

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

Interim Final

Date of Report 4/30/2018

Auditor Information

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Company Name: [Click or tap here to enter text.](#)

Mailing Address: P.O. Box 2634

City, State, Zip: Salem, Virginia 24153

Telephone: 540-206-9389

Date of Facility Visit: February 6-7, 2018

Agency Information

Name of Agency:

Montgomery County Sheriff's Office

Governing Authority or Parent Agency (If Applicable):

Not applicable

Physical Address: 1 East Main Street

City, State, Zip: Christiansburg, Virginia 24073

Mailing Address: 1 East Main Street

City, State, Zip: Christiansburg, Virginia 24073

Telephone: 540-382-6904

Is Agency accredited by any organization? Yes No

The Agency Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

Agency mission: To prevent and reduce crime, and through a partnership with the community, create a better quality of life for all citizens. The mission includes: effective crime prevention programs, proactive school safety initiatives, deputies who are approachable by the public, and accountability to all citizens.

Agency Website with PREA Information:

<https://www.montgomerycountyva.gov/content/15987/16013/16297/18644.aspx>

Agency Chief Executive Officer

Name: Hank Partin

Title: Sheriff

Email: mcso-info@montgomerycountyva.gov

Telephone: 540-382-6904

Agency-Wide PREA Coordinator

Name: Greg Warden

Title: Deputy Sheriff, Programs Director

Email: wardengd@vamcso.org	Telephone: 540-382-6904
PREA Coordinator Reports to: Lt. Buddy Joe Smith Jr	Number of Compliance Managers who report to the PREA Coordinator 0

Facility Information

Name of Facility:	Montgomery County Jail		
Physical Address:	1 East Main Street, Christiansburg, Virginia 24073		
Mailing Address (if different than above):	1 East Main Street, Christiansburg, Virginia 24073		
Telephone Number:	540-382-6904		
The Facility 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
Facility Type:	<input checked="" type="checkbox"/> Jail	<input type="checkbox"/> Prison	

Facility Mission: To prevent and reduce crime, and through a partnership with the community, create a better quality of life for all citizens. The mission includes: effective crime prevention programs, proactive school safety initiatives, deputies who are approachable by the public, and accountability to all citizens.

Facility Website with PREA Information:

<https://www.montgomerycountyva.gov/content/15987/16013/16297/18644.aspx>

Warden/Superintendent

Name: Kimberly Haug	Title: Captain, Chief of Corrections
Email: haugkd@vamcso.org	Telephone: 540-382-6904

Facility PREA Compliance Manager

Name: Greg Warden	Title: Deputy Sheriff, Programs Director
Email: wardengd@vamcso.org	Telephone: 540-382-6904

Facility Health Service Administrator

Name: Michael Tekesky	Title: Sergeant
Email: tekeskyma@vamcso.org	Telephone: 540-382-6904

Facility Characteristics

Designated Facility Capacity: 115	Current Population of Facility: 83
Number of inmates admitted to facility during the past 12 months	3397

Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:		139	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:		491	
Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:		0	
Age Range of Population:	Youthful Inmates Under 18: 17	Adults: 18-81	
Are youthful inmates housed separately from the adult population?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> NA
Number of youthful inmates housed at this facility during the past 12 months:		0	
Average length of stay or time under supervision:		35 days	
Facility security level/inmate custody levels:		A-Minimum (Trusty), B-Medium, C-Maximum	
Number of staff currently employed by the facility who may have contact with inmates:		30	
Number of staff hired by the facility during the past 12 months who may have contact with inmates:		2	
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:		0	
Physical Plant			
Number of Buildings: 1		Number of Single Cell Housing Units: 2	
Number of Multiple Occupancy Cell Housing Units:		8	
Number of Open Bay/Dorm Housing Units:		2	
Number of Segregation Cells (Administrative and Disciplinary):		6	
Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):			
<p>The Montgomery County Jail has approximately 66 cameras monitoring all areas of the facility. Two cameras, one in the outside recreation area and one in the recreation/programs area are PTZ (pan, tilt, zoom). The remainder of the cameras are stationary cameras and cover all areas of the jail. Some cameras, such as the sally port, only record upon movement. All recordings are stored for a minimum of 30 days, some longer depending upon the activity of the camera. The control room is located in the docket area and is monitored 24 hours a day, seven days a week by trained, sworn personnel. A deputy covers this post and monitors the cameras.</p>			
Medical			
Type of Medical Facility:		Self-operated medical clinic, Monday through Sunday daylight coverage by two sworn, full-time medical deputies	
Forensic sexual assault medical exams are conducted at:		Local emergency department, Carilion or Radford Lewis Gale Medical Center	

Other

Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:	35
Number of investigators the agency currently employs to investigate allegations of sexual abuse:	6

Audit Findings

Audit Narrative

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

The Montgomery County Sheriff's Office contracted with Lori Fadorick, a U.S. Department of Justice Certified PREA Auditor, on November 8, 2017 to conduct a Prison Rape Elimination Act (PREA) Audit of the Montgomery County Jail. The purpose of this audit was to determine the Montgomery County Sheriff's Office level of compliance with the standards required by the Prison Rape Elimination Act of 2003. This is first Prison Rape Elimination Act Audit for the Montgomery County Jail.

The date for the on-site audit was originally scheduled for December 19-20, but then rescheduled to February 6-7 at the request of the agency.

The Auditor sent an Audit Notice via email to the facility's PREA Coordinator on November 8, 2017. The Audit Notices contained contact information for the Auditor and information on how offenders could confidentially contact the Auditor prior to the onsite portion of the audit. Audit notices were posted on January 5, 2018 in all inmate living areas, as well as public areas, including the lobby and visitation areas announcing the upcoming audit and containing the Auditor's contact information. Photographic evidence was submitted to the Auditor demonstrating the timely posting of the audit notices. Audit notices were present and observed at the time of the on-site audit. The facility was requested and agreed to keep all notices posted for four weeks following the on-site audit. As of the date of this report, this Auditor has not received any letter or written communication from an offender at the PREA Audit Post Office Box.

Approximately two weeks prior to the on-site review of the facility, the Auditor received the Pre-Audit Questionnaire (PAQ) and supporting documentation and policies, including investigative reports, forms, staffing plan, annual reports, audit reports, floor plans, training outlines, and assessments. In the two weeks leading up to the on-site evaluation, the Auditor performed a comprehensive review of the agency policies, operational procedures, forms, training materials and other related supporting documentation submitted by the agency to demonstrate compliance with the standards. During and after this review,

the Auditor had several follow-up conversations with the agency and made several requests for additional documentation. All requests for additional documentation and clarification were provided promptly and reviewed by the Auditor prior to the on-site portion of the audit.

During the review of the material submitted by the facility, the Auditor identified several standards that appeared to be out of compliance based upon the provided documentation, or lack thereof. The Auditor communicated with the facility through the PREA Coordinator regarding these concerns. Details of these deficiencies and the resulting determination of compliance are listed under standards 115.13, 115.17, 115.22, 115.31, 115.35, 115.41, 115.42, 115.86 and 115.88. During the review of the facility policy, the Auditor determined that the policy was written in accordance with the standards and did not make any recommendations for updates to the policy itself. However, in some instances, specifically referencing the above standards that appeared out of compliance, while the policy is in compliance, operational procedure does not comply with or match the policy and needs to be changed. These recommendations and changes were discussed with the PREA Coordinator prior to and during the on-site portion of the audit. The facility immediately began making these changes to operational practice to include recommendations from the Auditor.

The Auditor reviewed the Montgomery County Sheriff's Office website. The website includes a link to access information on PREA, including the facility's zero tolerance policy and reporting information. The Auditor recommended the facility add additional policy information to the website, including the MCSO's investigatory responsibilities. Additionally the annual report per standard 115.88 needed to be added to the website.

The Prison Rape Elimination Act (PREA) on-site audit of the Montgomery County Jail in Christiansburg, Virginia was conducted on February 6-7, 2018 by Lori Fadorick, a U.S. Department of Justice Certified PREA Auditor for Adult Facilities from Salem, Virginia.

An entrance conference was conducted with facility administration on the morning of February 6, 2018. Present were Auditor Lori Fadorick, Chief of Corrections, Captain Kimberly Haug, Lieutenant Buddy Joe Smith, Jr., Classification Deputy Anna McGrath and PREA Coordinator Greg Warden. After a brief overview and opening remarks by both the Auditor and Administrators, the discussion focused on the schedule for the audit and a review of the audit process. The Auditor asked if there were any questions regarding the on-site portion before proceeding.

Immediately following the entrance conference, the Auditor toured the facility escorted by Deputy Warden. The Auditor toured all areas of the facility, including all the offender housing areas, kitchen, laundry, medical, docket, classification, records and the program area. After the completion of the physical plant review and tour, the Auditor began interviewing random and specialized staff and inmates, as well as reviewing additional documentation on site. The Auditor met with Deputy Warden, the PREA Coordinator to review suggested and needed revisions and additional documentation. The Auditor observed and spoke with staff on the shift on day one. On day two, the Auditor conducted additional specialized staff interviews, interviewed staff on the shift and completed the random and specialized inmate interviews. Final document and file review was also conducted on day two, including training, personnel and offender files. A brief exit conference was conducted at the end of the day on day two with Captain Haug and Deputy Warden, discussing corrective action and follow-up.

The Auditor had full, unimpeded access to all areas of the Montgomery County Jail. Throughout the facility tour, the Auditor spoke informally with both offenders and staff. Some of the informal questions asked of the offenders included their perception of the safety of the facility, information they had received at intake, if they knew the various reporting methods, and whether or not they had seen the PREA orientation video. Some of the informal questions asked of staff included their perception of the safety of the facility, their awareness of the first responder duties and their awareness of the various reporting methods. The Auditor observed and made note of the video monitoring system and camera placement throughout the facility, including reviewing the monitors in the control room. During the review of the physical plant, the Auditor observed the facility layout, staff supervision of offenders, security rounds, interaction between staff and offenders, shower and toilet areas, placement of PREA posters, observation of availability of PREA information on bulletin boards located adjacent to the inmate housing areas, observation of communication in general population housing areas, as well as restrictive housing cells, search procedures, and availability and access of medical and mental health services. The Auditor observed inmates participating in programs, recreation and work. The Auditor noted that the offender housing areas have shower areas that allow offenders to shower separately and privately and all showers have shower curtains. Throughout the tour, the Auditor was observing for blind spots in the facility and the overall level of offender supervision.

