to replace all the lights that were out. Staff were reminded to keep all doors secure. All supervisors were reminded that they are required to conduct unannounced rounds on all three shifts. Blankets and sheets were removed from toilet areas.

Corrective Action Remaining: The PREA Coordinator needs to be involved in the staffing plan review. During the following up visit, the four unmanned housing units increase to 7. Documentation was not provided to Auditor supporting that staff entered unmanned housing areas. Auditor received documentation that on July 29, 2022, Pods 9, 14, and 15 will be unmanned, indicating all the dorms in North Tower are all unmanned.

Standard 115.14: Youthful inmates

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

115.14 (a)

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

115.14 (b)

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

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

115.14 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.14 (a) SCADF prohibits placing youthful inmates in a housing unit where they will have sight, sound, or physical contact with adult inmates through the use of a shared dayroom, common spaces, shower areas, or sleeping quarters. The facility has designated housing units for youthful inmates that provide sight and sound separation between youthful and adult offenders in dayrooms, common areas, showers, and sleeping quarters. The facility does not place youthful inmates in the same housing units as adults. SCADF reported eight (8) youthful inmates were housed at the facility in the past 12 months. SCADF reported no (0) youthful inmates were placed in the same housing unit with adult inmates. The auditor did inspect Section 2 of Pod 2 housing unit where the youthful inmates are housed. Policy 108.08 – *Youthful Offenders* (p.1-2) and random interviews with line staff who supervise youthful inmates and youthful inmates supported this standard. During interviews with all four (4) youthful inmates, they indicated that staff ensure not to allow youthful offenders to have any contact with adult offenders through escorted movement in the facility, separate housing, and proper management of the inmate population. This was also confirmed during interviews with line staff who supervise youthful inmates. SCADF reported four (4) youthful inmates were housed in the facility, during on-site audit and all four youthful inmates were interviewed.

115.14 (b) SCADF provides direct staff supervision while outside of designated housing unit and when the agency is unable to maintain sight and sound separation between youthful inmates and adult inmates. The auditor observed this practice while on-site. Facility staff will escort youthful offender from the time they leave their housing unit until they have been returned to their housing unit. During interview with Lieutenant Hallacy, who was in charge of Education and Programs at the time of on-site visit, confirmed youthful inmates are not allowed to attend programs with adult offenders without the full-time presence of security staff; however, due to COVID-19 in-person programs had been temporary halted. All four (4) youthful inmates in the facility at the time of on-site visit were interviewed and confirmed what was observed during audit and outlined in policy 108.08 – *Youthful Offenders* (p.2).

115.14 (c) SCADF makes its best efforts to avoid placing youthful inmates in isolation to comply with this provision. SCADF reported in PAQ that no (0) youthful inmates were placed in isolation to comply with this standard. Youthful inmates are afforded equal access to large-muscle exercise, education services, and other programs. This was validated during on-site visit and with specialized interview with Classification Corporal, random staff interviews, and inmate interviews. However, during the time period being audited programs had been cancelled due to the Covid-19 pandemic.

Corrective Action: Based upon the review and analysis of the evidence, the Auditor determined the facility is compliant with all provisions of this standard. No corrective action required.

Standard 115.15: Limits to cross-gender viewing and searches

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

115.15 (a)

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

115.15 (b)

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

115.15 (c)

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

115.15 (d)

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

115.15 (e)

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

115.15 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's

conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.15 (a) SCADF employees are prohibited from conducting cross-gender strip searches or cross-gender visual body cavity searches (meaning a search of the anal or genital opening) except by court order or when performed by medical practitioners. Policy 105.07 *Searches and Inspections* (p. 4-5) outlines procedures for conducting such searches. In the past 12 months, SCADF reported no (0) cross-gender strip or cross-gender body cavity searches of inmates; no (0) incidents involving exigent circumstances which would facilitate the need for cross-gender strip or visual cavity searches performed by non-medical staff. This information was provided in the PAQ and assessed during interviews with staff and inmates. No inmate interviewed indicated they had been searched by an officer of the opposite gender and have been treated in a respectful and professional manner.

115.15 (b) SCADF policy 105.07 *Searches and Inspections* (p.3) requires every pat search be performed by an officer of the same gender as the person being searched unless exigent circumstances exist. In the past 12 months, the facility reported no (0) female inmate pat-down searches by male staff and no (0) female inmate pat-down searches involving exigent circumstances. Auditor did not observe any cross-gender pat-down searches being conducted during the on-site visit. The facility does not restrict female inmates' access to regularly available programming or other out-of-cell opportunities to comply with this provision. This was confirmed during random staff and female inmate interviews.

115.15 (c) If a cross-gender pat-down, strip, or visual body cavity search is required or executed, SCADF policy 105.07 – *Searches and Inspections* (p.4) requires said search to be documented. Since no incidents were reported, there was no documentation related to PREA standard 115.15 (c) to be reviewed.

115.15 (d) SCADF has implemented policies and plans, SCADF policy 107.10 – *Inmate Privacy* (p.1-2), that ensures inmates are able to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. The policy also requires upon arrival of any person of the opposite gender, employees will announce their presence when entering the housing unit. The practice of alerting inmates that a member of the opposite gender was entering the pod, often referred to as “knock-and-announce”, was not observed by auditor at all when a male entered a female housing area or when a female entered a male housing area. This was also reflected during inmate interviews. Auditor also observed the camera in holding cells had direct view of the toilets, which are visible to all staff in the area. Auditor also observed numerous housing area dayroom showers with no shower curtains. This was addressed with facility staff after the first day of on-site audit.

115.15 (e) SCADF, as a matter of practice and policy outlined in SCADF policy 105.07 – *Searches and Inspections* (p.5), prohibits employees from searching or physically examining a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. If the inmate's genital status is unknown, it may be determined during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner. SCADF reported in the PAQ no (0) searches of intersex or transgender inmates for the purpose of determining genital status had been conducted in the last 12 months. This was confirmed during random staff interviews and with the one (1) inmate who identified as transgender at the facility during on-site audit.

115.15 (f) SCADF reported all security staff (100%) received training on conducting cross-gender, pat-down, searches and searches of transgender and intersex inmates in a professional and

respectful manner. The methods taught to staff were consistent with security needs of the agency and acceptable correctional practices. Training records and a detailed outline of the SCADF training PowerPoint and course outline was provided to auditor for review. The presentation contains 75 slides and contains the learning objectives, definitions, terminology, practice, and other related information. During random staff interviews, staff acknowledge the training was received and that refresher training is provided.

Corrective Action: Based upon the review and analysis of the evidence, the auditor determined the facility is non-compliant with specific provisions of this standard. The deficiencies noted and corrective action required are outlined below:

- During on-site audit, auditor observed that the practice of “knock and announce” was not embedded in the practice when entering a housing area of the opposite gender.
- During the on-site audit, auditor observed cameras in view of holding cell toilets were visible to non-medical staff of the opposite gender, as they were accessible to all staff in the area.
- During on-site audit, auditor observed numerous dayroom shower areas without shower curtains.

Corrective Action Taken: Notification was sent to all staff as a reminder to make an announcement when entering a housing area of the opposite gender. The cameras in view of the toilet area in holding cells visible to non-medical staff were adjusted to block out the area. All shower curtains missing or damaged were replaced in dayroom shower areas. Auditor observed the announcement of staff entering a housing area of the opposite gender during the follow-up visit, and inmates confirmed that this was in practice since the initial on-site visit. Auditor also followed up on the camera view of holding cell toilets and the replacement of shower curtains in areas where they were missing or damaged.

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

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

115.16 (a)

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect,

and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities? Yes No

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes)? Yes No
- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing? Yes No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Are blind or have low vision? Yes No

115.16 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient? Yes No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No

115.16 (c)

- Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.16 (a) SCADF policy 107.13 – *Prison Rape Elimination Act (PREA)* (p.4) indicates that the Sheriff's Office is committed to ensuring all inmates with disabilities, including those with limited English proficiency, will benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Steps will be taken to ensure effective communication with inmates who are deaf or hard of hearing as outlined in policy 107.04 *Telephones*. The facility provides written materials in formats to assist inmates with intellectual disabilities, limited reading skills, blind or low vision.

Documentation review by auditor included contracts for interpreter services, and *Inmate Handbooks* in English and Spanish. Interview with Division Commander Colonel Schechter, PREA Coordinator Lieutenant Ramsey and Lieutenant Hallacy, and PREA Compliance Manager Sergeant Tucker, confirmed the steps taken to ensure inmates with disabilities have equal access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. It was explained that the video that plays in booking informing inmates of their rights plays in English and Spanish and has closed captioning. The facility also utilizes a disabled call platform application called "Purple" through the inmate phone system located in multiple pods for inmates with a hearing impairment. The facility also has a device providing hearing impaired inmates a way to communicate with security, or medical staff. During the on-site visit, the facility identified four inmates who were limited English proficient and five who had a disability. Interviews with two (2) of the four (4) inmates identified as limited English Proficient indicated they were not fully aware of the facility information regarding sexual abuse and sexual harassment. Auditor also found that PREA materials located on signage, on kiosk and access to phones were not consistently available due to many not working in multiple housing units throughout the facility. Auditor also observed on the first day of on-site audit, the PREA education video was not audible and did not have closed captioning. The deficiencies noted during the on-site visit were addressed during the out brief.

115.16 (b) SCADF takes reasonable steps to ensuring meaningful aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment are made available to inmates who are limited English proficient. These steps include availability and access to interpreter services are outlined in SCADF policy 107.13 – *Prison Rape Elimination Act (PREA)* (p.4). Spanish is the second most common language in the area; therefore, the facility has the inmate educational video, intake brochure and handbook readily available in English and Spanish. Two of the four inmates identified by the facility to be limited English proficient were interviewed during the on-site audit. Inmates interviewed recalled being screened in Spanish.

115.16 (c) The availability of contractual translation and interpretation services, utilization of the

application called “Purple”, and UbiDuo 3 device makes SCADF non-reliant upon the use of inmate interpreters, inmate readers, or other types of inmate assistance in achieving effective inmate communication that could compromise inmate safety, the performance of first-responder duties, or the investigation of allegations. SCADF policy 107.13 – *Prison Rape Elimination Act (PREA)* (p.4) indicates that SCADF will not rely on inmate interpreters, inmate readers, or other types of inmate assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate’s safety, the performance of first-response duties, or the investigation of the inmate’s allegations. No documentation was provided for auditor review due to no (0) incidents of inmate interpreter service utilization being reported in the PAQ. Random staff and two (2) targeted inmate interviews confirmed that inmates are not routinely used to provide interpreter services for limited English proficient inmates or to effectively communicate with inmates with disabilities.

Corrective Action: Based upon the review and analysis of the evidence, the auditor determined the facility is non-compliant with specific provisions of this standard. The deficiencies noted and corrective action required are outlined below:

- During on-site audit, auditor identified inconsistency with signage, and many phones and kiosk were inoperable throughout the facility making it difficult to access pertinent information and obtain access to services.
- During the on-site audit, auditor observed the PREA education video was not audible and did not have subtitles.

Corrective Action Taken: Facility staff conducted an audit on all signage and replaced torn or missing signage in both English and Spanish. The facility staff also conducted an assessment on inoperable phones and kiosk and submitted work orders and contacted contractor representative to get them all working again. The PREA education video was fixed to ensure it was audible with closed captioning. During follow-up visit, auditor randomly checked phones and kiosk to ensure they had been repaired and looked for signage that had been replaced. Auditor followed up on PREA education video was operating properly; to ensure it was in a format accessible to all inmates.

Standard 115.17: Hiring and promotion decisions

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

115.17 (a)

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

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

115.17 (b)

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

115.17 (c)

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

115.17 (d)

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

115.17 (e)

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

115.17 (f)

- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? Yes No

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

115.17 (g)

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

115.17 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.17 (a) SCADF policy 2.02 – *Minimum Qualifications* (p. 13), prohibits the hiring or promotion of anyone who may have contact with inmates, or enlist the services of any contractor who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; has been convicted of engaging or attempting to engage in sexual activity, in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or has been civilly or administratively adjudicated to have engaged in the activity described in PREA Standard 115.17 (a). SCADF requires Human Resource, before hiring new employees who may have contact with inmates, to perform a criminal background records check; and, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. Specialized staff interview with Human Resource, and a review of a random sampling of personnel files for SCADF employees who were hired or promoted

in the last 12 months confirmed proper criminal background checks were conducted and questions related to past conduct, as it relates to this standard, were asked, and considered in the hiring and promotion process. In addition, each applicant is required to complete a *Personal History Questionnaire* (p.26-28), which ask a series of questions related to sexual activity.

115.17 (b) SCADF policy 32.3 *Selection*, considers any incidents of sexual harassment when deciding whether to hire or promote anyone, or to enlist the services of any contractor who may have contact with inmates. Specialized staff interview with Human Resource Director, confirmed proper criminal background checks were conducted and questions related to past conduct, as it relates to this standard, were asked, and considered in the hiring and promotion process.

115.17 (c) Before hiring, SCADF performs proper criminal background checks and investigations and, consistent with Federal, State, and local law, makes best efforts to contact prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. SCADF policy 107.13 – *Prison Rape Elimination Act (PREA)* (p.13), requires pre-employment screening that includes, but is not limited to, reference checks, criminal history checks, credit checks, disciplinary or misconduct history inquiries especially if prior employment was with a law enforcement agency or related field (corrections), or a position of trust such as handling money or access to confidential records. Some positions may also require drug screening. SCADF reported, via the PAQ, 89 persons employed with SCADF who may have contact with inmates to include those hired in the past 12 months had the required criminal background checks conducted. Specialized staff interview with Human Resources Director, confirmed proper criminal background checks and screening was conducted and provided Auditor full access to the requested random sampling of employee personnel files hired in the past 12 months who may have contact with inmates for documentation review and compliance confirmation.

115.17 (d) SCADF, as a matter of policy, also requires background checks to be conducted before enlisting the services of any contractor who may have contact with inmates. Reference SCADF policy 107.13 – *Prison Rape Elimination Act (PREA)* (p.13-14). All contractors are required by SCADF to provide a state issued identification card for a background search. Contractors who do not have an issued state ID card are not allowed inside the facility. Background check forms can be located at the second-floor administrative offices and a copy of blank and completed forms were provided to Auditor for review during the on-site visit. Background checks are completed by the Jail Investigations unit prior to the contractor entering the facility or beginning any work, except in emergency circumstances. Background checks are reviewed by the Jail Administrator, for approval or denial. All background check forms are maintained by Jail Investigations. SCADF reported, in the PAQ, 207 volunteers and contractors who might have contact with inmates had criminal background checks completed. Director of Human Resources and background investigator confirmed proper criminal background checks and screening is conducted and provided Auditor full access to a requested random sampling of volunteer and contractor criminal background checks to review for compliance.

115.17 (e) SCADF policy 107.13 – *Prison Rape Elimination Act (PREA)* (p.14) requires the agency to conduct background checks at least every five (5) years of current employees and contractors who may have contact with inmates. Human Resource Director confirmed proper criminal background checks and screenings are conducted and provided Material omissions regarding such misconduct, or the provision of materially false information, will be grounds for termination. Auditors had full access to the requested random sampling of current employee and contractor files for documentation review and compliance confirmation.

115.17 (f) SCADF asks all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph A.12 of SCADF policy 107.13 – *Prison Rape Elimination Act (PREA)* (p.13-14) in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees. SCADF

also imposes upon employees a continuing affirmative duty to disclose any such misconduct. Questions #10 in the *Background Interview Questions* specifically asks applicants about their involvement in any incidents related to sexual misconduct. Human Resource Director provided a sampling of background documents requested by Auditors for verification.

115.17 (g) SCADF policy 107.13 – *Prison Rape Elimination Act (PREA)* (p.14), prescribes that material omissions regarding such misconduct, or the provision of materially false information, will be grounds for termination from SCADF. This is outlined on the application procedures and reads “What will certainly disqualify you is your failure to provide truthful, accurate, and complete information throughout the hiring process.” Applicants are required to read and sign an *Acknowledgement of Disqualifiers* document, which provides this statement as part of hiring process. Human Resource Director provided a sampling of documents requested by Auditor to reflect that material omissions or providing false information is grounds for termination or the rescinding of a conditional offer of employment.

115.17 (h) SCADF, unless prohibited by law, provides information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work. This requirement is outlined in SCADF policy 107.13 – *Prison Rape Elimination Act (PREA)* (p.14). Human Resource Director confirmed during Specialized Interview that staff are required to complete a form providing authorization to request information regarding conduct from previous institutional employer and will provide the same information for former employees upon request.

Corrective Action: Based upon the review and analysis of the evidence, the Auditor determined the facility is compliant with all provisions of this standard. No corrective action required.

Standard 115.18: Upgrades to facilities and technologies

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

115.18 (a)

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

115.18 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.18 (a) SCADF, per SCADF policy 107.13 – *Prison Rape Elimination Act (PREA)* (p.14), considers the effect of the design, acquisition, expansion, or modification of existing facilities and their ability to protect inmates from sexual abuse. However, this provision is not applicable “N/A” due to SCADF not undergoing any expansion. This was confirmed during specialized interviews administrators.

115.18 (b) When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, SCADF considers how such technology may enhance the agency’s ability to protect inmates from sexual abuse. SCADF reported in the PAQ that the facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since last audit. However, auditor received documentation that three additional cameras were installed in the kitchen in identified blind spots. The areas these cameras were placed was in the walk-in freezer, walk-in cooler, and back area where equipment is sprayed off. This was confirmed during specialized interviews.

Corrective Action: Based upon the review and analysis of the evidence, the Auditor determined the facility is compliant with all provisions of this standard. No corrective action required.

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

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

115.21 (a)

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

115.21 (b)

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

115.21 (c)

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

115.21 (d)

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

115.21 (e)

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

115.21 (f)

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

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.21 (a) Sedgwick County Sheriff's Office is responsible for conducting administrative and criminal sexual abuse (including inmate-on-inmate sexual abuse or staff sexual misconduct). SCADF is responsible for administrative investigations and Operations is responsible for the criminal investigations. The agency follows a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal investigations. This is outlined in SCADF policy 107.13 – Prison Rape Elimination Act (PREA) (p.5), and Operations Policy 83.1. Documentation provided in the PAQ relative to this standard was reviewed by auditor; to ensure a uniform protocol was in place and a random selection of staff interviews were conducted while on-site. These interviews confirmed that staff understood the protocols to be followed and who had the responsibility to conduct administrative and criminal investigations. PREA Coordinator Lieutenant Ramsey is responsible for the oversight of administrative investigations.

115.21 (b) The protocol is developmentally appropriate for youth where applicable, and as appropriate, adapts from or otherwise is based on the most recent edition of the U.S. Department of Justice's Office on Violence against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative

protocols developed after 2011. SCADF policy 107.13 – *Prison Rape Elimination Act (PREA)* (p.5), and *Operations Policy* 83.1 outlines the adopted protocols.

115.21 (c) SCADF offers all victims of sexual abuse access to forensic medical examinations without financial cost, where evidentiary or medically appropriate. Such examinations are performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. If SAFEs or SANEs cannot be made available, the examination is performed by other qualified medical practitioners. SCADF documents its efforts to provide exams as per policy 107.13 – *Prison Rape Elimination Act (PREA)* (p.8). All victims of sexual abuse have access to forensic medical examinations off-site at a local hospital without financial cost. Medical Director Hallacy indicated that no physical evidence is collected at the jail; all physical evidence is collected at the hospital. In the past 12 months, SCADF reported no (0) forensic medical examinations were conducted. Verification of the information provided and adherence to the requirements of this standard was accomplished through interview with the Medical Director, and documentation review by auditor.

115.21 (d) and (e) SCADF has a memorandum of understanding (MOU) with the Wichita Area Sexual Assault Center (WASAC) for victim advocate services. WASAC is located at 355 N. Waco Ave #100, Wichita, KS 67202. The MOU lists the following services that will be offered pursuant to the agreement, including but not limited to the following:

- Respond to requests to provide confidential emotional support services related to sexual abuse or assault at no cost to the inmate;
- Maintain confidentiality of information received from inmates;
- Immediately report information received from an inmate of suicidal thoughts or ideations to a supervisor with the Sheriff's Office

PREA Coordinator and information from targeted inmate interviews confirmed that all services required by this standard and outlined in policy 107.13 – *Prison Rape Elimination Act (PREA)* (p.15), are made available to inmates, specifically providing access to a victim advocate for emotional support, crisis intervention, information and referrals.

115.21 (f) This provision of the standard is not applicable.

115.21 (g) Auditor is not required to audit this provision.

115.21 (h) This provision of the standard is not applicable.

Corrective Action: Based upon the review and analysis of the evidence, the Auditor determined the facility is compliant with all provisions of this standard. No corrective action required.

Standard 115.22: Policies to ensure referrals of allegations for investigations

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

115.22 (a)

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

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

115.22 (b)

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

115.22 (c)

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

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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115.22 (a) SCADF policy 107.13 – *Prison Rape Elimination Act (PREA)* (p.5), requires SCADF to ensure that an administrative and/or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. In the past 12 months, SCADF reported via the PAQ to have received ninety-four (94) allegations of sexual abuse or sexual harassment. All allegations reported were

administratively investigated. Of the ninety-four (94) allegations received, eighty-seven (87) were administratively investigated; seven (7) were referred for criminal investigation. At the time the PAQ was completed all administrative and/or criminal investigations initiated have not been completed. This was due to a new PREA Coordinator in 2021. It was also noted that detective assigned to the jail changes every six months. During interviews it was determined that the PREA Coordinator and Investigator work closely together to determine the course of action. If an allegation made is determined to not be criminal, the shift supervisor will begin the administrative investigation. Documentation of reports of sexual abuse and sexual harassment were reviewed by auditor.

115.22 (b) SCADF has in place a policy, policy 107.13 – *Prison Rape Elimination Act (PREA)* (p.5), *Incident Reporting* 103.02, and *Operations Policy* 42.1 ensuring allegations of sexual abuse or sexual harassment to any agency with the legal authority to conduct investigation, unless the allegations do not involve criminal behavior. This is also made available to the public through agency website. SCADF ensures all allegations of sexual abuse or sexual harassment are referred for investigation to a detective or shift supervisor. All allegations are documented and maintained by PREA Coordinator. This was confirmed through documentation review and interviews.

115.22 (c) This provision is not applicable “N/A”.

115.22 (d) Auditor is not required to audit this provision.

115.22 (e) Auditor is not required to audit this provision.

Corrective Action: Based upon the review and analysis of the evidence, the Auditor determined the facility is compliant with all provisions of this standard. No corrective action required.

TRAINING AND EDUCATION

Standard 115.31: Employee training

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

115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? Yes No
- Does the agency train all employees who may have contact with inmates on inmates’ right to be free from sexual abuse and sexual harassment Yes No
- Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment? Yes No

- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement? Yes No
- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims? Yes No
- Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse? Yes No
- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates? Yes No
- Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates? Yes No
- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? Yes No

115.31 (b)

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

115.31 (c)

- Have all current employees who may have contact with inmates received such training? Yes No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? Yes No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? Yes No

115.31 (d)

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

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

Instructions for Overall Compliance Determination Narrative

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115.31 (a) SCADF trains all employees who may have contact with inmates on the agency's zero tolerance policy for sexual abuse and sexual harassment; individual roles and responsibilities in responding to outcries and how to fulfill said responsibilities under SCADF's policy 107.13 – *Prison Rape Elimination Act (PREA)* (p.3) to prevent sexual abuse and sexual harassment, prevention, detection, reporting, and procedures; on inmates' right to be free from sexual abuse and sexual harassment; the rights of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment; the dynamics of sexual abuse and sexual harassment in confinement; the common reactions of abuse victims; how to detect and respond to signs of threatened and actual sexual abuse; how to avoid inappropriate relationships with inmates' how to communicate effectively with inmates, including lesbian, gay, bisexual, transgender, intersex (LGBTI), or gender nonconforming inmates; and how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. Documentation reviewed included applicable policies; training curriculum; PowerPoint presentation covering all requirements consistent with this standard; training rosters; and sign in sheets.

Evaluation of information received and retained by employees was evaluated by auditor through random staff interviews. A vast majority of employees interviewed were unable to describe important aspects of the training received and its different components. Auditor requested and reviewed a random sampling of training records to verify completion of required training, but comprehension of the training was not reflected during staff interviews. All records reviewed contained proof that training had been completed by staff; records included a signed acknowledgement of training.

115.31 (b) SCADF training is tailored to both male and female inmates at the facility. The nature of training provided by SCADF covers dealing with both male and female inmates and is not gender specific, thus providing male officers instruction on how to deal with male and female inmates and female officers instruction on how to deal with male and female inmates as well. All records reviewed contained proof that training had been completed by staff; records included a signed acknowledgement of training. Auditor also utilized the PREA training curriculum provided to verify that training provided was all encompassing. Random staff interviews confirmed that staff completed training; however, as noted in prior provisions of this standard, proving staff retained information covered in training was problematic.

115.31 (c) SCADF requires all current employees who have not received such training to be trained prior to being assigned in the facility, which is provided in person. SCADF provides each employee with refresher training through video to ensure that all employees know the SCADF's current sexual abuse and sexual harassment policies and procedures. PREA auditor requested and received a random sampling of training records for review and conducted random staff interviews. In the past 12 months, the number of staff employed by SCADF who may have contact with inmates, who were

trained in PREA requirements was reported as 214; the percent of staff trained was reported as 214 (100%).

115.31 (d) SCADF documents that employees who may have contact with inmates understand the training they have received all through employee signature on training rosters. A random sample of documented staff training was requested by auditor and was provided for review. The employee training rosters reflect required signature signifying comprehension of the training.

Corrective Action: Based upon the review and analysis of the evidence, the auditor determined the facility is non-compliant with specific provisions of this standard. The deficiencies noted and corrective action required are outlined below:

- A vast majority of employees interviewed were unable to describe important aspects of the training received and its different components.
- While most staff members acknowledged to announce the presence of a staff member entering an inmate housing area of the opposite gender, the requirement was not observed being practiced by many of the officers. It is recommended that staff receive supplemental training on this requirement and supervisors ensure staff members are adhering to the required practice.