Formal personal interviews were conducted with facility staff, volunteer staff, and offenders. The Montgomery County Jail does not utilize the services of contract staff. The Auditor was provided private space to conduct the confidential interviews. All staff and offenders were made available in a timely manner. No staff or offenders refused to be interviewed when requested by the Auditor. Overall, a total of 19 staff were interviewed during the on-site review. Included in the interviews was 9 random staff representing two different shifts. The Auditor was provided a roster for each shift working the days the interviews were conducted, comprising 4 deputies each, plus 2 supervisors. All available staff was interviewed, including daylight staff and the supervisor on duty. Specialty staff interviewed included medical, volunteer, investigators, intermediate level supervisors, staff who perform risk assessments, intake staff, and mental health staff. Also interviewed were the Agency Head, the Facility Administrator, and The PREA Coordinator. The Facility Administrator was asked the Human Resource questions, as she and the Lieutenant fulfill many of those functions at the facility. All staff interviews were conducted using the established DOJ interview protocols.

The Auditor reviewed a random sampling of personnel files to determine compliance related to standards on hiring and promotion and background check procedures for deputies. No contractor files or records were requested or reviewed as the Montgomery County Jail does not utilize the services of contract staff.

The Auditor reviewed a random sampling of staff training files to determine compliance with training standards. The PREA Coordinator explained the process for relaying the mandated PREA information to new hires, as well as the procedure for annual refresher training. Updated and additional PREA training for employees at the MCSO was discussed with the PREA Coordinator. The PREA Coordinator began work on updating the training outline before the completion of the on-site review.

There were 77 male offenders housed in the facility during the on-site review. The Auditor was provided an offender roster and randomly selected offenders from each housing area to be interviewed. A total of 16 offenders was interviewed representing roughly twenty-one percent of the offender population. Included in the offenders interviewed was a limited English speaking offender. The facility did not identify any other offenders that fell into the categories for specialized interviews (Transgender, Lesbian or Gay, Inmates Who Reported a Sexual Assault, Previous Victimization). The facility does hold Youthful Offenders only if they are adjudicated as adults. They did not have any Youthful Offenders at the time of the on-site review, and reported they have not held any youthful offenders in the past year. Offender interviews were conducted using the established DOJ interview protocols. Offenders were also asked about their perceptions of the sexual safety of the facility and whether they felt the staff would take reported allegations seriously. The offenders felt that the facility staff took their sexual safety seriously and made PREA compliance a priority. The staff, including administrators, is well-respected by the offenders and most all offenders interviewed indicated that the staff genuinely care about their safety and well-being.

Random offender case files were reviewed to evaluate intake procedures, including screening and subsequent housing decisions, and verify offender PREA education. In addition, the intake and booking procedures were observed and intake screenings are conducted in private.

The Auditor verified the availability of SANE/SAFE services at both Carilion and Lewis Gale Medical Emergency Departments with the Medical staff at the facility.

The Auditor requested additional supporting documentation to include: training records for 5 randomly chosen staff, 10 randomly chosen inmate medical records, 10 randomly chosen inmate classification records, 5 volunteer records, and 5 staff personnel files including PREA disclosure forms for hiring and promotions if applicable. No contractor records were requested or obtained as the Montgomery County Jail does not utilize the services of contract staff.

The Auditor was treated with great hospitality during the entirety of the visit and was given unimpeded access to all areas of the facility during the review. The Auditor conducted the exit conference on the evening of the second day, February 7, 2018. Present were Auditor Lori Fadorick, Chief of Corrections, Captain Kimberly Haug and PREA Coordinator Greg Warden. The facility administration was open in the discussion of the PREA program at the facility and receptive to the feedback received from the Auditor. They immediately began preparations to implement corrective action, as well as the suggestions for enhancements recommended by the Auditor.

Facility Characteristics

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

The Montgomery County Jail is a 20,502 square foot, three floor, adult local detention facility serving the County of Montgomery, the Towns of Blacksburg and Christiansburg and the campus of Virginia Tech. The facility has a rated capacity of 60 inmates but generally houses around 80 adult male inmates. The facility was constructed in 1953 and was rated at 40 inmates. Additional construction was completed between 1987 and 1989 at a cost of 1.5 million dollars. After completion of the construction, the State of Virginia rating increased to 60. The facility provides an indirect linear observation model of inmate supervision. The facility has two open dormitories, eight multiple occupancy (10 person) cell blocks, and 6 individual cells that are designated as classification holding, or special management/restrictive housing. There are also two holding cells in the docket area. The Sheriff's Office has 33 positions in the jail, 30 sworn deputies and 3 civilians, who may regularly encounter inmates. The jail, as it is currently configured, holds minimum and medium security special management, minimum security general population, and medium security general population male inmates. Maximum security inmates are usually designated to a larger regional correctional facility. Female inmates are held for short periods of time for pre-trial detention (one day), while awaiting transfer to a larger regional correctional facility for long term pre- and post-trial detention, or they are held for short non-consecutive terms of confinement, such as weekends (generally no more than two days). In the case where female inmates are detained in the jail, they are searched and supervised by female correctional deputies. The jail provides programming to inmates outside of their housing units in a common area supervised by both deputies as well as recording CCTV devices. Food services is provided in-house by two full-time and one part-time kitchen staff (cooks), who are civilian. Inmates do not assist with the food preparation or work in the kitchen with the exception of collecting trash and minimal cleaning. Inmates are fed inside their respective housing areas. Recreation occurs in a common area and in a specified outside recreation area under the supervision of detention staff as well as recording CCTV devices. There are inmate work programs such as laundry services, maintenance, and housekeeping for approved inmates. The facility also has a Home Electronic Monitoring Program (HEM), for which they typically have 5-10 inmates on at any given time. The working conditions consist of detention deputy supervision and monitoring by recording CCTV devices. Inmates in work programs are supervised by detention deputies of the same gender and pat searches are conducted by officers of the same gender. There are private areas provided for conducting strip searches. The auditor conducted a thorough inspection of the physical plant and observed that there is an adequate number of recording CCTV cameras in place throughout the facility. Their presence provided safety and security while still allowing for adequate privacy for inmates to perform bodily functions and change clothes. While there are no cameras in the two open dorms, deputies make regular, frequent and irregular rounds through the housing areas to prevent, detect and respond to any potential sexual safety issues. The auditor verified this through staff and inmate interviews and logs. The elevators are controlled by keys, which only sworn staff have access to and monitor. There are call boxes for the gates in the facility that are monitored and controlled by Central Control. The shower areas were appropriately private, but not so secluded as to create an area for potential abuse. All showers were single unit and would allow an inmate the opportunity to shower in private. The special purpose housing cells had external window coverings that allowed staff to observe inmates as the necessary intervals, but allowed the inmates to maintain their dignity while performing bodily functions or changing clothing. The lighting around the facility was bright and there were no obvious blind spots. There was a cooperative atmosphere between staff and inmates and their appeared to be an attitude of mutual respect. There were very few areas where staff and inmates would be isolated and in those areas, there was recorded CCTV coverage.

Overall, it is obvious that despite the older design elements of the jail, the administration has taken steps to assure that the sexual safety of both staff and inmates is a priority.

3rd Floor – The top floor of the facility houses the Recreation and Program areas.

Laundry – The Laundry area is staffed by 1 male trustee inmate. The program deputy makes rounds and the area is monitored by 1 camera. There is a closet, which stays locked and there is no blind spots in the laundry area. The Auditor spoke informally with the laundry trustee present at the time of the on-site tour.

Program/Recreation Area – The Program/Recreation Area is a large open room with no visible blind spots and is area is used for programs, as well as indoor recreation. This area is monitored by 1 camera, which is a moving camera. In addition, the Program Deputy makes rounds in the area when there are inmates present. His office is adjacent to this room. Classes such as AA, Special Education and others are held in this area, as well as bible study and religious services. The facility currently has 38 active volunteers that have all been through a background process and received PREA training. The Program area is interchangeable depending on the population and the needs of the facility. The indoor gym is in this area and there is a variety of equipment for the inmates to use. The Program Deputy also holds PREA orientation in this area

Library – The library is monitored by one camera, as well as by rounds from the Program Deputy when inmates are present. Inmates except those in disciplinary detention are able to come to the library and check out materials to take back to their housing areas. The library schedule is set by the Program Deputy.

Outdoor Recreation – The outdoor recreation area is monitored by one camera which is a pan-tilt-zoom (PTZ) and enables full coverage of the recreation area.

2nd Floor – The 2nd floor houses minimum and medium custody male offenders. PREA informational posters were observed on the bulletin board in the entryway. Each housing area contains 5 cells with 2 beds each, for a total of 10 beds. There are 4 housing areas – E, F, G and H. There are two housing blocks on each hallway, connected by a smaller hallway, making a U type shape to the area. There are 5 total cameras monitoring the area. Each block contains 2 phones, and 1 shower. There are also 6 toilets, 1 in each cell and 1 in the dayroom area. Announcements of opposite gender staff entering were made. The Auditor spoke informally with 4 inmates. Two of the special purpose cells are also in this area – 01 and 02. One is double bunked and one is single. The other four special purpose cells (201-204) are located on the second floor and are used for female weekenders when they are housed in the jail. Cell 201 has a shower within the cell.

Dorm 1 – Dorm 1 is on the second floor and contains 14 beds and houses minimum custody male offenders. There are 2 showers, 2 toilets and 2 urinals in the dorm. There are no cameras inside the housing area. As with the other dorm, according to jail staff, this is due to the inability of being able to safely and properly install a camera due to the ceiling design. Deputies make regular, frequent and irregular rounds through the housing areas to prevent, detect and respond to any potential sexual safety issues. Posted PREA informational posters were observed. Announcements of opposite gender staff entering were made. The Auditor spoke informally with 2 inmates.

Dorm 2 – Dorm 2 is on the second floor and contains 14 beds and houses minimum custody male offenders. There are 2 showers, 2 toilets and 2 urinals in the dorm. There is a camera pointed toward the door on the outside, however, there are no cameras inside the housing area. According to jail staff, this is due to the inability of being able to safely and properly install a camera due to the ceiling design. Deputies make regular, frequent and irregular rounds through the housing areas to prevent, detect and respond to any potential sexual safety issues. Posted PREA informational posters were observed. Announcements of opposite gender staff entering were made.

Kitchen – The Kitchen is staffed by two full-time and one part-time kitchen staff (cooks), who are civilian. The Auditor was informed that there are no trustees that work in the kitchen. Inmates do not assist with the food preparation or do any work in the kitchen with the exception of collecting trash and minimal cleaning. There is one cameras monitoring the kitchen, which also covers the back stock room area as well. The Auditor observed no blind spots in the kitchen. There is an additional camera outside the kitchen, which monitors the door and parking lot.

Medical – There is one private exam room. There are no cameras inside the medical area, as this is a private exam room area, however there is a camera outside the door so that staff can monitor who is coming and going from the medical area. Medical staff is available on-site Monday through Friday and is on-call twenty-four hours a day, seven days a week, as is a doctor for emergent medical needs.

1st Floor – The 1st floor houses minimum and medium custody male offenders. PREA informational posters were observed on the bulletin board in the entryway. Each housing area contains 5 cells with 2 beds each, for a total of 10 beds. There are 4 housing areas – A, B, C and D. There are two housing blocks on each hallway, connected by a smaller hallway, making a U type shape to the area. There are 8 total cameras monitoring the area. Each block contains 2 phones, and 1 shower. There are also 6 toilets, 1 in each cell and 1 in the dayroom area. Housing Unit A currently houses pre-classification inmates. There are 2 cameras monitoring this area. Housing Unit B currently houses weekenders and court inmates. This housing unit was empty at the time of the on-site visit. There is one camera monitoring this area. Housing Unit C currently houses general population overflow inmates. There are 2 cameras monitoring this area. Housing Unit D currently houses protective custody inmates. There are 2 cameras monitoring this area. Announcements of opposite gender staff entering were made. The Auditor spoke informally with 3 inmates.

Docket – This area has 2 single bunk holding cells. The cameras are pointed at the wall so that there is privacy in the bathroom area. The Auditor observed PREA reporting information and informational brochures posted.

Control – This area monitors 66 cameras. All the cameras record a minimum of 30 days, some more depending on activity. A deputy works this post at all times.

Summary of Audit Findings

*The summary should include the number of standards exceeded, number of standards met, and number of standards not met, **along with a list of each of the standards in each category.** If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations*

made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance.

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

In the past 12 months, the Montgomery County Sheriff’s Office reported zero allegations of sexual assault, harassment or abuse by offenders at the facility. On site, the Auditor confirmed with the administration and PREA Coordinator that there had been no additional allegations since the submission of the PAQ.

The agency’s dedication to compliance with the PREA standards and this process have been demonstrated to the Auditor through the frequency of communication, timeliness of their submission of the Pre-Audit Questionnaire and all requested follow-up documentation, being open to suggestions for improvement and immediately implementing corrective action and the considerations for enhancement suggested by the Auditor.

Interviews conducted with the offenders reflected that they are aware of the facility’s zero-tolerance policy and understand the protections afforded to them under the PREA standards. They are given information to review at the time of intake, which includes ways to report sexual abuse and harassment, as well as how to protect themselves. Informational posters are present and were observed in the housing areas containing this information as well. Offenders are provided comprehensive education on PREA through the use of the PREA orientation video. This is shown to them by the PREA Coordinator/Programs Deputy at the time of their programs orientation. The PREA Coordinator takes the time to thoroughly explain this information and give the inmates an opportunity to ask questions as well. In addition, it was discovered that the PREA Coordinator was completing the PREA screening at this time with the offenders, after they had already been classified. Upon discussing this procedure with the PREA Coordinator, Administrative staff and Classification staff, it was determined that a better procedure would be for the Classification Deputy to complete the screening and the PREA Coordinator to review it, as the current process did not meet the required elements of the standard. The staff immediately implemented this change while the auditor was on site. Through the offender interviews, the MCSO has demonstrated that offenders have a general awareness and understanding of PREA. Offenders indicated that they understand the various ways they can report sexual assault or harassment and were able to articulate how and to whom they would report. Offenders consistently indicated that they felt safe in the facility and felt that the staff would immediately respond and take any reported allegation seriously. This was a positive indicator to the Auditor of a sexually safe environment and a staff culture that takes PREA compliance seriously.

Staff interviews indicated that the staff have been trained and understand the meaning of the agency’s zero tolerance policy. The staff was also able to articulate the steps to take if they were the first responder to a reported allegation of sexual assault. It was clear based on interviews with staff, as well as a review of training records and interviews with the training officers that the staff have a basic knowledge and understanding of PREA, as well as their roles and obligations. Overall, staff are also aware of the variety of reporting avenues for inmates, as well as staff. A review of the training outline revealed that all the required elements of the standard were not included. The PREA Coordinator immediately began corrective action to update the lesson plan and retrain the staff on the new material.

While it's evident that the staff is being trained, the staff could benefit from enhanced training in the area of LGBTI populations. Since sexual abuse incidents at the facility are rare, it is important for the staff to stay current on the information, as well as have access to the policies and protocols through a variety of mediums. Staff indicated that they felt the facility was a safe place and that the administration took PREA seriously and made sure it was a priority.

After reviewing all relevant information submitted by the facility, as well as additional documentation reviewed on site, and conducting the on-site review and offender and staff interviews, the Auditor found that the administration has made PREA compliance a priority for the facility. Discussions with administrators reinforced their commitment and dedication to this process. They were very open to suggestions for improvement, even if the process they have in place met the standard. It is evident to the Auditor through staff and offender interviews, as well as direct observation that the culture at the facility is one of mutual respect between staff and inmates and there is a commitment to the sexual safety of the offenders and staff. The staff of the facility is well-respected by the inmates. It was frequently reported by the offenders that they felt that the staff really cared about them.

The final status of the standards that were exceeded, met, not met, or not applicable is shown below. The facility must achieve compliance in all areas and subsections of the standard to reach full compliance with that standard. An explanation of the findings related to each standard are provided and detailed in the report below. The Pre-Audit Questionnaire, documents submitted during the pre-audit period, additional requested documentation, interviews, observations and additional documents reviewed on site all verified that practices and procedures at the Montgomery County Sheriff's Office are consistent with the agency policy and are in compliance with the PREA standards.

PREA Standards Compliance Overview – Interim Audit Report

Number of Standards Exceeded: 1

115.11

Number of Standards Met: 34

115.12, 115.14, 115.15, 115.18

115.22

115.31, 115.32, 115.33, 115.34

115.43

115.51, 115.52, 115.53, 115.54

115.61, 115.62, 115.63, 115.64, 115.65, 115.66, 115.67, 115.68

115.71, 115.72, 115.73,

115.76, 115.77, 115.78

115.81, 115.82, 115.83

115.87

115.401, 115.403

Number of Standards Not Met: 10

115.13
115.17
115.22
115.31
115.35
115.41
115.42
115.86
115.88
115.89

115.13 – The Auditor found that the MCSO does not have an adequate staffing plan that meets the requirements of the standard.

115.17 – The Auditor found that the MCSO is not screening staff in accordance with the standard, nor asking directly about previous misconduct as described in the standard during the promotional process.

115.22 – The Auditor found that the required information was not posted on the agency’s website.

115.31 – The Auditor found that the training lesson plan did not include all required elements of the standard.

115.35 – The Auditor found that medical staff has not had the specialized training as required by the standard.

115.41 – The Auditor found that the risk screening instrument did not contain all the elements as required by the standard. In addition, the risk screening completed by the PREA Coordinator is not made available to the classification staff in order to review and use to make appropriate housing and program assignments.

115.42 – The Auditor found that the risk assessment screening completed by the PREA Coordinator is not being utilized by Classification to make housing and program decisions as they don’t have access to this information.

115.86 – The Auditor found that the Agency has not established an incident review team to review incidents of sexual abuse in accordance with the standard.

115.88 – The Auditor found that the Agency has not completed an annual report as required by the standard and made such report available publicly.

115.89 – The Auditor found that the Agency has not made aggregate sexual abuse data available publicly through the agency website.

Total Standards - 45

Summary of Corrective Action (if any)

115.13 - The MCSO shall complete a staffing plan including all required elements as stipulated in the standard.

115.17 - The Sheriff's Office shall ensure that all potential employees, contractors, volunteers and promotional candidates are screened in accordance with the applicable standard. The MCSO shall maintain written proof of all inquiries and the results in the candidate's personnel file. The Department shall ensure that all personnel that are responsible for conducting such inquiries are trained in accordance with the standards. The Department shall provide documentation of any instance of promotional interviews or hiring during the corrective action period as proof of their compliance with the standard.

115.22 - The MCSO shall ensure that its policy, as required by the standard, is made available to the public through the agency website.

115.31 - The MCSO shall update the training outline to include all required elements of the standard. The MCSO shall provide such training to all agency staff and document training as required by the standard.

115.35 - All medical and mental health staff members shall be provided specialized training in accordance with the standard. Such training shall be documented and proof of the training shall be documented in the staff members' training file.

115.41 - The MCSO shall revise its objective screening instrument to reflect all elements of the standard. The MCSO shall provide training to all appropriate personnel that administer the new screening instrument and document such training.

The MCSO shall implement a system whereby all inmates are screened within 72 hours of arrival at the facility and ensure Classification staff has access to the screening to make appropriate housing and programing decisions in accordance with 115.42.

115.42 - The MCSO shall revise its objective screening instrument to reflect all elements of the standard. The MCSO shall provide training to appropriate personnel that administer the new screening instrument and document such training.

The MCSO shall implement a system whereby all inmates are screened within 72 hours of arrival at the facility and ensure Classification staff has access to the screening to make appropriate housing and programing decisions in accordance with the standard.

115.86 - The MCSO shall establish an incident review team to ensure that any allegations of sexual abuse are reviewed in accordance with the standard.

115.88 - The MCSO shall prepare an annual report and make available the annual report on the agency website.

115.89 - The MCSO shall make aggregate sexual abuse data available annually on the agency website.