Corrective Action Taken: Supplemental staff training was provided to cover all deficiencies noted during the initial on-site audit. Additionally, Auditor confirmed an increased awareness and understanding of SCADF's PREA policy and practice during follow-up on-site interviews.

Auditor observed the practice of announcing the presence of a staff member of the opposite gender when entering a housing unit of the opposite gender.

Standard 115.32: Volunteer and contractor training

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

115.32 (a)

- Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures? Yes No

115.32 (b)

- Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)? Yes No

115.32 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.32 (a) SCADF ensures all volunteers and contractors who have contact with inmates (or enter the secure portion of the facility) are trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures. This requirement is outlined in SCADF policy 107.13 – Prison Rape Elimination Act (PREA) (p.3). A total of 113 volunteers and individual contractors were trained by SCADF on SCADF's sexual abuse and sexual harassment prevention, detection, and response policies and procedures. Despite all 113 (100%) volunteers and contractors having been trained, COVID-19 has restricted volunteer access to enter the facility. Specialized Interviews with the Director of Programs Lieutenant Hallacy, Kitchen Contractor and Chaplain, were conducted. The Chaplain oversees volunteer operations and confirms that all volunteers are required to complete, and did complete, annual PREA training. After completion of the required annual training, volunteers are required to take a test and acknowledge training was received by providing signature. Kitchen Contractor also confirmed the same practice. This is reviewed and approved by PREA Compliance Manager, Sergeant Tucker. Training curriculum and a sample of volunteer and contractor training records were reviewed. Captain Smith confirmed that PREA training must be completed prior to having access to the facility and must be completed annually.

115.32 (b) SCADF requires the level and type of training provided to volunteers and contractors be based on the services they provide and level of contact they have with inmates. Volunteers and contractors receive the same training provided to staff. All volunteers and contractors who have contact with inmates are notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. Auditor reviewed training curriculum and training records provided during audit process.

115.32 (c) SCADF maintains documentation confirming that volunteers and contractors understand the training they received. These documents, which included material, training, curriculum presented and signed acknowledgement of understanding, were made available for review by auditor.

Corrective Action: Based upon the review and analysis of the evidence, the auditor determined the facility is compliant with all provisions of this standard. No corrective action required.

Standard 115.33: Inmate education

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

115.33 (a)

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

115.33 (b)

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

115.33 (c)

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

115.33 (d)

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

- Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills? Yes No

115.33 (e)

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

115.33 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.33 (a) SCADF policy 107.13 – *Prison Rape Elimination Act (PREA)* (p.3) requires during the intake process, inmates to receive information explaining the SCADF's zero tolerance policy regarding sexual abuse and sexual harassment, how to report incidents or suspicions of sexual abuse or sexual harassment, their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents. This information is communicated orally and in writing in a language clearly understood by the inmate, prior to assignment to a housing unit. Inmates are also provided a bookmark containing the basic PREA information prior to being housed. SCADF reported admitting 22,502 and providing education to 22,502 of those admitted (100%). The process how inmates receive this information was observed by Auditor during the on-site visit. Intake staff were also interviewed, and they were instructed to walk Auditor through the entire intake process to be able to clearly understand what is accomplished at each step of the process. During random inmate interviews, the number of inmates who confirmed they were made aware of SCADF's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment was evident this was the common practice and validated process outlined in policy. Auditor reviewed a random sampling of records for inmates entering the facility in the last 12 months to verify receipt of PREA information at intake and watched the intake orientation video presented to all inmates as part of the intake process. Inmates are required to sign an *Inmate Acknowledgement Form*, which reflects they have received information regarding facility zero tolerance policy and methods for reporting incidents or suspicion of sexual abuse and sexual

harassment. A random of these acknowledgment forms were requested and reviewed by Auditor.

115.33 (b) SCADF policy 107.13 – *Prison Rape Elimination Act (PREA)* (p.3) requires all inmates to go through an orientation process where the inmates view the intake orientation video prior to being housed. The booking officer is required to ensure as inmates go through the orientation process, they view intake orientation video, which provides comprehensive education. Inmates are required to sign an *Inmate Acknowledgement Form*, which reflects they have received information regarding facility zero tolerance policy and methods for reporting incidents or suspicion of sexual abuse and sexual harassment. This form is maintained in inmate's intake file. SCADF also provides inmates with another bookmark pertaining PREA information approximately 30 days of being in custody as outlined in policy 107.13 – *Prison Rape Elimination Act (PREA)* (p.3). SCADF reported 22,050 inmates were provided comprehensive education on their rights to be free from both sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents and on agency policies and procedures for responding to such incidents within 30 days of intake. Specialized Interviews with intake staff, interviews with a random sample of inmates, and observation by Auditor of the intake process found deficiencies in the delivery of inmate PREA education at booking due to video not being audible and did not have closed captioning. Auditor also reviewed a random sample of intake records for signed *Inmate Acknowledgement Form* that education was received along with the information provided in *Inmate Handbook* 107.07A (English) and 107.07B (Spanish).

115.33 (c) SCADF reported all inmates currently in custody had received comprehensive education. This practice outlined in policy 107.13 – *Prison Rape Elimination Act (PREA)* (p.3) has been implemented since November 2014. SCADF reported providing training to 22,050 as of the date of the audit; the reported percentage of inmate trained by the date of the audit was reported as 100%. Specialized Interviews with intake staff and observation by Auditor of the intake process found deficiencies as the video was not audible and did not have closed captioning at the time of on-site audit. Auditor observed the intake process, which includes steps to complete the education process, and interviewed intake staff while on facility tour. Auditor went through the full intake and screening process. A sample of signed *Inmate Acknowledgement Form* documents reflecting completion of comprehensive inmate education was reviewed.

115.33 (d) SCADF policy 107.13 – *Prison Rape Elimination Act (PREA)* (p.4) requires SCADF to provide inmate education in formats accessible to all inmates, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled as well as inmates who have limited reading skills. Inmates identified in this category will be referred to programs for specialized training. The *Inmate Handbook* is available in both English and Spanish providing information regarding instructions on how to report incidents of sexual abuse and sexual harassment, prohibited conduct, and SCADF's zero-tolerance policy. PREA signage in both English and Spanish is also posted throughout the facility; however, while Auditor conducted facility tour there were many posters missing or torn in both languages. During Specialized Interviews with intake staff the process was explained that staff would direct the inmate to read the information to confirm their understanding of the education provided. If there was an indication that the inmate did not understand the information provided or had difficulty reading the information, then staff would determine what services needed to be provided and make necessary accommodations to ensure it was delivered in an effective manner. This would include contacting an interpretive service for inmates who are limited English proficient, reading the information to the inmate, or providing Sign Language services to inmates who are deaf as needed. The facility has multiple contracts in with interpreter services. The need for these services is assessed on a case-by-case basis. This process was observed by Auditor during facility tour. However, as previously documented the inmate orientation video was not working properly at the time of the on-site audit.

115.33 (e) SCADF maintains documentation of inmate participation in PREA education sessions. Auditor reviewed a sample of inmates' receipt of inmate education. Reference SCADF policy 107.13 – *Prison Rape Elimination Act (PREA)* (p.3) for this requirement. Auditor reviewed a sample of signed

Inmate Acknowledgement Form documents reflecting completion of comprehensive inmate education was reviewed.

115.33 (f) SCADF ensures that key information regarding agency's PREA policies is continuously and readily available or visible through posters, inmate handbooks, or other written formats. Inmates are provided a bookmark and inmate handbook during intake process. The inmate handbook is also accessible through kiosk in housing units; however, Auditor observed kiosk in multiple housing units were not operating properly. Reporting numbers are provided on posters above inmate telephones. PREA signage in both English and Spanish is also posted throughout the facility; however, while Auditor conducted facility tour there were many posters missing or torn in both languages. Auditor inspected for the availability and presence of PREA continuing education material throughout the facilities during the on-site review and had inmates demonstrate log on and navigation to PREA information on the kiosk.

Corrective Action: Based upon the review and analysis of the evidence, the Auditor determined the facility is non-compliant with specific provisions of this standard. The deficiencies noted and corrective action required are outlined below:

- Inmate PREA education at Booking/Intake was problematic as due to the intake orientation video not operating properly.
- Several housing areas were missing the PREA hotline number and posters were either missing or torn in both English and Spanish.
- Kiosk were not working properly in multiple housing units.

Corrective Action Taken: SCADF submitted work orders for all inoperable kiosk to vendor and were all working properly during follow-up visit. Auditor had inmates in multiple housing units log on to verify they were working properly. The inmate orientation video was fixed and working properly during follow-up visit. A copy of the video was provided to Auditor. All hotline numbers in all housing units were freshly painted and posters had been replaced in all areas where it was either missing or damaged as noted during the initial on-site visit.

Standard 115.34: Specialized training: Investigations

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

115.34 (a)

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

115.34 (b)

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

- Does this specialized training include proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) Yes No NA

- Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) Yes No NA

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

115.34 (c)

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

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.34 (a) SCADF ensures investigators receive training past general PREA training which focuses on conducting sexual abuse investigations in a correctional setting. The requirement for additional training is outlined in policy 33.1 – *Training* (p.9). SCADF has one (1) deputy for operations assigned to the jail to perform criminal investigations. During interviews it was identified that every six months the investigator assigned to conduct sexual abuse allegations that occurred in the jail is rotated. Documentation reviewed identified three detectives handled the investigations in the past 12 months.

Training certificates for investigators were reviewed by auditor.

115.34 (b) The specialized training completed by SCADF investigators includes techniques for interviewing sexual abuse victims; proper use of Miranda and Garrity warnings; sexual abuse evidence collection in confinement settings; criteria and evidence required to substantiate a case for administrative action or prosecution referral; the SCADF training unit maintains documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations. The requirements of training and curriculum contents are outlined in policy 33.1 – *Training* (p.9).

115.34 (c) SCADF maintains documentation reflecting SCADF investigators have completed the required specialized training in conducting sexual abuse investigations as required by policy 33.1 – *Training* (p.9). The number of SCADF investigators reported as successfully completed the required training is 16; training documents for investigators were submitted and reviewed by auditor.

115.34 (d) Auditor is not required to audit this provision.

Corrective Action: Based upon the review and analysis of the evidence, the Auditor determined the facility is compliant with all provisions of this standard. No corrective action required.

Standard 115.35: Specialized training: Medical and mental health care

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

115.35 (a)

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

115.35 (b)

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

115.35 (c)

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

115.35 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.35 (a) SCADF contracts with Wellpath to provide medical services to inmates held in the custody of SCADF. SCADF policy 107.13 – *Prison Rape Elimination Act (PREA)* (p.3), requires volunteers and contractors are trained on the requirements of this provision. Training curriculum includes: (1) How to detect and assess signs of sexual abuse and sexual harassment; (2) How to preserve physical evidence of sexual abuse; (3) How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and (4) How and to whom to report allegations or suspicions of sexual abuse and sexual harassment. SCADF reported via the PAQ that sixty (60) medical and mental

healthcare practitioners, who regularly work at SCADF facilities, completed the required training. 100% of medical and mental health contractors received required training. Interviews with medical and mental health staff, both on-site and scheduled, confirmed medical and mental health staff understanding their role in SCADF sexual assault and sexual harassment response plan. Medical Director Hallacy, of Wellpath, was interviewed and confirmed that all medical and mental health providers are required to complete the training outlined and such training completion is documented. Documentation reflecting completion of training was reviewed by auditor.

115.35 (b) The provision of this standard is not applicable "N/A." Wellpath medical staff is not tasked with completing forensic examinations.

115.35 (c) SCADF maintains documentation that medical and mental health staff have received training referenced in this standard as per SCADF policy 107.13 – *Prison Rape Elimination Act (PREA)* (p.3). Auditor reviewed training documents for medical and mental health staff.

115.35 (d) Medical and mental health providers also receive training mandated for employees under 115.31 and volunteers under 115.32 and outlined in SCADF policy 107.13 – *Prison Rape Elimination Act (PREA)* (p.3). All contractors receive the same training as security staff. Auditor reviewed training documents for verification of training completion.

Corrective Action: Based upon the review and analysis of the evidence, the Auditor determined the facility is compliant with all provisions of this standard. No corrective action required.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

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

115.41 (a)

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

115.41 (b)

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

115.41 (c)

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

115.41 (d)

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

115.41 (e)

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

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

115.41 (f)

- Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening? Yes No

115.41 (g)

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

115.41 (h)

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

115.41 (i)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.41 (a) All SCADF inmates are assessed during intake screening and upon transfer to another SCADF facility for their risk of being sexually abused by other inmates or sexually abusive towards other inmates. SCADF policy 106.09 – *Classification* (p.1-9) was reviewed and outlines the requirements for this provision. Interviews with Classification staff who are responsible for conducting initial risk screenings and random inmate interviews were conducted. Auditor observed this procedure during the on-site portion by walking through the entire booking and intake process.