MAY 2018 UPDATE SINCE ONSITE AUDIT: CORRECTIVE ACTION TAKEN TO ACHIEVE FULL COMPLIANCE

The Interim Audit Report reflected that there were 10 standards that were in non-compliance at the Montgomery County Sheriff's Office (RCSO). Therefore, a required corrective action period, not to exceed 180 days began on February 8, 2018. The Auditor recommended corrective actions for the

facility and administration agreed and began immediate corrections of those standards found to be in non-compliance. The MCSO completed the required corrective actions requested by the Auditor to bring the facility into full compliance with the PREA standards. Initial documentation of the corrective action was received by the Auditor onsite on February 7, 2018. Further evidence of corrective actions was received by the Auditor on multiple dates in February and March. Final evidence of corrective evidence was received by the Auditor on April 9, 2018. The Auditor reviewed the submitted documentation to determine if full compliance was achieved. In some cases, the Auditor requested clarifications and/or additional documentation via emails and phone calls with MCSO PREA Coordinator. MCSO staff promptly complied with all requests from the Auditor. A summary of the evidentiary basis for determining full compliance is discussed within each standard that was originally noncompliant. As a result of successful corrective action, the Auditor determined that the MCSO has achieved full compliance with the PREA standards as of the date of this final report. The summary of compliance based upon this final report is found below.

PREA Standards Compliance Overview – Final Audit Report

Number of Standards Exceeded: 1

115.11

Number of Standards Met: 44

115.12, 115.13, 115.14, 115.15, 115.16, 115.17, 115.18
115.21, 115.22
115.32, 115.33, 115.34, 115.35
115.41, 115.42, 115.43
115.51, 115.52, 115.53, 115.54
115.61, 115.62, 115.63, 115.64, 115.65, 115.66, 115.67, 115.68
115.71, 115.72, 115.73,
115.76, 115.77, 115.78
115.81, 115.82, 115.83
115.86, 115.87, 115.88, 115.89
115.401, 115.403

Number of Standards Not Met: 0

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.

Evidence Reviewed:

1. MCSO Completed PAQ

2. MCSO PREA Policy
3. MCSO Organizational Chart
4. Interviews with Staff including the following:
 - a. PREA Coordinator
 - b. Facility Administrator
5. Interviews with Inmates
6. Observations during on-site review

Findings:

The Auditor reviewed the Montgomery County Sheriff's Office Policy. The MCSO has a comprehensive PREA policy which clearly mandates a zero-tolerance policy on all forms of sexual abuse and harassment. The definitions contained in the policy are consistent and in compliance with PREA definitions. The culture of "zero tolerance" is apparent throughout the facility as evidenced by informational posters and interactions and interviews with both offenders and staff. The zero-tolerance mandate is clearly taken seriously by the staff at the facility and this is reflected in the offender interviews.

The MCSO has designated Deputy Greg Warden as the PREA Coordinator. Deputy Warden is the Programs Deputy and reports jointly to the Chief of Corrections, Captain Kimberly Haug and Lieutenant Buddy Joe Smith, Jr. A review of the organizational chart reflects this position in organizational structure. Deputy Warden reports that he has sufficient time and the authority to develop, implement and oversee the facility's efforts to comply with PREA standards. There appears to be an open line of communication between all levels of staff at the facility. Deputy Warden stated he is involved in the implementation efforts, as well as handling and reviewing individual offender issues. Based upon the Auditor's interactions with him before, during and after the on-site audit, he appears dedicated to his duties in this area and wants to continue to learn and improve the facility's efforts to comply with the standards.

It was noted by the Auditor that the PREA Coordinator was incredibly responsive to requests for clarification, additional information and corrective action. In most instances, if an issue was discussed that needed to be addressed, he immediately began efforts to correct it. The PREA Coordinator, as well as the Administration were very open to suggestions from the Auditor.

Interviews with inmates indicated that they felt safe in the facility and feel that the staff take sexual assault and sexual harassment seriously. The majority of the inmates felt comfortable reporting to any of the staff at the facility and were confident any allegation would be handled appropriately and promptly.

Interviews with staff indicated that they were trained in and understood the zero-tolerance policy established by the RCSO. They understand their role with regard to prevention, detection and response procedures.

The MCSO has only one facility, and therefore is not required to designate a PREA Compliance Manager.

After a review, the Auditor determined that due to the PREA Coordinator's responsiveness, initiative, and the facility's proactive approach to addressing any issues that arose, they exceed the requirements of the standard.

Corrective Action: None

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 OR the response to 115.12(a)-1 is "NO".) 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.

Evidence Reviewed:

1. MCSO Completed PAQ
2. MCSO PREA Policy
3. Service Agreement
4. Interviews with Staff including the following:
 - a. PREA Coordinator
 - b. Facility Administrator

Findings:

The Montgomery County Sheriff's Office has a service level agreement with the Western Virginia Regional Jail to house both pretrial detainees, locally sentenced inmates and those inmates awaiting transfer to the Department of Corrections for long-term housing. In accordance with the standard, the Western Virginia Regional Jail is in compliance with the PREA standards, and it is the policy of the Montgomery County Sheriff's Office not to house or contract to house inmates in facilities unless they comply with the PREA standards. Based upon the Auditor's review of the MCSO PAQ and the applicable policies, the MCSO does not contract with any other agency to house their inmates; and thus, are in full compliance with the standard.

After a review, the Auditor determined the facility meets the requirements of the standard.

Corrective Action: None

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 agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? Yes No
- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the generally accepted detention and correctional practices in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any judicial findings of inadequacy in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from Federal investigative agencies in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from internal or external oversight bodies in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration all components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be

isolated) in calculating adequate staffing levels and determining the need for video monitoring?
 Yes No

- Does the agency ensure that each facility's staffing plan takes into consideration the composition of the inmate population in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the number and placement of supervisory staff in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the institution programs occurring on a particular shift in calculating adequate staffing levels and determining the need for video monitoring? Yes No NA
- Does the agency ensure that each facility's staffing plan takes into consideration any applicable State or local laws, regulations, or standards in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring? 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.

Evidence Reviewed:

1. MCSO Completed PAQ
2. MCSO PREA Policy
3. Staffing Inspection Report
4. Staffing Review
5. Interviews with Staff
6. Interviews with Inmates
7. Supervisory Walk-thru Inspection Reports
8. Observations during on-site review

Findings:

The MCSO does not currently have a comprehensive staffing plan that addresses all required elements of the standard. This was addressed with the PREA Coordinator, who immediately began corrective action to address this issue and discuss with the administrative staff. The current facility staffing is based upon the formula dictated by the Virginia Compensation Board to determine the number of staff needed for essential positions. The formula is based upon the number of beds the facility is rated for and provides one deputy position for every three inmates housed. The staffing plan provides for administrative, civilian and sworn staff in all areas of the jail, and on all shifts. Based upon the Compensation Board Formula, the MCSO is allocated 30 security positions. This provides a staffing ratio of 1 staff member for every 3 inmates.

The facility has a camera surveillance system comprised of multiple monitors located in the control room. These screens are monitored by security staff at all times.

The PAQ indicates that there are no deviations from the staffing plan. Notations and daily deviations from the regular staffing plan are notated on the shift roster by the shift supervisor. The shift supervisor ensures that staffing does not fall below the minimum required. According to the PAQ and verified through staff interviews, there have been no instances of non-compliance with the staffing plan.

The current staffing plan appears satisfactory in the agency's efforts to provide protection against sexual abuse and harassment. The Auditor observed cameras in all areas of the facility. There appeared to be open communication between staff and inmates. Inmates seemed to be comfortable approaching staff with questions and the Auditor observed formal and informal interactions between staff and inmates. In the PAQ, the agency reports that they conduct unannounced rounds on all shifts. A review of the MCSO policies indicated that policy requires that supervisors will conduct and document unannounced rounds each shift. Interviews with supervisory staff and deputies indicate and verify that does occur.

The Auditor reviewed logs indicating rounds made. It is clear through observation that supervisors and administrators are conducting unannounced rounds and that the offenders are comfortable approaching and speaking with them. Interviews with shift supervisors, facility administrators, as well as line staff and inmates indicate that the rounds are unannounced and random and that there's no way for the staff to alert each other when the supervisors are coming through because there is no pattern or routine to the rounds.

After a review, the Auditor determined the facility does not fully meet the requirements of the standard at this time and corrective action is required.

Corrective Action:

The MCSO needs to develop a comprehensive staffing plan that meets all the elements of the standard. This was discussed with the agency during the on-site portion of the audit. A staffing plan was received by the Auditor on March 2, 2018.

Verification of Corrective Action:

The Auditor was provided supplemental documentation March 2, 2018 to demonstrate corrective actions taken by the MCSO administration regarding this standard.

Additional Documentation Reviewed:

- Staffing Plan

The staffing plan received by the Auditor meets the requirements of the standard. It addresses staffing in each area, staffing ratios, programming, facility layout, composition of the inmate population, video monitoring and other relevant factors. A review of the video monitoring system and placement of cameras were reviewed and found to be adequate. Changes recommended are not able to be made at this time due to budgetary restrictions.

A review of the staffing analysis will be required on an annual basis. The MCSO is now fully compliant with the standard.

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.

Evidence Reviewed:

1. MCSO Completed PAQ
2. MCSO PREA Policy
3. Population Report
4. Interviews with Staff

Findings:

The MCSO has a policy that addresses all required elements of the standard. At the time of the on-site visit, there were no youthful offenders housed at the MCSO. The PAQ, documentation submitted and interviews with staff confirm that there have been no youthful offenders housed at the MCSO within the last year. According to the documentation submitted with the PAQ, as well as personal interviews with the PREA Coordinator, and targeted staff interviews with the classification supervisor and formal and informal discussions with staff, they are aware of their responsibilities with regard to if a youthful offender is received and housed at the jail.

After a review, the Auditor determined the facility meets the requirements of the standard.

Corrective Action: None

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 in non-exigent circumstances? (N/A here for facilities with less than 50 inmates before August 20,2017.) 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 here for facilities with less than 50 inmates before August 20, 2017.) 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?
 Yes No

115.15 (d)

- Does the facility implement a policy and practice 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.

Evidence Reviewed:

1. MCSO Completed PAQ
2. MCSO PREA Policy
3. Lesson Plan for Searches
4. Academy Schedule
5. Shift schedules & rosters indicating availability of staff
6. Interviews with Staff
7. Interviews with Inmates

Findings:

The MCSO does not conduct cross-gender strip searches or cross-gender visual body cavity searches except when performed by medical practitioners. The policy is written in accordance with the standard. Interviews with staff, including medical personnel indicate operational practice is consistent with this policy. The facility reports in the PAQ and verified through staff interviews that no cross-gender strip searches or visual body cavity exams have occurred.