115.41 (b) The intake screening is required by PREA standard 115.41 (b) to take place within 72 hours of arrival at the facility. SCADF policy 106.09 – *Classification* (p.5) mandates classification staff to conduct face-to-face interviews with inmates using their objective screening instrument for inmate screening and housing purposes, and that such screening occurs within 72 hours. In the past 12 months, SCADF reported that 17,000 inmates entered the facility whose length of stay was 72 hours or longer and had victimization risk screening completed within 72 hours; a total of 17,000 inmates were booked into the facility, the percentage of inmates who were screened was calculated as over 100%. However, not all had a length of stay that exceeded 72 hours. Auditors requested a random sample of intake screening assessments to confirm that screening was completed within the 72-hour timeframe as per SCADF policy 106.09 – *Classification* (p.5). Staff interviewed as part of the targeted interviews, assigned the task of conducting intake screening, walked Auditor through the intake process step-by-step to demonstrate exactly how the screening is conducted; this screening is done as soon as possible as part of the intake process. Random inmate interviews further confirmed inmates were screened as part of the SCADF intake process and within the 72-hour timeframe established in SCADF policy.

115.41 (c/d) SCADF utilizes an objective screening instrument and considers the following criteria, as required by PREA standard 115.41 (d), to assess inmates' risk for sexual victimization; whether the inmate has a mental, physical, or developmental disability; the age of the inmate; the physical build of the inmate; whether the inmate has previously been incarcerated; whether the inmate's criminal history is exclusively nonviolent; whether the inmate has prior convictions for sex offenses against an adult or child; whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; whether the inmate has previously experienced sexual victimization; and the inmates own perception of vulnerability; the inmate's detainment status for civil immigration purposes. A review of blank and completed documents reflected that inmates are being screened under the criteria established under PREA standard 115.41 (d) along with the applicable SCADF policy 106.09 – *Classification* (p.1-9). During random and targeted inmate interviews numerous inmates do not recall being asked about sexual orientation or gender identity. The number of inmates found to identify as LGBTI did not reflect the information provided on the first day of the on-site visit.

115.41 (e) The initial screening considers prior acts of sexual abuse, prior convictions for violent offenses, and any history of prior institutional violence or sexual abuse, as known to SCADF, in assessing the inmate's risk of being sexually abusive. The requirement is outlined in SCADF policy 106.09 – *Classification* (p.4). Copies of all Classification questions and forms completed during the intake process were provided during the targeted staff interviews with classification staff. Targeted interviews with classification and medical staff tasked with conducting the screening confirmed that all inmates are asked the questions. The process was observed by Auditor during the on-site visit.

115.41 (f) SCADF has an alert set for the 30th day from the inmate's arrival at the facility, in Jail

Management System, to classification staff to reassess each inmate's risk of sexual victimization or of being sexually abusive based upon any additional, relevant information received by the facility since the intake screening. SCADF reported in the PAQ that all inmates who entered the facility whose length of stay was for 30 days, or more were reassessed for their risk of sexual victimization or of being sexually abusive within 30 days after their arrival at the facility based upon any additional, relevant information received by the facility since the intake screening. A random sample of completed inmate classification reassessments were requested for review by Auditor. All inspected documents met the required timeframes and were completed in accordance with this standard. Staff interviewed as part of the targeted interviews, assigned the task of conducting reassessments, demonstrated the reassessment process to Auditor step-by-step which reflected that the reassessment is properly conducted; document review confirmed the reassessment is completed in the required timeframe. A sample of random inmate interviews further confirmed that the reassessment was being completed.

115.41 (g) An inmate's risk level is reassessed by the Classification Officer when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness. SCADF policy 106.09 – *Classification* (p.4) outlines this requirement, which was verified as being adhered to through interviews with classification staff and a random sample of inmate interviews. Classification Corporal indicated that review is done by reviewing files. Auditor reviewed a sample of completed classification initial interviews and reassessments as verification of compliance.

115.41 (h) Inmates are prohibited from being disciplined for refusing to answer, or for not disclosing complete information in response to questions asked pursuant to their medical, mental, or developmental condition, their sexual orientation or gender identity, their history of sexual victimization, or their own perceived vulnerability. SCADF policy 107.13 – *Prison Rape Elimination Act (PREA)* (p.3) indicates inmates will not be disciplined for refusing to answer classification questions. During review of assessments there were some inmates that refused to answer all or part of the questions being asked; no inmate discipline was on file for these inmates related to their refusal to answer. Additionally, inmates who declined participation in the on-site audit interviews were returned to their housing unit and did not face any disciplinary action by SCADF. Auditor spent time with classification staff to observe the screening process in action.

115.41 (i) SCADF controls the dissemination within the facility of response to questions and their responses pursuant to PREA standard 115.41; to ensure that sensitive information is not used against an inmate by staff or other inmates as per SCADF policy. Controls include controlled access to documents and completed screening forms located in a locked records office and settings in Jail Management System. The area these documents are secured was inspected by Auditor and confirmed controlled access through interviews with PREA Coordinator, PREA Compliance Manager, and Classification staff.

Corrective Action: Based upon the review and analysis of the evidence, the Auditor determined the facility is non-compliant with specific provisions of this standard. The deficiencies noted and corrective action required are outlined below:

- During random and targeted inmate interviews numerous inmates do not recall being asked about sexual orientation or gender identity.
- The number of inmates found to identify as LGBTI did not reflect the information provided on the first day of the on-site visit.

Corrective Action Taken: SCADF assessed the screening process to ensure all required questions were being properly asked and documented. SCADF began documenting daily reports of targeted populations to properly assess and monitor inmates. Auditor reassessed the screening process

during follow-up visit. Auditor was also provided with documentation of targeted populations. Additional interviews were also conducted during the follow-up visit.

Standard 115.42: Use of screening information

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

115.42 (a)

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

115.42 (b)

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

115.42 (c)

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

115.42 (d)

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

115.42 (e)

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

115.42 (f)

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

115.42 (g)

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

Auditor Overall Compliance Determination

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

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

115.42 (a) SCADF uses information from its risk screening to inform housing, bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. SCADF policy 107.13 – *Prison Rape Elimination Act (PREA)* (p.3) requires the Classification Officer to use information from the screening assessment to inform housing, work, education, and program assignments. Specialized Interviews took place with PREA Coordinator, PREA Compliance Manager, and Classification staff who confirmed this policy and practice. Auditors requested and reviewed a random sample of housing history for inmates.

115.42 (b) SCADF policy 107.13 – *Prison Rape Elimination Act (PREA)* (p.3) requires making individualized determinations about how to ensure the safety of each inmate in their custody. Interviews with Classification staff confirmed individualized determinations for inmate housing are made. An inmate was followed and observed during the entire booking intake process to observe how information was gathered and used to determine housing.

115.42 (c) SCADF policy 107.13 – *Prison Rape Elimination Act (PREA)* (p.3) requires that when all housing decisions are made, that consideration is given to inmate's vulnerability to be victimized. SCADF makes housing and programming assignments for transgender and intersex inmates in the facility on a case-by-case basis. Staff training outlines this procedure further explaining that supervisors will consider many factors when making housing assignments. Interviews with PREA Coordinator, PREA Compliance Manager, and Classification staff confirmed housing decisions are made with consideration given to the inmate's input in cases of transgender and intersex inmates. At the time of the initial on-site visit there were no transgender or intersex inmates housed in the facility; however, during the follow-up visit this process was observed by Auditor as classification was processing an inmate who identified as transgender.

115.42 (d) Placement and programming assignments for each transgender and intersex inmate is reassessed at least twice each year to review any threats to safety experienced by the inmate(s). SCADF policy 107.13 – *Prison Rape Elimination Act (PREA)* (p.3) requires at least twice a year by a Classification Officer and be documented. Reassessment is conducted for all inmates within 30 days from entering the facility regardless of gender identity and status. Classification tracks all inmates who identify as transgender or intersex to ensure a reassessment is conducted every six months. This is documented and monitored by classification staff and the PREA Coordinator. Documentation of reassessments and any applicable program reassignments were reviewed for compliance. Interviews with PREA Coordinator, PREA Compliance Manager, and Classification staff confirmed this procedure to ensure reassessments are being conducted in accordance with this provision of the PREA standards.

115.42 (e) A transgender or intersex inmate's own views with respect to his or her own safety is given serious consideration as per SCADF policy 107.13 – *Prison Rape Elimination Act (PREA)* (p.3). This is also outlined in training as one of the many factors taken into consideration when determining housing assignment. Interviews with PREA Coordinator, PREA Compliance Manager, and Classification staff confirmed this is the procedure conducted in accordance with this provision of the

PREA standards. At the time of the initial on-site visit there one (1) transgender inmate interviewed housed in the facility.

115.42 (f) Transgender and intersex inmates are given the opportunity to shower separately from other inmates as outlined in SCADF policy 108.05 – *Restrictive Housing and Special Management Conditions* (p.1). At the time of the initial on-site visit, there were no transgender or intersex inmates housed in the facility to be interviewed. Auditor inspected the housing unit shower areas and confirmed, through staff interviews, that inmates who are identified as transgender or intersex are afforded the opportunity to shower separately. This was also confirmed during interviews with PREA Coordinator, PREA Compliance Manager, and Classification staff.

115.42 (g) SCADF does not place lesbian, gay, bisexual, transgender, or intersex inmates (LGBTI) in dedicated facilities, units, or housing areas solely based on their identified status. Auditor confirmed that no such unit was designated for the housing of LGBTI inmates during the on-site visit, review of the housing designations, targeted inmate interviews, and through interviews with the PREA Coordinator, Compliance Managers, and Classification staff.

Corrective Action: Based upon the review and analysis of the evidence, the Auditor determined the facility is compliant with all provisions of this standard. No corrective action required.

Standard 115.43: Protective Custody

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

115.43 (a)

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

115.43 (b)

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible? Yes No

- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) Yes No NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) Yes No NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) Yes No NA

115.43 (c)

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

115.43 (d)

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

115.43 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's

conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.43 (a) Inmates identified as high risk for sexual victimization are not placed in involuntary segregation unless an assessment of all available housing alternatives has been made, and a determination has been made that there is no available alternative means of separation from potential abusers. SCADF policy 108.05 *Restrictive Housing* (p.4) outlines the responsibilities for Classification Officers to assess available alternatives before an inmate is involuntarily segregated based solely on the inmate's designation as an alleged victim, an at-risk victim, or a known victim. If such an assessment cannot be conducted immediately, the inmate may be involuntarily segregated for no more than 24 hours while completing the assessment. SCADF reported no (0) inmates at risk of sexual victimization were held in involuntary segregated housing in the past 12 months for 24 hours awaiting completion of assessment. Jail Administrator Colonel Schechter was interviewed and confirmed inmates are not involuntarily segregated because of their status as at-risk victims. Auditors reviewed classification documents for at-risk inmates and their housing placements.

115.43 (b) Inmates placed in segregated housing for this purpose retain access to programs, privileges, education, and work opportunities to the extent possible. Any restrictions imposed by SCADF are documented along with the opportunities that have been limited, the duration of such limitation, and the reasons for such limitations, as outlined in SCADF policy 108.05 *Restrictive Housing* (p.4). SCADF does not restrict access to programs, privileges, education, or work opportunities as confirmed by Jail Administrator and all staff interviewed.

115.43 (c) SCADF Classification assigns inmates to involuntary segregation only until an alternative means of separation from likely abusers can be arranged; this assignment will not exceed 30 days as per SCADF policy 108.05 *Restrictive Housing* (p.4). SCADF reported in the PAQ that no (0) inmates who were at risk of sexual victimization were assigned to involuntary segregation housing for longer than 30 days in the past 12 months while awaiting alternative placement. Interviews with Jail Administrator and staff who supervise inmates in segregated housing confirmed there were no (0) inmates who had been involuntarily segregated due to being identified as at-risk for victimization. Auditor reviewed classification documents for at-risk inmates and their housing placements.

115.43 (d) SCADF policy 108.05 *Restrictive Housing* (p.4) provides if an involuntary segregated housing assignment is made, SCADF documents the decision along with the basis for the agency's concern for the inmate's safety and the reason why no alternative means of separation could be arranged. Due to no (0) inmates being placed in involuntary segregated housing as referenced above, there were no (0) case files to be reviewed. This information was provided via the PAQ.

115.43 (e) SCADF affords each inmate covered under PREA standard 115.43 a review to determine whether there is a continued need for separation from the general population at least every 30 days. SCADF policy 108.05 *Restrictive Housing* (p.4) requires that a review be conducted every 30 days. Such reviews are required to be documented by completing a written review report. SCADF did not house any inmate in involuntary segregation due to the inmate being at risk for sexual victimization and there being no other suitable housing.

Corrective Action: Based upon the review and analysis of the evidence, the Auditor determined the facility is compliant with all provisions of this standard. No corrective action required.

REPORTING

Standard 115.51: Inmate reporting

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

115.51 (a)

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

115.51 (b)

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

115.51 (c)

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

115.51 (d)

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

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

Instructions for Overall Compliance Determination Narrative

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

115.51 (a) SCADF provides multiple internal avenues for inmates to privately report sexual abuse and sexual harassment, retaliation by other inmates or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. SCADF policy 107.13 – Prison Rape Elimination Act (PREA) (p.4) lists the reporting avenues made available: Inmate request via the kiosk or tablets to PREA Coordinator; Verbally speaking with officers or supervisors; Handwritten inmate request; Handwritten note to officers or staff; Reporting to another inmate; To any contractor, volunteer, or employee; Call Jail Issues Hotline from inmate phone; and/or Call Crime Stoppers (316) 267-2111 from an inmate phone. Information on reporting methods and avenues is made available to inmates in the *Inmate Handbook* 107.07A (English Version) or 107.07B (Spanish Version) and on the kiosks and tablets. Reporting avenues are advertised in the facility via posted and painted signage. During the on-site visit auditor tested phones in all housing units and the reporting mechanisms available on the tablets and kiosks. Many phones and kiosk were not working, which would limit availability to inmates; however, work orders were submitted while on site and were fixed during follow-up visit. Also, signage in housing units was not consistent and several housing areas were found to be missing signage in English, Spanish, and in both languages in some areas. This was corrected by the time of follow-up visit. Random staff and inmate interviews reflected awareness of the multiple reporting mechanisms available to report sexual abuse, sexual harassment, and retaliation. Auditor also submitted report during on-site visit to the internal reporting form on the kiosk from both facilities. Auditor did not receive a response back until a month later due to the PREA Coordinator being out at training and no one else was following up on these internal request.

115.51 (b) SCADF informs inmates of at least one way to report abuse or harassment to a public or private entity or office that is not part of SCADF and that is able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to SCADF officials, allowing the inmate to remain anonymous upon request. Inmates may contact Crime Stoppers (316) 267-2111 from an inmate phone. This reporting avenue and contact information is listed in SCADF policy 107.13 – *Prison Rape Elimination Act (PREA)* (p.4) and pages 22 of the *Inmate Handbook* (English) / (Spanish). PREA Coordinator Lt. Hallacy, described the reporting avenues available, which included inmates' ability to report to an outside agency. Knowledge of the reporting avenues, both internal and external, was evident during inmate interviews. Auditor observed advertisement of notification methods, inspected functionality, and tested the hotlines while on-site by calling and making contact.

115.51 (c) SCADF policy 107.13 – *Prison Rape Elimination Act (PREA)* (p.4) requires all staff to accept reports of sexual abuse or sexual harassment from inmates made verbally, in writing, anonymously, and from third parties and immediately make notification to the appropriate duty supervisor. Auditor reviewed a random sample of reports made verbally, in writing, anonymously, and from third parties. Staff indicated they would accept and investigate reports made from a third party. All incidents, to include third-party, are documented. Random inmate interviews indicated they had the knowledge of reporting and felt

comfortable that staff would take immediate action. Third-party reporting form is also made available to the public through agency website.

115.51 (d) SCADF provides a method for staff to privately report sexual abuse and sexual harassment of inmates. SCADF policy 107.13 – *Prison Rape Elimination Act (PREA)* (p.4) Staff can notify any supervisor by phone or email, contact the PREA coordinator, or detectives. Staff are informed of this private reporting avenue through SCADF policy referenced above, new hire training, during the required annual refresher training, posters in break rooms, and is also available to staff through Power DMS, which has all policies available. During staff interviews, staff were aware of their ability to report anonymously. Auditor reviewed the training documents provided in the PAQ to ensure this information was provided. This information was also obtained during random staff interviews.

Corrective Action: Based upon the review and analysis of the evidence, the Auditor determined the facility is non-compliant with specific provisions of this standard. The deficiency noted and corrective action required are outlined below:

- Several housing areas were missing the PREA hotline number on signage. The number to the PREA hotline was not consistent or missing in housing units.
- Many phones and kiosk were not working in many housing units, which limited the accessibility to inmates.
- Auditor submitted request through kiosk at both facilities and did not receive a response until a month later due to not being monitored while PREA Coordinator was out at training.

Corrective Action Taken: All missing PREA signage throughout the facility was replaced; SCADF painted hotline numbers in areas near phones. Phones and kiosk that were not working, were fixed and accessible to inmates. Auditor retested the internal reporting avenue through the kiosk during follow-up visit and was immediately contacted once report was received.

Standard 115.52: Exhaustion of administrative remedies

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

115.52 (a)

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

115.52 (b)

- Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) Yes No NA

- Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (c)

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

115.52 (d)

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

115.52 (e)

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

115.52 (f)

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

115.52 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.52 (a) SCADF has administrative procedures for dealing with inmate grievances. SCADF provides inmates the opportunity to file grievances regarding specific issues including, but are not limited to: jail rules; living conditions; unprofessional behavior, such as retaliation, harassment, etc.; actions of other inmates; classification actions, such as time computations, custody status, or release issues; programs, including inmate worker issues; inmate services, like food, mail, visiting, commissary, laundry, and telephones; health care and health care costs; inmate account transactions; and accommodation compliance with the Americans with Disabilities Act. These procedures are outlined in SCADF policy 107.11 – *Inmate Grievance Procedures* (p.2) and in the *Inmate Handbook* 107.07A and 107.07B. SCADF does not have administrative procedures to address inmate grievances regarding sexual abuse. If a grievance regarding sexual abuse is received, it will immediately be referred to the PREA Coordinator and initiate an investigation.

115.52 (b) SCADF does not impose a time limit on when an inmate may submit a grievance regarding an allegation of sexual abuse; inmates are permitted, not required to utilize the SCADF grievance system to report incidents of sexual abuse and sexual harassment. SCADF applies other applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse. SCADF does not require an inmate to use any informal grievance process, or otherwise attempt to resolve with staff, an alleged incident of sexual abuse as described in SCADF policy 107.13 – *Prison Rape Elimination Act (PREA)* (p.31).

115.52 (c) SCADF policy 107.13 – *Prison Rape Elimination Act (PREA)* (p.31) ensures that an inmate who alleges sexual abuse may submit a grievance without submitting to a staff member who is the subject of the complaint, and such grievance is not referred to a staff member who is the subject of the complaint. The *Inmate Handbook* (p. 27-28) contains information on the SCADF grievance system. The section states, in part, that inmates are not required to turn complaints into staff members who are the subject of the complaint and that all complaints are considered confidential. The section also advises inmates that they have the right to be free from retaliation for filing a complaint.

115.52 (d) SCADF issues a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 30 days of the initial filing of the grievance. As per SCADF policy 107.13 – *Prison Rape Elimination Act (PREA)* (p.31-32), computation of the 30-day time period does not include time consumed by inmates in preparing any administrative appeal. SCADF reserves the right to claim an extension of time to respond, of up to 160 days as authorized by PREA standard 115.52 (d) (2), if the normal time period for response is insufficient to make an appropriate decision. SCADF notifies the inmate in writing of any such extension and provides a date by which a decision will be made. At any level of the administrative process, including the final level, if the inmate does not receive a response with the time allotted for reply, including any properly noticed extension, the inmate considers the absence of a response to be a denial at that level. SCADF reported three (3) grievances were filed in the past 12 months alleging sexual abuse; all documents were therefore available for review. All grievances related to sexual abuse or sexual harassment were inspected to review and confirm grievance process, timeline, and response procedure. This information was provided through the PAQ. SCADF reported that three (3) reports of sexual abuse were received via this mechanism. Interviews with inmates who reported sexual assault or sexual harassment indicated they were aware that the grievance system was available to them as a reporting mechanism.

115.52 (e) Third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, are permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse, and are permitted to file such requests on behalf of inmates. SCADF may require third party complaints to be agreed to by the alleged victim to personally pursue any subsequent steps in the administrative remedy process. If the inmate declines to have the request processed on his or her behalf, SCADF documents the inmate's decision. This process and requirements are outlined

SCADF policy 107.13 – *Prison Rape Elimination Act (PREA)* (p.32). All grievances alleging sexual abuse were found to have reached a final decision within 30 days.

115.52 (f) SCADF has established procedures under SCADF policy 107.13 – *Prison Rape Elimination Act (PREA)* (p.32-33) for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse. Inmates who have an emergency grievance will report to the officer on shift. Inmate grievances of an emergent manor will be reviewed by the on-shift sergeants. After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, SCADF staff immediately forwards the grievance to a level of review at which immediate corrective action may be take and provides an initial response within 48 hours, and a final agency decision within five (5) calendar days. The initial response and final agency decision documents SCADF’s determination whether the inmate is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance. SCADF reported receiving no (0) emergency grievances alleging a substantial risk of sexual in the last 12 months; therefore, there were no incident reports related to this provision to review.

115.52 (g) SCADF policy 107.13 – *Prison Rape Elimination Act (PREA)* (p.33) allows for an inmate to be disciplined for filing a grievance related to alleged sexual abuse only when TCSO can demonstrate that the inmate filed the grievance in bad faith. SCADF reported no (0) incidents where an inmate was disciplined pursuant to this standard in the last 12 months.

Corrective Action: Based upon the review and analysis of the evidence, the Auditor determined the facility is compliant with all provisions of this standard. No corrective action required.

Standard 115.53: Inmate access to outside confidential support services

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

115.53 (a)

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

115.53 (b)

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

115.53 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.53 (a) SCADF will provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations, and by enabling reasonable communication between inmates and these organizations, in as confidential a manner as possible. Contact information is also provided to inmates:

Wichita Area Sexual Assault Center (WASAC)
 355 N. Waco Ave #100
 Wichita, KS 67202

Auditor observed locations of inmate phones throughout the facility and their accessibility. All phones were also tested for operability. Phones in many housing units were not working at the time of initial on-site audit. SCADF has an MOU with the WASAC, which outlines the responsibility of SCADF to contact WASAC upon receiving a request by an inmate and allowing an authorized representative to enter the facility; to provide inmates with confidential emotional support services related to sexual abuse or assault. Random and targeted inmate interviews took place during on-site audit and inmates were able to identify the services available to them and how to access them. During follow-up visit, auditor interviewed a representative from WASAC providing services and was able to explain the process.

115.53 (b) SCADF ensures communication between inmate and WASAC representative will be in a confidential manner as possible. A random sample of interviews with inmates and inmates who reported sexual abuse found an understanding that these services were available and confidential. Auditor tested all phones for operability; however, phones in many housing units were not working. Work orders were submitted while on-site and were retested during follow-up visit.

115.53 (c) SCADF has a MOU with Wichita Area Sexual Assault Center, a community service provider that provides inmates with confidential emotional support services related to sexual abuse. SCADF maintains copies of MOU and agreements showing these services. A copy of MOU was provided to auditor and is also available on agency website at <https://www.sedgwickcounty.org/sheriff/detention-bureau/prea/>.

Corrective Action: Based upon the review and analysis of the evidence, the auditor determined the facility is non-compliant with specific provisions of this standard. The deficiency noted and corrective action required is outlined below:

- Many phones were inoperable in several housing units.

Corrective Action Taken: All phones were retested during follow-up visit and were in working order.

Standard 115.54: Third-party reporting

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

115.54 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.54 (a) SCADF policy 107.13 – *Prison Rape Elimination Act (PREA)* (p.4) requires staff to accept reports of sexual abuse or sexual harassment made by a third-party. SCADF has established methods to receive third-party reports of sexual abuse and sexual harassment and distributes publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate. This information is available to the public through agency website at <https://www.sedgwickcounty.org/sheriff/detention-bureau/prea/>. The website explains what PREA is, how someone can report on behalf of an inmate, how

inmates can report, information needed to submit a complaint on behalf of an inmate, SCADF zero-tolerance policy, and links to SCADF annual PREA data reports and past audits. It was reported in the PAQ the Wichita Area Sexual Abuse Center and other organizations can contact the facility to report anonymously for inmates, incidents of sexual abuse.

Corrective Action: Based upon the review and analysis of the evidence, the Auditor determined the facility is compliant with all provisions of this standard. No corrective action required.

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

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

115.61 (a)

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

115.61 (b)

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

115.61 (c)

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

115.61 (d)

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

115.61 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.61 (a) SCADF requires all staff to report immediately according to its established SCADF policy 107.13 – *Prison Rape Elimination Act (PREA)* (p.4-6) any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of SCADF; retaliation against inmates or staff who reported such incidents; and any staff neglect or violation of responsibility that may have contributed to an incident or retaliation. During random staff interviews, staff understood their responsibilities as a first responder; duty to immediately report incidents, and SCADF's prohibition on retaliation. Inmates are advised that they have the right to be free from retaliation by any SCADF employee, contractor, or volunteer and such protections are outlined in the *Inmate Handbook* (107.07A English / 107.07B Spanish).

115.61 (b) Apart from initially reporting to supervisors or officials, SCADF policy 107.13 – *Prison Rape Elimination Act (PREA)* (p.5) and Policy 103.02 – *Code of Conduct* (p.2) prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management. Staff interviews reflected their understanding that information received is to remain confidential and only shared or released on an authorized, need-to-know basis.

115.61 (c) Unless otherwise precluded by Federal, State, or local law, medical and mental health practitioners are required to report sexual abuse pursuant to paragraph (a) of PREA standard 115.61 and to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services. Medical and mental health staff indicated during interviews that they were aware of their responsibilities as first responders and mandatory reports.

115.61 (d) If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, the SCADF reports the allegation to the designated State or local services agency under applicable mandatory reporting laws.

115.61 (e) Jail Administrator, PREA Coordinator, and supervisors interviewed confirmed SCADF supervisors report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports immediately to PREA Coordinator and will promptly be investigated in accordance with Sheriff's Office policies and procedures as required by SCADF policy 107.13 – *Prison Rape Elimination Act (PREA)* (p.4). A sample of reports were reviewed to confirm referral was made to designated investigators.