The MCSO does not conduct cross-gender pat down searches. There is not a prohibition against female deputies patting down male offenders, however, this does not occur absent exigent circumstances. The facility holds primarily male offenders. Female offenders are held for short periods of time for pre-trial detention (one day), while awaiting transfer to a larger regional correctional facility for long term pre- and post-trial detention, or they are held for short non-consecutive terms of confinement, such as weekends (generally no more than two days). In the case where female inmates are detained in the jail, they are searched and supervised by female correctional deputies. Interviews with staff indicate and verify there is always at least once female deputy assigned and on duty for each shift. During the regular, daytime hours, there are also daylight female deputies and supervisory staff available if needed. During the evening and nighttime hours, female patrol officers could be utilized if need be for searching. Female offenders' access to programming and out of cell opportunities are not limited due to a lack of female staff. Interviews with staff and offenders confirm that cross-gender pat down searches do not occur.

The MCSO policies prohibit cross-gender strip searches and cross-gender visual body cavity searches except when performed by medical personnel. The MCSO policy states that all cross-gender pat-down searches will be documented. The facility reports on the PAQ and verified through interviews that no cross-gender strip searches, pat searches or visual body cavity searches have occurred.

MCSO policy states that inmates are able to shower, change clothes and perform bodily functions without nonmedical staff of the opposite gender viewing their breasts, buttocks or genitalia, except in exigent circumstances or incidental to routine cell checks. The policy states that staff of the opposite gender shall announce their presence when entering an inmate housing unit. Female deputies regularly supervise the male housing units. Informal and formal random inmate interviews indicated that there is not an issue with them being able to change clothes, shower or perform bodily functions without the female deputies seeing them and that there is a mutually respectful relationship between the staff and offenders. Most offenders indicated that announcements are being made when opposite gender staff enter the housing units. Staff interviews also indicate the offenders' privacy from being viewed by

opposite gender staff is protected. Shower curtains and partitions afford offenders appropriate privacy while still affording staff the ability to appropriately monitor safety and security. Cameras are placed appropriately so that shower and toilet areas are not in view. There are no cameras inside the dormitory housing areas, which the Auditor made note of, however staff make regular, varied rounds in the area to prevent, deter and detect sexual abuse and harassment. Due to the structure and material of the ceiling, staff explained that it would be cost prohibitive to install cameras in the area.

MCSO policy prohibits searching or physically examining a transgender or intersex offender for the sole purpose of determining the offender's genital status. During staff interviews, when asked what they would do if they were unable determine an offender's gender or genital status, the staff were very clear in their understanding and were able to articulate that they could determine this information other ways, including asking the offender.

MCSO policies require all deputies to be trained on how to conduct searches, including those of transgender and intersex offenders. Staff indicated that they are trained to do cross-gender searches at the academy and were generally able to articulate to the Auditor how they would accomplish a search of a transgender inmate. Interviews with training staff indicate they instruct the deputies on how to do searches of transgender and intersex offenders. The Auditor reviewed the training outline, as well as reviewed random training files. While interviews indicate that the officers have a basic understanding of how to conduct cross-gender searches and searches of transgender and intersex offenders, the staff could benefit from additional training in this area. The PREA Coordinator indicated that they were working on updating the lesson plan for the annual refresher training.

After a review, the Auditor determined the facility meets the requirements of the standard.

Corrective Action: None

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.

Evidence Reviewed:

1. MCSO Completed PAQ
2. MCSO PREA Policy
3. Forms and pamphlets in Spanish
4. Interviews with Staff
5. Interviews with Inmates

Findings:

The MCSO takes appropriate steps to ensure that offenders with disabilities, including those who are deaf, blind or have intellectual limitations have an equal opportunity to participate and benefit from all aspects of the facility's efforts to prevent, detect and respond to sexual abuse and harassment. MCSO policy is written in accordance with the standard and indicates that during intake, offenders determined to have disabilities will have accommodations made to ensure that materials are received in a format or through a method that ensures effective communication. The PREA Coordinator indicates that the MCSO has not received any offenders with disabilities that required any special accommodations in the past year. He indicated that if the Sheriff's Office were to receive an offender with a disability that required any accommodations in order ensure they were able to fully participate and benefit from all aspects of the facility's efforts to prevent and/or respond to sexual abuse and harassment, he and/or Classification would make all necessary accommodations and notification to the other staff.

Interviews with staff, including supervisory staff and intake deputies confirm that they have a process in place to ensure that all inmates, regardless of disability would have equal access to PREA information. Staff, including the Classification Officer, the PREA Coordinator, the Chief of Corrections and various deputies during random and informal interviews indicated that they did not currently have any offenders with disabilities or special needs that would require accommodations to have access to the PREA information and protections.

MCSO policy indicates that offenders who are limited English proficient have access all aspects of the facility's efforts to prevent, detect and respond to sexual abuse and harassment, including providing interpreters. The Auditor was advised that there are interpreters available through the use of a telephone interpreter service. Some staff also use an online translator for small, limited use items. Interviews with staff confirm that most of the staff are aware of the availability of the interpreter service. However, as an added measure of compliance, the PREA Coordinator notified all staff via email of the availability of the telephone interpreter service. The Auditor was provided a copy of this communication on February 22, 2018.

The facility identified, and the Auditor interviewed one LEP inmate as part of the targeted interviews. The facility advised that the inmate could speak some English and should be able to answer the questions during the interview. The offender was able to participate in the interview without the aid of the interpreter service. The inmate indicated that during the intake process and while reviewing the PREA information, the facility explained things to him in a way that he was able to understand.

The MCSO policy prohibits the use of inmate interpreters except in instances where a significant delay could compromise the offender's safety. Interviews with staff indicate that offenders are not and would not be used as interpreters.

After a review, the Auditor determined the facility meets the requirements of the standard.

Corrective Action: None

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, or 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.

Evidence Reviewed:

1. MCSO Completed PAQ
2. MCSO PREA Policy
3. MCSO Hiring Background Packet
4. Criminal History Record Check on All Employees
5. Background Information on Volunteers
6. Background Information on Medical Employees
7. Interviews with Staff

Findings:

The MCSO does not hire any sworn staff that has engaged in sexual abuse or harassment as stipulated in the standard. The language in the policy is written consistently with that in the standard. The Auditor reviewed the background packet and interview questions used by the MCSO and found that they are asking these questions during the interview process to determine if they are hiring anyone who has engaged in prohibited conduct. Interviews with staff indicate that they are asking these questions during the interview process for applicants for sworn positions. Staff indicated that the background investigators thoroughly vet any prospective employee and asks directly about previous misconduct as required by the standard.

The policy indicates that the MCSO will consider any instances of sexual harassment in determining whether to hire or promote anyone, or enlist the services of contractors who may have contact with inmates. Staff stated that instances of sexual harassment would be a factor when making decisions about hiring and promotion. Every employee undergoes a background check and is not offered employment if there is disqualifying information discovered. The MCSO does not currently use the services of any contract staff.

After a review of the provided documentation and interview with the PREA Coordinator and Administrative staff, there was not sufficient evidence to support compliance with the standard. It is apparent that the policy requires inquiry into the background of potential employees regarding previous incidents of sexual assault or harassment. However, there is not a consistent practice or proof of compliance with the standard. Furthermore, there is a written policy that requires inquiry into a promotional candidate's history of sexual abuse or harassment; however, there was no proof that that inquiry was being made during the promotional process.

Consistent with MCSO policy, all employees must have a criminal background records check prior to employment. Staff at the MCSO complete criminal background checks for all prospective applicants prior to being offered employment. Staff verified this information in interviews discussing the background process. Staff stated that if a prospective applicant previously worked at another correctional institutional, they make every effort to contact the facility for information on the employee's work history and any potential issues, including allegations of sexual assault or harassment, including resignation during a pending investigation. Staff stated that most of the surrounding agencies were good about sharing information with each other.

The MCSO requires all employees to report any contact with law enforcement to their immediate supervisor, as indicated in the policy as a method of capturing misconduct listed in the standard. The Chief of Corrections was very clear about the fact that an employee engaging in any type of misconduct such as listed in the standard would not be retained.

The MCSO does not currently asks applicants for sworn positions directly about misconduct as described in the standard. This was discussed with the PREA Coordinator and the Chief of Corrections. The Chief of Corrections stated that the Investigative Division of the Sheriff's office performs the interviews for sworn positions and she will discuss this issue with them to correct. MCSO policies stipulate a continuing affirmative duty to disclose any PREA related misconduct. All current and new staff are trained on the PREA policy, as well as annual refresher training. Training records verifying that employees acknowledge that they have read and understand the policy.

In accordance with the standard, MCSO policy stipulates that material omissions regarding such conduct, or the provision of materially false information shall be grounds for termination. Interviews with staff verified that the MCSO would and has terminated employees for engaging in inappropriate behavior with inmates, upon learning of such misconduct.

MCSO policy indicates that the facility shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer and a signed release of information. As noted above, staff stated that most surrounding agencies would share information out of professional courtesy. Staff indicated they would share information upon request from another facility regarding a former employee.

After a review, the Auditor determined the facility does not fully meet the requirements of the standard at this time and corrective action is required.

Corrective Action:

The Sheriff's Office shall ensure that all potential employees, volunteers and promotional candidates are screened in accordance with the applicable standard. The MCSO shall maintain written proof of all inquiries and the results in the candidate's personnel file. The Department shall ensure that all personnel that are responsible for conducting such inquiries are trained in accordance with the standards. The Department shall provide documentation of any instance of promotional interviews or staff hiring during the corrective action period as proof of their compliance with the standard.

Verification of Corrective Action:

The Auditor was provided supplemental documentation on-site on February 7, 2018 and on February 9, February 28 and April 9, 2018 to demonstrate corrective actions taken by the MCSO administration regarding this standard.

Additional Documentation Reviewed:

- Revised PREA Acknowledgement
- Completed PREA Acknowledgement for promotional process
- Completed PREA Acknowledgement for volunteers
- Documentation of communication to investigative staff by Chief of Corrections

The MCSO appropriately revised their screening and hiring process to ensure that all potential employees, volunteers and promotional candidates are screened in accordance with the standard. The MCSO uses a disclosure/acknowledgement form that asks the required questions of applicants to determine prior prohibited conduct. This form will be used for staff, as well as volunteers. Additionally, this form will be used during the promotional process. The hiring process includes requiring the investigator to make his/her 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. The Auditor reviewed additional documentation of a completed acknowledgment for a recent promotion that had just occurred. As it cannot be anticipated when the Sheriff's Office will hire additional staff or have another promotional process, a longer corrective action period was not instituted and no further corrective action or additional documentation was required. The MCSO is now fully compliant with this standard.