Corrective Action: Based upon the review and analysis of the evidence, the Auditor determined the facility is compliant with all provisions of this standard. No corrective action required.

Standard 115.62: Agency protection duties

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

115.62 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.62 (a) When SCADF learns that an inmate is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the inmate as outlined in SCADF policy 107.13 – *Prison Rape Elimination Act (PREA)* (p.5). During interviews with staff, there was a clear understanding that upon learning that an inmate is subject to a substantial risk of imminent sexual abuse, immediate action takes place to protect the inmate. In the past 12 months, SCADF reports that the number of times the agency or facility determined that an inmate was subject to substantial risk of imminent sexual abuse was (0). The longest and average amount of times that elapsed before acting were both reported as not applicable "N/A" due to no (0) incidents reported above.

Corrective Action: Based upon the review and analysis of the evidence, the Auditor determined the facility is compliant with all provisions of this standard. No corrective action required.

Standard 115.63: Reporting to other confinement facilities

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

115.63 (a)

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

115.63 (b)

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

115.63 (c)

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

115.63 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.63 (a) Upon receiving an allegation that an inmate was sexually abused while confined at another facility, the SCADF notifies the head of the facility or appropriate office of the agency where the alleged abuse occurred. A policy was not provided with the PAQ; however, it was documented that this was in practice. Once notification was received, the facility Captain and PREA Coordinator was notified of the allegation immediately. The incident had already been reported to the facility, while inmate was in their custody and was investigated. SCADF reported one (1) incident where an inmate notified the facility that

they had been victimized while confined at another facility. Documentation of this incident was reviewed by Auditor.

115.63 (b) SCADF requires such notification be provided as soon as possible, and follow the guidelines outlined in *Operations Policy 42.1/83.1* and *Incident Reporting 103.02*.

115.63 (c) SCADF documents that it has provided such notification within 72 hours of received the allegation.

115.63 (d) The SCADF Jail Administrator will ensure that an allegation received from another agency is investigated. During Specialized Interviews it was confirmed that any complaint received pursuant to a notification from another agency or facility is thoroughly investigated. SCADF reported in the PAQ one (1) allegation of sexual abuse the facility received from another facility, in the past 12 months. This incident was documented and investigated in accordance with the standard.

Corrective Action: Based upon the review and analysis of the evidence, the Auditor determined the facility is compliant with all provisions of this standard. No corrective action required.

Standard 115.64: Staff first responder duties

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

115.64 (a)

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

115.64 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.64 (a) Upon learning of an allegation that an inmate was sexually abused, the first security staff member to respond to the report is required to: (1) Separate the alleged victim and abuser; (2) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; (3) If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and (4) If the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. These processes and requirements are outlined in SCADF policy 107.13 – *Prison Rape Elimination Act (PREA)* (p.5) and Operations Policy 83.1 – *Evidence*. Target interviews with inmates who reported sexual abuse described this process as well. Auditor reviewed documents submitted through PAQ and requested during on-site audit and inspected first responder duties and responsibilities during the on-site visit. As Auditor toured both facilities, staff were asked what their first responder duties were and they were not fully aware of all the duties when receiving an outcry.

In the past 12 months, SCADF reported through the PAQ one (1) allegation involving an inmate being sexually abused. Of the one (1) allegation, all incidents were responded to in accordance with the facility's coordinated response plan which requires the alleged victim and abuser to be immediately separated. Of the one (1) incident, no (0) report was received by staff in a time period that allowed for the collection of physical evidence from both victim and alleged abuser. Security and non-security staff interviewed during the random staff interviews were all asked to describe their duties and responsibilities as a first responder and were able to describe their responsibilities to protect the inmate, secure the scene, and preserve evidence. Targeted interviews with inmates who reported sexual abuse described this process as well. Auditor reviewed documents submitted through PAQ and requested during on-site audit and inspected first responder duties and responsibilities during the on-site visit.

115.64 (b) SCADF policy requires where the first responder was not a detention officer, the responder will request that the alleged victim not take any actions that could destroy physical evidence and then notify a detention supervisor.

Of the one (1) incident reported in the past 12 months where and inmate alleged sexual abuse, SCADF reported no (0) incident occurred when a non-security staff member served as the first responder. Security and non-security staff interviewed during the random staff interviews were all asked to describe their duties and responsibilities as a first responder. Majority of the staff interviewed were not able to describe their responsibilities to protect the inmate, secure the scene, and preserve evidence.

Corrective Action: Based upon the review and analysis of the evidence, the Auditor determined the facility is non-compliant with specific provisions of this standard. The deficiencies noted and corrective action required are outlined below:

- During random staff interviews, majority of the staff interviewed were not fully aware of their first responder duties when receiving an outcry of sexual abuse.

Corrective Action Taken: SCADF provided refresher training to staff to ensure they obtained the knowledge of their first responder duties. Auditor assessed their knowledge by conducting additional staff interviews during follow-up visit. Auditor also asked staff about first responder duties and as the facility was toured again during follow-up visit.

Standard 115.65: Coordinated response

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

115.65 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does

not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.65 (a) SCADF has developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership. The coordinated response plan is outlined in SCADF policy 107.13 – *Prison Rape Elimination Act (PREA)* (p.5-8) which outlines the actions required by first responders, medical and mental health staff, investigators, and facility leadership in response to incidents of sexual abuse. The Sedgwick County Sheriff’s Office is committed to responding to all reports of sexual assault and sexual harassment. During targeted and random staff interviews, staff spoke to the coordinate response plan and the responsibilities assigned to staff members, contractors, and volunteers. This was also validated during review of sexual abuse incident reports.

Corrective Action: Based upon the review and analysis of the evidence, the Auditor determined the facility is compliant with all provisions of this standard. No corrective action required.

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

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

115.66 (a)

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

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.66 (a) Neither SCADF nor any other governmental entity responsible for collective bargaining on the agency's behalf has entered into or renewed any collective bargaining agreement or other agreement that limits SCADF's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. Interviews with Jail Administrator Colonel Schechter and PREA Coordinator Lt. Hallacy confirmed that SCADF does not operate under a collective bargaining agreement or any other agreement. This information was also provided in the PAQ.

115.66 (b) Auditor was not required to audit this provision of the standard.

Corrective Action: Based upon the review and analysis of the evidence, the Auditor determined the facility is compliant with all provisions of this standard. No corrective action required.

Standard 115.67: Agency protection against retaliation

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

115.67 (a)

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

115.67 (b)

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

115.67 (c)

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

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

115.67 (d)

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

115.67 (e)

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

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

115.67 (a) SCADF has established a policy, SCADF policy 107.13 – *Prison Rape Elimination Act (PREA)* (p.6) to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff and has designated the PREA Coordinator with monitoring retaliation.

115.67 (b) SCADF utilizes multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. Classification will determine a secure location for inmate victims. Classification may use all areas of the facility and will document all transfers or movements. If necessary, an inmate may be transferred to out of county facility as a protective measure. Interviews with Jail Administrator, PREA Coordinator and inmates who reported sexual abuse were interviewed. During inmate interviews, there was no information provided indicating there was active monitoring for retaliation. Auditor reviewed classification documents. Reference SCADF policy 107.13 – *Prison Rape Elimination Act (PREA)* (p.6).

115.67 (c) SCADF monitors for at least 90 days following a report of sexual abuse, as per SCADF policy 107.13 – *Prison Rape Elimination Act (PREA)* (p.6), the conduct and treatment of inmates or staff who reported the sexual abuse and of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff and act promptly to remedy any such retaliation. In the event it becomes evident retaliation and/or intimidation is taking place, the monitoring period will be extended. SCADF reported in PAQ no (0) incidents of retaliation for the past 12 months. Interviews with Jail Administrator and PREA Coordinator indicated PREA Coordinator is responsible for monitoring for retaliation. Monitoring documentation is maintained by PREA Coordinator. Documentation was requested to validate this was in practice.

115.67 (d) In the case of inmates, such monitoring includes periodic status checks. PREA Coordinator confirmed during interview, that interviews will be conducted every 30 days and documentation maintained on the inmate's individual scheduled events and history log. Reference SCADF policy 107.13 – *Prison Rape Elimination Act (PREA)* (p.6).

115.67 (e) If any other individual who cooperates with an investigation expresses a fear of retaliation, SCADF takes appropriate measures to protect that individual against retaliation. Interviews with Jail Administrator and PREA Coordinator indicated that appropriate measures are in place to protect cooperating individuals in an investigation from retaliation. Monitoring documentation is entered maintained by PREA Coordinator, which was reviewed by Auditor during the on-site visit. Reference SCADF policy 107.13 – *Prison Rape Elimination Act (PREA)* (p.6).

115.67 (f) Auditor was not required to audit this provision of the standard.

Corrective Action: Based upon the review and analysis of the evidence, the Auditor determined the facility is non-compliant with specific provisions of this standard. The deficiencies noted and corrective action required are outlined below:

- During inmate interviews, there was no information provided indicating there was active monitoring for retaliation.
- Auditor did not receive supporting documentation.

Corrective Action Taken: SCADF PREA Coordinator is aware that it is the responsibility of the coordinator to monitor for retaliation and maintain documentation. PREA coordinator has established procedures for complying with the provisions of this standard. Auditor was provided with supporting documentation.

Standard 115.68: Post-allegation protective custody

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

115.68 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.68 (a) Inmates identified as high risk for sexual victimization are not placed in involuntary segregation unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means for separation from potential abusers. SCADF policy 108.05 *Restrictive Housing* (p.3) outlines the responsibilities for Classification Officers to assess available alternatives before an inmate is involuntarily segregated solely on the inmate's designation as an alleged victim, an at-risk victim, or a known victim. If such as assessment cannot be conducted immediately, the inmate may be involuntarily segregated for no more than 24 hours while completing the assessment. Jail Administrator, PREA Coordinator, and PREA Compliance Manager confirmed that inmates are not involuntarily segregated because of their status as an at-risk victim. Auditor confirmed through classification document review and housing placement.

Corrective Action: Based upon the review and analysis of the evidence, the Auditor determined the facility is compliant with all provisions of this standard. No corrective action required.

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

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

115.71 (a)

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

115.71 (b)

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

115.71 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? Yes No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses?
 Yes No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? Yes No

115.71 (d)

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

115.71 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff? Yes No

- Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? Yes No

115.71 (f)

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

115.71 (g)

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

115.71 (h)

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

115.71 (i)

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

115.71 (j)

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

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (l)

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

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

Instructions for Overall Compliance Determination Narrative

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

115.71 (a) Policy 26.3 – *Administrative Investigations* reflects that SCADF conducts its own administrative investigations into allegations of sexual abuse and sexual harassment, and does so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. The PREA Coordinator conducts administrative investigations and indicated that they immediately initiate an investigation into incidents reported. Incidents include third-party complaints and complaints made directly to staff by inmates. All types of allegations are handled in the same manner. Auditor reviewed a sample of investigations in response to allegations of sexual abuse and sexual harassment to examine timeliness of investigation initiation.

115.71 (b) Where sexual abuse is alleged, SCADF uses investigators who have received special training in sexual abuse investigations pursuant to PREA standard 115.34. All criminal investigations are conducted by Operations staff. SCADF also maintains documentation of the completed required training which was reviewed by Auditor. Specialized Interview confirmed that specialized training had been completed, which included interviewing techniques, Miranda and Garrity warning, effective communication, interview questions to ask, and proper collection of evidence were some of the topics covered in the training.

115.71 (c) Investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; investigators interview alleged victims, suspected perpetrators, and witnesses; and review prior complaints and reports of sexual abuse involving the suspected perpetrator.

During interviews with Jail Administrator Colonel Schechter, PREA Coordinator, and, Investigator, it was stated that an investigation would take place as soon as possible and without delay, with the first step being aiding with preservation of the crime scene and collection of evidence. Investigator interviewed further indicated Investigators ensure that the first responder duties (separate inmate(s), secure the scene, preserve physical evidence from both victim(s) and perpetrator(s)) were properly completed.

In describing the interview process, Investigator indicated that if an allegation is made against a staff member, the staff member would be reassigned to an area where they do not have access to the inmate population. In incidents involving inmate on inmate, the alleged perpetrator would be rehoused pending the investigation's outcome. Upon determination that a criminal offense was committed, SCADF would refer the case to the District Attorney's Office for prosecution. Auditor reviewed a sample of completed investigative report files to examine contents and ensure they reflect the requirements of this standard.

115.71 (d) During interview, Investigator indicated when the quality of evidence appears to support criminal prosecution, the investigator will conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.

A sample of investigation reports were reviewed to confirm that referral for criminal prosecution took place when appropriate.

115.71 (e) The credibility of an alleged victim, suspect, or witness is assessed on an individual basis and is not determined by the person's status as inmate or staff. SCADF does not require an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation. Investigator stated that an inmate's history of false reporting is not considered in determining the validity of the case; each case complaint is handled as an individual outcry and an inmate's past reporting, or history is not held against them. This standard and adherence to such was further confirmed during interviews with Jail Administrator, PREA Coordinator, and targeted inmate interviews.

115.71 (f) Administrative investigations: (1) include an effort to determine whether staff actions or failures to act contributed to the abuse; and (2) are documented in written reports that include a description of the physical and testimonial and documentary evidence, the reasoning behind credibility assessments, and investigative facts and findings. The efforts to determine staff actions was described as one of the initial steps taken by investigators, by way of ensuring the immediate response by the first responder were completed. All relevant information is included in reports generated and forwarded through the appropriate channels in the department. The information is reviewed for investigative purposes and for a determination of disciplinary action necessary where and when appropriate.

115.71 (g) Criminal investigations are documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible by investigator. All relevant evidence as described in documented reports is listed in a chain of evidence form for property tracking. A sample of criminal investigation reports were reviewed for inspection of its contents.

115.71 (h) Substantiated allegations of conduct that appears to be criminal are referred for prosecution. The number of substantiated allegations of conduct that appear to be criminal that were referred for prosecution since last PREA audit was unknown; however, SCADF reported one (1) via the PAQ for the last 12 months. Documentation was reviewed by Auditor.

115.71 (i) SCADF retains all written reports referenced in paragraphs (f) and (g) of PREA standard 115.71 for as long as the alleged abuser is incarcerated or employed by SCADF, plus five years. Auditor reviewed a sample of documentation of prior incidents to confirm that retention period was being adhered to, in accordance with this provision of the standard.

115.71 (j) The departure of the alleged abuser or victim from the employment or control of SCADF does not provide a basis for terminating an investigation. During interviews staff stated an investigation would continue even after a staff member, who is alleged to have perpetrated sexual abuse, terminates employment with SCADF.

115.71 (k) Auditors are not required to audit this provision of the standard.

115.71 (l) The provisions of this standard are not applicable "N/A."

Corrective Action: Based upon the review and analysis of the evidence, the Auditor determined the facility is compliant with all provisions of this standard. No corrective action required.

Standard 115.72: Evidentiary standard for administrative investigations

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

115.72 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.72 (a) SCADF imposes no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated as per *Operations Policy* 42.1. Interview with investigative staff reflected this standard of evidence is imposed on cases involving allegations of sexual abuse or sexual harassment. Auditor reviewed a sample of administrative investigation findings, which indicated procedures were conducted in accordance with agency policy and provision of this standard.

Corrective Action: Based upon the review and analysis of the evidence, the Auditor determined the facility is compliant with all provisions of this standard. No corrective action required.

Standard 115.73: Reporting to inmates

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

115.73 (a)

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

115.73 (b)

- If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency

in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) Yes No NA

115.73 (c)

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

115.73 (d)

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

115.73 (e)

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

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

Instructions for Overall Compliance Determination Narrative

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

115.73 (a) Following an investigation into an inmate's allegation that he or she suffered sexual abuse in the facility, SCADF informs the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. In the past 12 months, the number of criminal and/or administrative investigations of alleged inmate sexual abuse that were completed by the SCADF was reported as 62. Of the alleged sexual abuse investigations that were completed, the number of inmates who were notified, verbally or in writing, of the results of the investigation was 38. SCADF policy requires the disposition to be provided to an inmate following a sexual abuse investigation. During the inmate's incarceration, unless the allegations is deemed unfounded, the investigating authority advises the alleged victim if/when: the alleged staff perpetrator is no longer posted in the inmate's housing unit; the alleged staff perpetrator is no longer employed by SCADF; SCADF learns that the alleged staff or inmate perpetrator has been indicted; or SCADF learns that the alleged staff or inmate perpetrator is convicted of a charge related to sexual abuse within a facility. Interviews with Jail Administrator and PREA reiterated the contents of the applicable policy which requires disposition notification to inmates of an investigation. Interviews with inmates who reported sexual abuse confirmed they were notified of the investigations disposition. A review investigated files contained documentation of notification made to the complainant (inmate); a copy of notification is placed both in the investigative file and the inmate file.

115.73 (b) The provisions of this standard are not applicable "N/A."

115.73 (c) Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, SCADF, per policy subsequently informs the inmate (unless it has determined that the allegation is unfounded) whenever: (1) The staff member is no longer posted within the inmate's unit; (2) The staff member is no longer employed at the facility; (3) SCADF learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or (4) SCADF learns that the staff member has been convicted on a charge related to sexual abuse within the facility. There has been one (1) case of sexual abuse committed by a staff member against an inmate in the past 12 months; however, the investigation was still ongoing during the audit. Interviews with Jail Administrator, PREA Coordinator, and PREA Compliance Manager confirmed that victims and perpetrators are separated. This includes, but is not limited to, reassignment of staff to areas where they have no contact with inmates.

115.73 (d) SCADF policy requires that following an inmate's allegation that they were been sexually abused by another inmate, SCADF informs the alleged victim whenever: 1) SCADF learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or 2) SCADF learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. Interviews with inmates who reported sexual abuse and Administrative Investigator confirmed that the notifications were made; documentation of notification was reflected in the inmate files, case notes, and

Jail Management System of which a random sample was reviewed by Auditor during the on-site visit. Notification to the inmate is provided on agency letterhead.

115.73 (e) SCADF requires all notifications or attempted notifications to be documented in inmate files, case notes, and JMS of which a random sample was reviewed by Auditor during the on-site visit. In the past 12 months, the number of notifications to inmates that were provided pursuant to PREA standard 115.73(e)-2 was 38. The number of those notifications that were documented was 38 (100%).

115.73 (f) Auditors are not required to audit this provision of the standard.

Corrective Action: Based upon the review and analysis of the evidence, the Auditor determined the facility is compliant with all provisions of this standard. No corrective action required.

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

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

115.76 (a)

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

115.76 (b)

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

115.76 (c)

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

115.76 (d)

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

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

Instructions for Overall Compliance Determination Narrative

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

115.76 (a) SCADF policy 107.13 – *Prison Rape Elimination Act (PREA)* (p.2) states that any person committing unlawful sexual relations or sexual misconduct may be subject to criminal prosecution and/or disciplinary measures. During staff interviews it was evident there was a clear understanding of the agency's zero-tolerance policy and disciplinary action.

115.76 (b) SCADF reported in the past 12 months, the number of SCADF staff who have violated agency sexual abuse or sexual harassment policies was reported as one (1). The number of those SCADF staff who have been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies was reported as one (1). Records of disciplinary sanctions, resignations, and terminations for staff pursuant to this standard was reviewed by Auditor.

115.76 (c) Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than engaging in sexual abuse) are commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. In the past 12 months, the number of SCADF staff who have been disciplined, short of termination, for violation of SCADF's sexual abuse or sexual harassment policies was reported as none (0). Records of disciplinary sanctions issued to staff pursuant to this standard were not available due to none being reported by SCADF.

115.76 (d) Terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. In the past 12 months, the number of SCADF staff that have been reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies was reported as none (0), therefore there were no documents to review.

Corrective Action: Based upon the review and analysis of the evidence, the Auditor determined the facility is compliant with all provisions of this standard. No corrective action required.

Standard 115.77: Corrective action for contractors and volunteers

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

115.77 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates? Yes No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? Yes No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? Yes No

115.77 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.77 (a) SCADF policy 107.13 – *Prison Rape Elimination Act (PREA)* (p. 2,7) prohibits any contractor or volunteer who engages in sexual abuse from contact with inmates and to be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. In the past 12 months, SCADF reported no (0) contractors or volunteers have been reported to law enforcement agencies for engaging in sexual abuse of inmates. During targeted interviews it was evident there a was clear understanding of the agency's zero-tolerance policy and disciplinary action.

115.77 (b) SCADF takes appropriate remedial measures, and considers whether to prohibit further contact with inmates, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. These measures are outlined in SCADF policy 107.13 – *Prison Rape Elimination Act (PREA)* (p. 7) and confirmed during interviews.

Corrective Action: Based upon the review and analysis of the evidence, the Auditor determined the facility is compliant with all provisions of this standard. No corrective action required.

Standard 115.78: Disciplinary sanctions for inmates

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

115.78 (a)

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

115.78 (b)

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

115.78 (c)

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

115.78 (d)

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

115.78 (e)

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

115.78 (f)

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

115.78 (g)

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

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

Instructions for Overall Compliance Determination Narrative

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

115.78 (a) SCADF policy 107.13 – *Prison Rape Elimination Act (PREA)* (p.2) allows for inmates to be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse or following a criminal finding of guilt for inmate-on-inmate sexual abuse as defined in SCADF policy and the *Inmate Handbook* (107.07A English/107.07B Spanish). In the past 12 months, the number of administrative findings of inmate-on-inmate sexual abuse that have occurred at the facility was reported as none (0). The number of criminal findings of guilt for inmate-on-inmate sexual abuse that have occurred at the facility was reported as none (0).

115.78 (b) Sanctions are commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories. Jail Administrator Colonel Schechter indicated, during interview, that research of all pertinent files and histories for inmates is conducted prior to a decision on appropriate disciplinary sanctions. Investigative reports and reports with imposed sanctions were reviewed by Auditor. The sanctions that can be imposed by the SCADF Discipline Section are outlined in the *Inmate Handbook* (107.07A English/107.07B Spanish).

115.78 (c) Jail Administrator indicated the disciplinary process considers whether an inmate's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.

115.78 (d) SCADF offers therapy, counseling, and other interventions designed to address and correct underlying reasons or motivations for the abuse. They consider whether to require the offending inmate to participate in such interventions as a condition of access to programming or other benefits. Medical and mental health staff indicated that they collaborate with the SCADF staff to make use of available programs and intervention programs offered at the facility.

115.78 (e) SCADF disciplines inmates for sexual contact with staff only upon finding that the staff member did not consent to such contact. This is also outlined in *Inmate Handbook* (107.07A English/107.07B Spanish).

115.78 (f) SCADF prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation.

115.78 (g) SCADF policy 107.13 – *Prison Rape Elimination Act (PREA)* (p.2) prohibits all sexual activity between inmates and may discipline inmates for such activity. The *Inmate Handbook* (107.07A English/107.07B Spanish) has a list of *Disciplinary Violations* for which inmates can be disciplined for.

Corrective Action: Based upon the review and analysis of the evidence, the Auditor determined the facility is compliant with all provisions of this standard. No corrective action required.

MEDICAL AND MENTAL CARE

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

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

115.81 (a)

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

115.81 (b)

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

115.81 (c)

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

115.81 (d)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?
 Yes No

115.81 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.81 (a) This provision is not applicable.

115.81 (b) This provision is not applicable.

115.81 (c) SCADF policy 107.13 – *Prison Rape Elimination Act (PREA)* (p.7) outlines if the screening indicates that a person has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, medical staff will ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. In the past 12 months, all inmates who disclose prior victimization during screening were offered follow-up meeting with a medical or mental health practitioner. This was confirmed during targeted inmate interviews with inmates who reported prior victimization and staff responsible for risk screening.

115.81 (d) Information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law. Reference SCADF policy 103.04 – *Medical Records* (p.2). All information collected related to an inmate's history of sexual victimization or abuse, or history of abusiveness, is collected at intake by security, medical or mental health staff and is used to determine housing assignments, work assignments, and education or program assignments. Information is securely stored in an inmate's medical or intake file. Auditor reviewed a sample of inmate records during on-site audit. This was also observed during tour and confirmed during interviews with intake staff and healthcare staff.

115.81 (e) Medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18.

Corrective Action: Based upon the review and analysis of the evidence, the Auditor determined the facility is compliant with all provisions of this standard. No corrective action required.

Standard 115.82: Access to emergency medical and mental health services

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

115.82 (a)

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

115.82 (b)

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

115.82 (c)

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

115.82 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.82 (a) SCADF and Wellpath ensure inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The nature and scope of treatment and crisis intervention services are determined by medical and mental health practitioners according to their professional judgment and as required by SCADF policy 107.13 – *Prison Rape*

Elimination Act (PREA) (p.7-8). Medical and mental health staff maintain secondary materials documenting the timely access to treatment and services. These documents were made available to auditor for review and inspection during the on-site visit. Interviews with medical staff, mental health staff, and inmates who reported sexual abuse confirmed that treatment and crisis intervention services were offered and provided in a timely manner. Auditors reviewed investigative summaries and inmate movement histories to confirm that services were provided in a timely manner.

115.82 (b) SCADF policy 107.13 – *Prison Rape Elimination Act (PREA)* (p.8) indicates if no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, first responders will take preliminary steps to protect the victim and will immediately notify the appropriate medical and mental health practitioners. However, SCADF always has medical and mental health practitioners on duty or readily available. Security and non-security first responders were interviewed and confirmed that timely access and around the clock availability of medical or mental health services. Interviews with medical staff, mental health staff, and inmates who reported sexual abuse confirmed that treatment and crisis intervention services were offered and provided in a timely manner. Auditor reviewed investigative summaries demonstrating immediate notification referral was made to the medical and mental health practitioners.

115.82 (c) Inmate victims of sexual abuse while incarcerated are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate per SCADF policy 107.13 – *Prison Rape Elimination Act (PREA)* (p.8). Interviews with medical staff, mental health staff, and inmates who reported sexual abuse confirmed that access to sexually transmitted infections prophylaxis was offered and made available in a timely manner. Auditor reviewed a sample of additional medical and mental health secondary materials documenting access to services while on-site.