Standard 115.18: Upgrades to facilities and technologies

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

115.18 (a)

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

115.18 (b)

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

Auditor Overall Compliance Determination

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

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.

Evidence Reviewed:

1. MCSO Completed PAQ
2. MCSO PREA Policy
3. Interviews with Staff

Findings:

The MCSO has not made any substantial expansion or modification of their existing facilities since 1989.

The MCSO policy is written in accordance with the standard. Agency administrators have analyzed and addressed any vulnerabilities to ensure the safety of the offenders. The facility has not installed or updated the video monitoring system, electronic surveillance system, or other monitoring technologies during this audit period. The Auditor conducted a thorough tour of the facility and observed camera placements throughout. Each area of the facility appeared to be original construction. The camera placement and monitoring technologies seem sufficient to ensure the safety of the offenders with respect to the prevention, detection and response of sexual abuse and harassment.

After a review, the Auditor determined the facility meets the requirements of the standard.

Corrective Action: None

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? Yes No
- 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 entity 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 attempts to make a victim advocate from a rape crisis center available to victims per 115.21(d) above.] 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.

Evidence Reviewed:

1. MCSO Completed PAQ
2. MCSO PREA Policy
3. Flow Chart
4. Checklist
5. Evidence Protocol
6. Interviews with Staff

Findings:

The MCSO is responsible for both administrative and criminal investigations. The facility follows a uniform protocol for investigating allegations of sexual abuse that maximizes the possibility of collecting usable evidence and trains facility staff who may be first responders in this protocol. The evidence protocol is specified in policy and described and confirmed by the Investigator. Sheriff's Department Investigators have been appropriately trained in sexual assault investigations and evidence collection. Interviews with staff indicate that they are trained and familiar with the evidence protocol and what to do if they are the first responder to a sexual assault.

The MCSO does hold youthful offenders if adjudicated as adults. The evidence protocol utilized by the Sheriff's Department is developmentally appropriate for youth and written in accordance with the standards.

MCSO policy stipulates that all victims of sexual abuse shall be offered a forensic medical exam, without financial cost where evidentiary or medically appropriate. These exams would be performed off-site at the local emergency department by SANE/SAFE employees at the hospital. The availability of these services was confirmed by the Auditor with the Medical Personnel. Medical staff indicated they always had a SANE/SAFE employee on call and available and there would be no charge to the victim for this exam. The facility reported on the PAQ there have been no incidents of sexual abuse and no forensic exams conducted. This was confirmed by staff.

Agency policy indicates MCSO will make every attempt to make a victim advocate available. Policy also stipulates that if requested by the victim, the victim advocate, a qualified agency staff member or qualified community-based organization staff member shall accompany the victim through the process. The MCSO has the availability of two qualified staff members, mental health providers, who are available and willing to provide this service. During targeted staff interviews, the Auditor verified the availability of this service.

After a review, the Auditor determined the facility meets the requirements of the standard.

Corrective Action: None

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 such publication 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

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.

Evidence Reviewed:

1. MCSO Completed PAQ
2. MCSO PREA Policy
3. Interviews with Staff
4. Interviews with Inmates
5. Website

Findings:

The MCSO policy is written in accordance with the standard and requires that an investigation is completed for all allegations of sexual abuse and harassment. Policy also dictates that allegations are referred for a criminal investigation if warranted. The Montgomery County Sheriff's Office is the law enforcement agency that conducts all criminal investigations. The MCSO policy with regard to investigative responsibility is not posted on the website. This was discussed with the agency and corrective action was implemented.

Investigations for allegations that don't require referral are conducted by trained Sheriff's Department Staff. Interviews with staff indicate they are aware of their responsibility to investigate every allegation, refer the allegation if it involves criminal behavior and notify the PREA Coordinator of all allegations.

Interviews with inmates indicate that they feel that the staff at the facility take PREA and their sexual safety seriously and that any allegation would be promptly and thoroughly investigated.

The MCSO reports on the PAQ that there have been no allegations of sexual abuse in the past 12 months. Interviews with staff on-site confirm this information.

After a review, the Auditor determined the facility does not fully meet the requirements of the standard at this time and corrective action is required.

Corrective Action:

The MCSO shall make available the policy regarding the responsibility of the agency with regard to sexual assault investigation to the public as indicated in the standard.

Verification of Corrective Action:

The Auditor was provided supplemental documentation on March 27, 2018 to demonstrate corrective actions taken by the MCSO administration regarding this standard.

Additional Documentation Reviewed:

- Communication regarding posting of information to agency website
- Review of MCSO Website

The Auditor reviewed the Agency website and this information is now available as discussed. The MCSO is now fully compliant with the standard.

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

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.

Evidence Reviewed:

1. MCSO Completed PAQ
2. MCSO PREA Policy
3. 2017 Annual Training
4. New Hire PREA Training
5. PREA Lesson Plan
6. Review of Training Files
7. Interviews with Staff

Findings:

The MCSO policy is written in accordance with the standard and includes all required topics and elements of the standard. The training is tailored to both male and female inmates, as the facility, while primarily holding male inmates, can hold both. The facility provides PREA training annually to each employee to ensure they remain up to date on the MCSO policies and procedures regarding sexual abuse and harassment. Each employee acknowledges understanding of the material through signature.

The Auditor reviewed the training curriculum and found that it did not include all information required by the standard. This was discussed with the PREA Coordinator, who immediately began revising and updating the curriculum while the Auditor was on-site. The PREA Coordinator was very proactive in making the necessary changes to the lesson plan in order to begin training the employees on the new material. The Auditor reviewed the training rosters, as well as random training files to verify and ensure all employees are receiving PREA training. New staff are given PREA training during their orientation before assuming their duties and sign a verification acknowledging they have received the information.

The Auditor conducted formal and informal interviews with random and specialized staff. All staff interviewed indicated that they had received training and were able to articulate information from the training. The staff was knowledgeable regarding the PREA information they had received. Staff appear to understand their responsibilities regarding the standards. The MCSO is providing refresher training every year, which exceeds that which is required by the standard. The staff are appropriately trained, and all documentation is maintained accordingly.

After a review, the Auditor determined the facility does not fully meet the requirements of the standard at this time and corrective action is required.

Corrective Action:

The MCSO shall update the training curriculum to include all required elements of the standard. The MCSO shall ensure that all staff are provided training on the new material and all such training shall be documented and acknowledged in writing by the employee.

Verification of Corrective Action:

The Auditor was provided supplemental documentation on April 9, 2018 to demonstrate corrective actions taken by the MCSO administration regarding this standard.

Additional Documentation Reviewed:

- Updated training curriculum
- Documentation of staff training and acknowledgement

The Agency revised the training outline and curriculum to include all required elements of the standard. All agency staff were trained in the new material. The Auditor received and reviewed the updated information, as well as a signed acknowledgment log from the employees indicating they had received and understood the training. The MCSO is now fully compliant with the standard.

Standard 115.32: Volunteer and contractor training

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

115.32 (a)

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

115.32 (b)

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

115.32 (c)

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

Auditor Overall Compliance Determination

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

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.

Evidence Reviewed:

1. MCSO Completed PAQ
2. MCSO PREA Policy
3. 2017 Annual Training
4. New Volunteer PREA Training
5. Review of Training Files
6. Interviews with Staff

Findings:

The MCSO policy is written in accordance with the standard and includes all required topics and elements of the standard. The training is tailored to both male and female inmates. While the facility primarily holds male inmates, it can hold both. The facility does not use the services of contract staff. All staff are employees of the MCSO. They and are provided PREA training annually to ensure they remain

up to date on the MCSO policies and procedures regarding sexual abuse and harassment. Each employee acknowledges this training in writing through signature. Volunteer staff are given an orientation and PREA training prior to assuming volunteer duties and appropriate to their level of interaction with the inmate population.

The Auditor reviewed the training curriculum and verified it included all information required by the standard. The Auditor reviewed the training rosters, as well as random training files to verify and ensure all employees and volunteers are receiving the training. New staff and volunteers are given PREA training during their orientation before assuming their duties and sign a verification acknowledging they have received the information.

The Auditor conducted formal and informal interviews with staff and volunteers. They indicated that they had received training and were able to articulate information from the training. The volunteers and staff were knowledgeable regarding the PREA information they had received. Staff appear to understand their responsibilities and obligations regarding the standards. The MCSO is providing training in accordance with the standard. The documentation is maintained accordingly.

After a review, the Auditor determined the facility meets the requirements of the standard.

Corrective Action: None

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 such education? 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.

Evidence Reviewed:

1. MCSO Completed PAQ
2. MCSO PREA Policy
3. Review of inmate training materials
4. Review of inmate training documentation
5. Random inmate interviews
6. Interviews with Staff

Findings:

The MCSO policy is written in accordance with the standard. In accordance with policy, offenders receive a screening and training regarding the facility's zero tolerance policy. This information, along with the inmate handbook and informal posters provides offenders with information regarding sexual abuse and assault, the agency's zero tolerance policy and how to report incidents of sexual abuse or harassment.

The comprehensive education is accomplished through the use of the PREA orientation video. The orientation video is viewed by offenders at the time of their orientation with the Program Deputy and typically occurs within 72 hours of admission. The video is shown in the program area and the Program Deputy is available should the offenders have questions regarding the video. The Auditor reviewed random inmate records files to ensure the training was being completed for all inmates. Interviews with staff and offenders both formally and informally verified that offenders are receiving the initial and comprehensive training.

All current offenders have received PREA training. Offender interviews indicate that the majority remember receiving information upon arrival and viewing the orientation video. They have an awareness of PREA information and how to report.

As required by the standard, policy provides for education in formats accessible to all inmates. There are Spanish versions of all materials. For offenders that are visually impaired, a staff member would read the information to the offender. As indicated in the policy, all other special needs would be handled in coordination with the PREA Coordinator on a case by case basis. There have been no instances of the need to accommodate special needs prisoners during this audit period. The MCSO has interpretation services available for inmates with limited English proficiency.

Information in multiple formats was available throughout the facility. The Auditors observed PREA informational posters in all offender housing areas and intake. The inmate handbook is available and provided to offenders.

After a review, the Auditor determined the facility meets the requirements of the standard.

Corrective Action: None

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 have received 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.