115.82 (d) Wellpath provides treatment services to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. This is outlined in SCADF policy 107.13 – *Prison Rape Elimination Act (PREA)* (p.8) and was confirmed during interviews with inmates who reported sexual abuse.

Corrective Action: Based upon the review and analysis of the evidence, the Auditor determined the facility is compliant with all provisions of this standard. No corrective action required.

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

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

115.83 (a)

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

115.83 (b)

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

115.83 (c)

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

115.83 (d)

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

115.83 (e)

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

115.83 (f)

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

115.83 (g)

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

115.83 (h)

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

Auditor Overall Compliance Determination

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

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

115.83 (a) SCADF, through Wellpath Health Services, offers medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in the jail as per SCADF policy 107.13 – *Prison Rape Elimination Act (PREA)* (p.8). Auditor observed the intake screening process and tools used by medical and mental health to assess inmates. Medical and mental health staff indicated a referral would be made as required or necessary.

115.83 (b) The evaluation and treatment of such victims is outlined in SCADF policy 107.13 – *Prison Rape Elimination Act (PREA)* (p.8) and includes, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody. Auditor reviewed a sample of necessary documents that demonstrated such services, treatment plans, and referrals were made.

115.83 (c) SCADF policy 107.13 – *Prison Rape Elimination Act (PREA)* (p.46) requires DLMCJC and Wellpath Health to provide such victims with medical and mental health services consistent with the community level of care. A review of medical and mental health's secondary documents reflected that victim received services; interviews with medical and mental health staff noted that services offered are consistent with the community level of care.

115.83 (d) Female victims of sexually abusive vaginal penetration while incarcerated are transported to a local hospital, where they are offered pregnancy tests and emergency contraception per SCADF policy 107.13 – *Prison Rape Elimination Act (PREA)* (p.8).

115.83 (e) If pregnancy results from an inmate being sexually victimized/abused while incarcerated, such victim(s) are afforded timely and comprehensive information about and timely access to all lawful pregnancy-related medical services. Interviews with medical and mental health staff reflected providers had knowledge of the SCADF policy 107.13 – *Prison Rape Elimination Act (PREA)* (p.8).

115.83 (f) SCADF policy 107.13 – *Prison Rape Elimination Act (PREA)* (p.8) requires inmate victims of sexual abuse while incarcerated will be offered tests for sexually transmitted infections as medically appropriate. Interviews with inmates who reported sexual abuse confirmed this medical service was offered to them. Medical staff also indicated during interview that the offering of prophylaxis treatment and follow up care for STD's was a standard part of their treatment response for victims of sexual abuse.

115.83 (g) SCADF policy 107.13 – *Prison Rape Elimination Act (PREA)* (p.8) provides that all medical services as a result of an allegation of sexual abuse are provided to the inmate at no cost. Interviews with inmates who reported sexual abuse confirmed that all services offered/provided to them were done so at no cost.

115.83 (h) This provision is not applicable.

Corrective Action: Based upon the review and analysis of the evidence, the Auditor determined the facility is compliant with all provisions of this standard. No corrective action required.

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

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

115.86 (a)

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

115.86 (b)

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

115.86 (c)

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

115.86 (d)

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

115.86 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.86 (a) SCADF conducts a sexual abuse incident review, as per SCADF policy 107.13 – *Prison Rape Elimination Act (PREA)* (p.9), at the conclusion of sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded. In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility, excluding only “unfounded” incidents was reported as six (6) through PAQ. Auditor reviewed incident review documents provided by facility through PAQ and a review of agency website at <https://www.sedgwickcounty.org/sheriff/detention-bureau/prea/>.

115.86 (b) SCADF ordinarily conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative investigation as required by SCADF policy 107.13 – *Prison Rape Elimination Act (PREA)* (p.9). In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility that were followed by a sexual abuse incident review within 30 days, excluding only “unfounded” incidents was reported as six (6). Documentation for these incident reviews were reviewed and were conducted within 30 days.

115.86 (c) The SCADF sexual abuse incident review team includes upper-level management supervisors, with input from line supervisors, investigators, and medical or mental health practitioners as outlined in SCADF policy 107.13 – *Prison Rape Elimination Act (PREA)* (p.9). Colonel Schechter confirmed during interview, that the facility has an incident review team comprised of personnel that satisfy the standard. All reports are sent to Captain Smith for review and signature. Auditor reviewed committee reports provided. Auditor recommends that each member of the incident review team be listed on report.

115.86 (d) SCADF review team: (1) Considers whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; (2) Considers whether the incident or allegation was motivated by race; ethnicity; gender identity; LGBTI, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility; (3) Examines the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; (4) Assesses the adequacy of staffing levels in that area during

different shifts; (5) Assesses whether monitoring technology should be deployed or augmented to supplement supervision by staff; and (6) Prepares a report of its findings, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of PREA standard 115.86, and any recommendations for improvement and submit such report to the facility head and PREA Coordinator. Reference SCADF policy 107.13 – *Prison Rape Elimination Act (PREA)* (p.9). This information was supported during interviews with Colonel Schechter, Captain Smith, PREA Coordinator Lt. Hallacy, and PREA Compliance Manager Sgt. Tucker. Auditor reviewed incident review reports submitted during on-site visit, which supports SCADF policy 107.13 – *Prison Rape Elimination Act (PREA)* (p.9).

115.86 (e) SCADF policy 107.13 – *Prison Rape Elimination Act (PREA)* (p.9) requires SCADF to implement the recommendations for improvement or document its reasons for not doing so. The incident review documents were reviewed by Auditor. Colonel Schechter, Captain Smith, PREA Coordinator Lt. Hallacy, and PREA Compliance Manager Sgt. Tucker confirmed during interviews that SCADF would implement the recommendations provided during incident reviews.

Corrective Action: Based upon the review and analysis of the evidence, the Auditor determined the facility is compliant with all provisions of this standard. No corrective action required.

Standard 115.87: Data collection

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

115.87 (a)

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

115.87 (b)

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

115.87 (c)

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

115.87 (d)

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

115.87 (e)

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

115.87 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.87 (a) As per SCADF policy 107.13 – *Prison Rape Elimination Act (PREA)* (p.10), SCADF collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. These definitions are also provided on agency website at <https://www.sedgwickcounty.org/sheriff/detention-bureau/prea/>.

115.87 (b) SCADF aggregates the incident-based sexual abuse data at least annually as required by the SCADF policy 107.13 – *Prison Rape Elimination Act (PREA)* (p.10). Auditor reviewed a sample of aggregated data the agency provided through the PAQ and through review of agency website at <https://www.sedgwickcounty.org/sheriff/detention-bureau/prea/>.

115.87 (c) The incident-based data collected includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice (DOJ). Reference SCADF policy 107.13 – *Prison Rape Elimination Act (PREA)* (p.10). The data collected by SCADF provides the necessary information to answer all questions from the most recent version of the Survey of Sexual Victimization (SSV) upon request. The information collected using this form is documented on the annual report. Auditor reviewed the SSV reports submitted by facility in 2020 and 2021.

115.87 (d) SCADF maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

SCADF uses investigative files, and incident reviews to identify any problem areas and corrective actions for each facility to compile annual report, which is completed by PREA Coordinator in collaboration with other members of SCADF’s leadership team. Auditor reviewed the information provided on the annual report submitted through PAQ and reviewed current and previous reports on agency website at <https://www.sedgwickcounty.org/sheriff/detention-bureau/prea/>.

115.87 (e) SCADF shall obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates. This is outlined in policy 107.13 – *Prison Rape Elimination*

Act (PREA) (p.10). The facility contracts with local county jails for the confinement of inmates. Incidents which occur in facilities SCADF contracts with are documented in the end of month report.

115.87 (f) Upon request, the SCADF will provide all such data from the previous calendar year to the Department of Justice (DOJ) no later than June 30 as outlined in policy 107.13 – *Prison Rape Elimination Act (PREA)* (p.10). At the time of the on-site visit, DOJ had not requested agency data for the previous year. During the corrective action period, PREA Coordinator Lt. Hallacy received and submitted the SSV to DOJ. Auditor was provided with a copy of the SSV upon request during document review.

Corrective Action: Based upon the review and analysis of the evidence, the Auditor determined the facility is compliant with all provisions of this standard. No corrective action required.

Standard 115.88: Data review for corrective action

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

115.88 (a)

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

115.88 (b)

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

115.88 (c)

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

115.88 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.88 (a) SCADF reviews data collected and aggregated pursuant to PREA standard 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: (1) Identifying problem areas; (2) Taking corrective action on an ongoing basis; and (3) Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole.

Auditor reviewed the most recent SCADF Prison Rape Elimination (PREA) Act of 2003, 2021 Annual Report, provided by facility through PAQ and available on agency website at <https://www.sedgwickcounty.org/sheriff/detention-bureau/prea/>. Interviews with Division Commander Colonel Schechter, PREA Coordinator Lt. Hallacy, and PREA Compliance Manager Sgt Tucker indicated that the agency uses incident-based sexual abuse data to identify problem areas and take corrective action as needed on a continual basis. During these interviews, it was confirmed SCADF will continue to make PREA compliance an important part of the facilities mission; to keep inmates safe and secure, while maintaining a zero-tolerance culture towards all forms of sexual abuse and sexual harassment.

115.88 (b) The report includes a comparison of the current year's data and corrective actions with those from prior years and provides an assessment of the agency's progress in addressing sexual abuse. At the time the PAQ was submitted the annual report had not been completed. Auditor received the annual report during the corrective action period. Auditor reviewed the documentation provided and through agency website at <https://www.sedgwickcounty.org/sheriff/detention-bureau/prea/>.

115.88 (c) SCADF makes annual report readily available to the public annually through agency website at <https://www.sedgwickcounty.org/sheriff/detention-bureau/prea/>. This report is reviewed and approved by agency head. This was confirmed during interviews and review of agency website.

115.88 (d) SCADF redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility and indicates the nature of the material redacted. This information was provided in the PAQ and during interview with PREA Coordinator Lt. Hallacy.

Corrective Action: Based upon the review and analysis of the evidence, the Auditor determined the facility is compliant with all provisions of this standard. No corrective action required.

Standard 115.89: Data storage, publication, and destruction

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

115.89 (a)

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

115.89 (b)

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

115.89 (c)

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

115.89 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.89 (a) SCDF ensures that incident-based and aggregate data collected pursuant to PREA standard 115.87 are securely retained. This is outlined in policy 107.13 – *Prison Rape Elimination Act (PREA)* (p.10). During interview with PREA Coordinator Lieutenant Hallacy, indicated that data is collected, and stored in a secure location. This data is maintained by the PREA Coordinator.

115.89 (b) SCADF makes all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website at <https://www.sedgwickcounty.org/sheriff/detention-bureau/prea/>. This information is made available to the public through agency website on its annual report.

115.89 (c) Before making aggregated sexual abuse data publicly available, SCADF removes all personal identifiers. This was verified while reviewing data reported in PAQ, data on annual report and agency website at <https://www.sedgwickcounty.org/sheriff/detention-bureau/prea/>. All personal identifiers were removed prior to making report publicly available.

115.89 (d) SCADF maintains sexual abuse data collected pursuant to PREA standard 115.87 for at least ten (10) years after the date of the initial collection unless federal, state, or local law requires otherwise. The annual report generated and made publicly available through agency website, provides historical data from previous years. This report was provided to Auditor through PAQ and was reviewed on agency website at <https://www.sedgwickcounty.org/sheriff/detention-bureau/prea/>.

Corrective Action: Based upon the review and analysis of the evidence, the auditor determined the facility is compliant with all provisions of this standard. No corrective action required.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

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

115.401 (a)

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

115.401 (b)

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

115.401 (h)

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

115.401 (i)

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

115.401 (m)

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

115.401 (n)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.401 (a) SCADF had their previous audit February 25-27, 2019, which was within the prior three-year audit period.

115.401 (b) This audit was conducted during the third year of the current audit cycle. SCADF only operates a county jail. The previous audit was conducted February 25-27, 2019.

115.401 (h) The Auditor had access to all areas of the audited facility. The Auditor also observed all areas of the facilities during facility tour during initial on-site visit and follow-up visit.

115.401 (i) The Auditor was permitted to request and receive copies of any relevant documents including electronically stored information.

115.401 (m) The auditor was permitted to conduct inmate interviews in a private location to maintain confidentiality.

115.401 (n) Inmates at SCADF were permitted to send confidential information and correspondence to auditor in the same manner as if they were communicating with legal counsel during this audit.

Corrective Action: Based upon the review and analysis of the evidence, the Auditor determined the facility is compliant with all provisions of this standard. No corrective action required.

Standard 115.403: Audit contents and findings

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

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.403 (f) SCADF has posted the previous audit reports on agency website at <https://www.sedgwickcounty.org/sheriff/detention-bureau/prea/>.

Corrective Action: Based upon the review and analysis of the evidence, the Auditor determined the facility is compliant with all provisions of this standard. No corrective action required.

AUDITOR CERTIFICATION

I certify that:

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

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.¹ Auditors are not permitted to submit audit reports that have been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Monica Lugo

February 4, 2024

Auditor Signature

Date

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

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