Evidence Reviewed:

1. MCSO Completed PAQ
2. MCSO PREA Policy
3. Review of Training Materials
4. Review of Training Documentation
5. Interviews with Staff

Findings:

MCSO policy is written in accordance with the standard. MCSO investigators conduct administrative and criminal investigations. The Auditor verified the specialized training for the investigators. The training included all mandated aspects of the standard, including Miranda and Garrity, evidence collection in a correctional setting, as well as the required evidentiary standards for administrative findings. During a targeted interview with staff, he was able to articulate all aspects of the training received. If there is a sexual assault or sexual harassment allegation in the jail, the supervisor on duty would take the initial report. The investigation would then be turned over to one of the investigators with specialized training in sexual assault investigations. Staff interviews indicate they are aware that if, in the course of an investigation, it appeared that the conduct was criminal in nature and there could be criminal charges involved, they should notify one of the investigators.

After a review, the Auditor determined the facility meets the requirements of the standard.

Corrective Action: None

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? Yes No

- 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? Yes No
- 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? Yes No
- 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? Yes No

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.) 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? Yes No

115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? Yes No
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? 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.

Evidence Reviewed:

1. MCSO Completed PAQ
2. MCSO PREA Policy
3. Review of Training Materials
4. Review of Training Documentation
5. Interviews with Staff

Findings:

The MCSO policy is written in accordance with the standard to indicate that the medical deputies and medical staff will receive specialized training in accordance with the standard. Medical staff are employees of the jail and according to the training records and interviews with staff, they have not been trained in accordance with the requirements of the standard. The Auditor reviewed the curriculum and it did not cover all mandated aspects of the standard.

The medical staff do not conduct forensic medical exams.

All medical and mental health staff have received training on PREA mandated by MCSO policy and standard 115.32.

After a review, the Auditor determined the facility does not meet the requirements of the standard and corrective action is required.

Corrective Action:

All medical and mental health staff members shall be provided specialized training in accordance with the standard, including all mandated elements of the standard. Such training shall be documented and proof of the training shall be documented in the staff members' training file.

Verification of Corrective Action:

The Auditor was provided supplemental documentation on February 13, 2018 and on March 8, 2018 to demonstrate corrective actions taken by the MCSO administration regarding this standard.

Additional Documentation Reviewed:

- Documentation of training
- Training curriculum

All medical and mental health staff completed specialized training as required by the standard. The Auditor reviewed the training outline provided by the agency and found that the training covers all mandated aspects of the standard. Documentation of the training in the form of a signed acknowledgement was provided to the Auditor on February 13, 2018. The MCSO is now fully compliant with the standard.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

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

115.41 (a)

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

115.41 (b)

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

115.41 (c)

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

115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?
 Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?
 Yes No

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

115.41 (e)

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when 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, when 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, when 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 a: Incident of sexual abuse?
 Yes No
- Does the facility reassess an inmate's risk level when warranted due to a: 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.

Evidence Reviewed:

1. MCSO Completed PAQ
2. MCSO PREA Policy
3. Review of Screenings
4. Interviews with Staff
5. Interviews with Inmates

Findings:

The MCSO has a policy that is written in accordance with the standard. However, upon review of the screening instrument, the Auditor determined that several elements of the standard related to the screening questions were not included in the instrument or being asked. In addition, the requirement for a 30-day review of all offenders' screenings upon receipt of additional information mandated by the standard is not currently being completed. The screenings are completed by the Program Deputy/PREA Coordinator at the time of the inmate's orientation. In a discussion with the PREA Coordinator about this process, I asked him how Classification staff get access to the screenings. He indicated that that they don't. Classification sees the inmates first and assigns them to housing before the screening is completed by the PREA Coordinator. As the intent of the screening is to be used to assist in making housing decisions, this does not meet the requirements of the standard. The Auditor interviewed a Classification Deputy who confirmed the process of the risk screenings and verified that they do not have access to the screenings that the PREA Coordinator complete.

In addition, the 30-day reassessments are not being completed on all inmates. Classification staff did indicate that an inmate's risk level is reassessed based upon a request, referral or incident of sexual assault. The MCSO only operates one facility, therefore they are not required to reassess upon transfer.

During random inmate interviews, the Auditor asked the inmates if they were asked the risk screening questions. Most all inmates remembered at least something about the risk screening and at least some of the questions.

The Auditor randomly reviewed inmate files and determined that the screenings are being completed. The Auditor spoke with staff and administration regarding corrective action, including changing the process whereby the screening is being completed. This was implemented immediately, while the Auditor was still on-site.

After a review, the Auditor determined the facility does not meet the requirements of the standard and corrective action is required.

Corrective Action:

1. The MCSO shall revise its objective screening instrument to reflect all elements of the standard. The MCSO shall provide training to all personnel that administer the new screening instrument and document such training.
2. The MCSO shall implement a system whereby all inmates are screened within 72 hours of arrival at the facility and ensure Classification staff has access to the screening to make appropriate housing and programming decisions in accordance with 115.42.
3. The MCSO shall implement a system to ensure that within 30 days from the inmate's arrival, the facility will reassess the inmate's risk of victimization or abusiveness based on any additional, relevant information received since intake.

Verification of Corrective Action:

The Auditor was provided supplemental documentation on-site on February 7, 2018 and multiple dates in February and March to demonstrate corrective actions taken by the MCSO administration regarding this standard.

Additional Documentation Reviewed:

- Revised screening form
- Examples of completed revised screening form
- Email communication

The MCSO has revised the objective screening instrument to include all required elements of the standard. Previously, the PREA Coordinator was completing the risk screenings independent of Classification and after the inmate had been housed. Classification staff did not have access to and were not utilizing the screening completed by the PREA Coordinator. The process was revised so that now Classification staff are completing the risk screening within 72 hours and using this to assist in making housing decisions as the standard requires. They are then forwarding the screening for the PREA Coordinator to retrieve in order to review at the time of orientation. Copies of this communication, as well as examples of completed risk screenings were provided to the Auditor. The MCSO is now fully compliant with the standard.

Standard 115.42: Use of screening information

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

115.42 (a)

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

115.42 (b)

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

115.42 (c)

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

115.42 (d)

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

115.42 (e)

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

115.42 (f)

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

115.42 (g)

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

Evidence Reviewed:

1. MCSO Completed PAQ
2. MCSO PREA Policy
3. Review of Screenings
4. Interviews with Staff

Findings:

The MCSO policy is written in accordance with the standard. However, as stated above, the PREA Coordinator completes the risk assessment screenings, which Classification staff does not have access to because it is completed after the inmate is classified. As they are not using the information from the risk screening, this process is not in compliance with the standard.

The MCSO does not report having housed any transgender inmates during this reporting period. The policy stipulates that LGBTI inmates will not be placed in a dedicated facility, unit, or wing solely on the basis of such identification or status, unless the placement is established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting such inmates. Staff are aware of their responsibilities should they receive a transgender inmate with regard to this standard. Interviews with facility staff indicate that placement of any transgender or intersex offenders would be made on a case by case basis. MCSO policy stipulates that placement and programming assignments for transgender inmates will be reassessed at least twice a year and a transgender inmate's views with respect to his or her safety will be given serious consideration. MCSO policy allows for transgender inmates to shower separately. Interviews with facility administration corroborate these practices would be enforced if a transgender offender were received.

LGBTI offenders are not placed in dedicated housing areas. Interviews with staff confirm this practice would not occur. There were no inmates identified by the facility as LGBTI at the time of the on-site audit.

After a review, the Auditor determined the facility does not meet the requirements of the standard and corrective action is required.

Corrective Action:

1. The MCSO shall revise its objective screening instrument to reflect all elements of the standard. The MCSO shall provide training to all personnel that administer the new screening instrument and document such training.
2. The MCSO shall implement a system whereby all inmates are screened within 72 hours of arrival at the facility and ensure Classification staff has access to the screening to make appropriate housing and programing decisions in accordance with the standard.

Verification of Corrective Action:

The Auditor was provided supplemental documentation on-site on February 7, 2018 and multiple dates in February and March to demonstrate corrective actions taken by the MCSO administration regarding this standard.

Additional Documentation Reviewed:

- Revised screening form
- Examples of completed revised screening form
- Email communication

The MCSO has revised the objective screening instrument to include all required elements of the standard. Previously, the PREA Coordinator was completing the risk screenings independent of Classification and after the inmate had been housed. Classification staff did not have access to and were not utilizing the screening completed by the PREA Coordinator. The process was revised so that now Classification staff are completing the risk screening within 72 hours and using this to assist in making housing decisions as the standard requires. They are then forwarding the screening for the PREA Coordinator to retrieve in order to review at the time of orientation. Copies of this communication, as well as examples of completed risk screenings were provided to the Auditor. The MCSO is now fully compliant with the standard.

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 access to programs, privileges, education, or work opportunities, does the facility document: The opportunities that have been limited? Yes No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The duration of the limitation? Yes No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The reasons for such limitations? Yes No

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.

Evidence Reviewed:

1. MCSO Completed PAQ
2. MCSO Policy 5.14 Sexual Assault Abuse Prevention
3. Interview with PREA Coordinator
4. Staff Interviews

Findings:

The MCSO reports that there were no inmates identified at risk of sexual victimization who were held in involuntary segregated housing in the last 12 months. MCSO policies are written in accordance with the standard and cover all mandated stipulations. Interviews with staff indicate they would not involuntarily place an offender at risk of sexual victimization in segregated housing except as a last resort when all other alternatives had been considered. All staff interviewed, both formally and informally, indicate an inmate identified as high risk would be moved to another housing location and not placed in segregation unless the inmate requested it. To the extent possible, inmates identified as high risk and held in involuntary segregation would be offered programming. Staff are aware of their responsibilities with regard to this standard, including the need for a review every 30 day. There have been no instances that required action with regard to this standard.

After a review, the Auditor determined the facility meets the requirements of the standard.

Corrective Action: None

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? Yes No

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.

Evidence Reviewed:

1. MCSO Completed PAQ
2. MCSO PREA Policy
3. Interview with PREA Coordinator
4. Inmate Handbook
5. Inmate Orientation
6. Site Review
7. MCSO Website
8. Inmate Interviews
9. Staff Interviews

Findings:

MCSO policy is written in accordance with the standard. There are multiple internal ways for offenders to privately report PREA related incidents, including verbally to any staff member, a written note submitted to staff, anonymous reports, and third-party reports. This information is received by offenders at intake, contained in the inmate handbook and on informational posters outside all offender housing areas, intake and medical. Offender interviews revealed that the offenders would feel comfortable approaching and reporting to staff. They feel that that the staff at MCSO genuinely care and would take any report seriously and act immediately. Offenders felt that staff would ensure their safety.

At the time of the on-site audit, there were no inmates detained solely for civil immigration purposes. The facility reports they have not had any such inmates in the last three years. If the MCSO received an inmate detained solely for civil immigration, staff would provide information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security.

Staff interviews revealed that they are aware of their responsibilities with regard to reporting and would accept and act on any information received immediately. Information on how to report on behalf of an inmate is listed on the agency website. Staff indicated they would accept and act on third-party reports, including from another inmate.

Offenders also have the ability to report outside the MCSO, in writing, to the Department of Corrections. There is also a hotline that offenders have access to for reporting sexual assault and abuse. Most offenders mentioned one of these as a potential reporting method, indicating the offenders are aware of this information.

Staff may privately report sexual abuse or harassment of inmates either verbally or in writing to their supervisors, or facility administrators directly. Staff interviews revealed that they are aware they can go directly to facility administration to report sexual abuse and harassment of inmates.

After a review, the Auditor determined that while the facility meets the minimum requirements of the standard since they have at least one method for inmates to report outside the agency, corrective action is recommended.

Corrective Action:

The MCSO should provide the mailing address and/or contact information for at least one agency outside the facility that can take sexual assault complaints.

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 NA

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.

Evidence Reviewed:

1. MCSO Completed PAQ
2. MCSO PREA Policy
3. Interview with PREA Coordinator
4. Staff Interviews

Findings:

Administrative procedures are in place to address MCSO grievances regarding sexual abuse and harassment, therefore the MCSO is not exempt from this standard. The policies are written in accordance with the standard, addressing all required aspects. MCSO reports in the PAQ there have been no grievances filed within the past 12 months alleging sexual abuse. Interviews with the Facility Administrator and the PREA Coordinator confirm the information on the PAQ. Interviews with staff indicate they are aware of their responsibilities with respect to the standard and indicate an inmate would be allowed to file a grievance regarding sexual abuse or harassment without regard to time limit. There have been no instances that required action with regard to this standard.

After a review, the Auditor determined the facility meets the requirements of the standard.

Corrective Action: None

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? Yes No
- 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.

Evidence Reviewed:

- 1. MCSO Completed PAQ
- 2. MCSO PREA Policy
- 3. Inmate Handbook
- 4. Hotline Information
- 5. Interview with PREA Coordinator
- 6. Staff Interviews
- 7. Inmate Interviews

Findings:

The MCSO policy is written in accordance with the standard. The facility provides inmates with access to local, state, or national victim advocacy or rape crisis organizations, including toll-free hotline numbers. The policy requires reasonable communications between inmates and those organizations and agencies, in as confidential manner as possible. The MCSO informs inmates of the extent to which these will be monitored prior to giving them access. There have been no incidents reported that required confidential support services during this audit period. Staff interviews indicate they are aware of their obligations under this standard.

Inmates are informed of the services available at intake. Inmate interviews indicated that not all of the inmates are aware of the services that are available to them. Most inmates interviewed indicated they knew they could ask to speak to mental health if they needed to, however were unsure of other services that are available.

The MCSO has a qualified mental health counselor on-site who is available to the inmates and is able and willing to provide confidential emotional support services to inmates, as well as act in the capacity of a victim advocate should the need arise.

There have no inmates detained solely for civil or immigration purposes.

After a review, the Auditor determined the facility meets the requirements of the standard.

Corrective Action: None

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.

Evidence Reviewed:

1. MCSO Completed PAQ
2. MCSO PREA Policy
3. Inmate Handbook
4. MCSO Website
5. Staff Interviews
6. Inmate Interviews

Findings:

The MCSO policy is written in accordance with the standards, stipulating that all third-party reports will be accepted and investigated. The Auditor reviewed the MCSO website. The website contains information on how to make a report on behalf of an offender, including the address and phone number.

Staff interviews reveal that they are aware of their obligation to accept and immediately act on any third-party reports received. Staff indicate they will accept a third-party report from a family member, friend or another inmate. They would document the report and inform their supervisor and the report would be handled the same as any other allegation or report and investigated thoroughly.

Offenders are provided this information at intake and offender interviews indicate that they are aware that family or friends can call or write and report an incident of sexual abuse on their behalf. The offenders felt as if the staff would act on any reports received and take all reports seriously and investigate them to the fullest extent. The offenders feel that the staff take PREA and their safety seriously.

The MCSO has not received any third-party reports of sexual assault or harassment during this reporting period. Staff interviews confirm this information.

After a review, the Auditor determined the facility meets the requirements of the standard.

Corrective Action: None

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.

Evidence Reviewed:

1. MCSO Completed PAQ
2. MCSO PREA Policy
3. Review of investigative files
4. Interviews with Staff

Findings:

MCSO policy is written in accordance with the standard and requires all staff and volunteers to immediately report any knowledge, suspicion or information related to sexual abuse or harassment to a supervisor. Interviews with staff and volunteers indicate they are very clear with regard to their duties and responsibilities with regard to reporting PREA related information, including anonymous and third-party reports. Staff articulated their understanding that they are required to report any information immediately and document such in a written report. The staff understand the need to keep the information limited to those that need to know to preserve the integrity of the investigation. When asked who they report or discuss details of a sexual abuse or sexual harassment allegation with, staff informed the Auditor they only discuss details with supervisors and investigators. When asked if they would ever discuss it amongst co-workers, the answer was no.

Interviews with medical staff indicate they are aware of their mandatory reporting requirements and comply with the mandate to disclose the limits of their confidentiality. Medical staff are aware of their responsibilities to report information, knowledge, or suspicions of sexual abuse, sexual harassment, retaliation, staff neglect or violations of responsibilities which may have contributed to an incident.

All allegations of sexual abuse and harassment are reported to the on-duty supervisor, who initiates an investigation. The reporting deputy and supervisor create a report, and this report is forwarded to the investigative division for review and further action. In addition, the PREA Coordinator is notified verbally through the chain of command.

Staff interviews indicated that all allegations are immediately reported and investigated. There have been no allegations for the reporting period.

After a review, the Auditor determined the facility meets the requirements of the standard.

Corrective Action: None

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.

Evidence Reviewed:

1. MCSO Completed PAQ
2. MCSO PREA Policy
3. Interview with PREA Coordinator
4. Staff Interviews
5. Inmate Interviews

Findings:

MCSO policy is written in compliance with the standard. Interviews with staff indicate they are very clear about their duty to act immediately if an offender is at risk of imminent sexual abuse. Staff indicated they would immediately remove the inmate from the situation and find alternate housing. Staff stated they would ensure the inmate was kept safe, away from the potential threat and an investigation was completed by the supervisor. Classification staff would also be notified.

Offender interviews consistently revealed that they felt the staff would ensure their safety. All inmates interviewed stated that they felt safe in the facility and that the staff genuinely care. For the most part,

the inmates stated they felt comfortable going to any staff member and felt confident that the staff would ensure their protection.

MCSO reports in the PAQ that there have been no determinations made that an offender was at substantial risk of imminent sexual abuse. The Auditor randomly reviewed files and talked with staff, both formally and informally, and found no evidence that an inmate was determined to be at imminent risk of sexual abuse. There have been no incidents that required action with regard to this standard.

After a review, the Auditor determined the facility meets the requirements of the standard.

Corrective Action: None

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.

Evidence Reviewed:

1. MCSO Completed PAQ
2. MCSO PREA Policy
3. Interview with PREA Coordinator
4. Staff Interviews

Findings:

The agency’s policy is written in accordance with the standard. During this review period, the facility reported receiving no notifications from an inmate alleging sexual abuse while incarcerated at another facility that needed to be reported. The MCSO reported receiving no notifications in the past 12 months from another facility that one of their former inmates alleged being sexually abused while incarcerated at the MCSO. Interviews with the Chief of Corrections and PREA Coordinator confirmed their understanding of their affirmative requirement to report allegations in accordance with the standard. The staff are aware of their obligation to fully investigate allegations received from other facilities.

Further, interviews with the staff and volunteers, both formal and informal, revealed that staff is aware of their obligations with regard to reporting, and there is a universal understanding and commitment to immediately report any allegations of sexual abuse or harassment, which increases the probability that abuse will be detected, reported and investigated.

After a review, the Auditor determined the facility meets the requirements of the standard.

Corrective Action: None

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.

Evidence Reviewed:

1. MCSO Completed PAQ
2. MCSO PREA Policy
3. Flow Chart
4. PREA Checklist
5. Review of investigative files
6. Interviews with Staff

Findings:

The MCSO policy is written in accordance with the standard and indicates actions staff should take in the event of learning an inmate has been sexually assaulted.

There have been no instances of reported sexual assault during this review period.

The Auditor conducted formal and informal interviews with staff first responders. Security first responders were asked to explain the steps they would take following an alleged sexual abuse reported

to them. The staff were able to appropriately describe their response procedures and the steps they would take, including separating the alleged perpetrator and victim and securing the scene and any potential evidence. The Auditor was informed the scene would be secured and preserved and remain so until the Investigator was contacted and arrived to process the scene.

The Auditor conducted interviews with supervisory staff and investigators. The Auditor asked what the supervisor response and role would be following a report of sexual assault. The supervisor stated that they would ensure the alleged victim and alleged abuser were removed from the area and kept separately in the facility. The crime scene would be secured and staff member posted to ensure no one entered the scene. The alleged victim would be taken to medical for treatment and transported to the ER for a forensic exam if needed. The PREA Coordinator would also be informed. The supervisor stated the Investigator would be the only person allowed in the crime scene to process the evidence.

The Auditor conducted formal interviews with non-security personnel. Staff were asked what actions they take following an alleged sexual abuse reported to them. Staff indicated they would ensure the victim remains with them and immediately inform a deputy. They would also request the victim not take actions to destroy evidence.

Medical personnel interviewed stated they would first ensure a victim's emergency medical needs are met. They stated they would request the victim not to use the restroom, shower, or take any other actions which could destroy evidence. Medical staff informed they would immediately notify a supervisor if they were the first person to be notified of an alleged sexual abuse. Victims would be transported off-site for forensic exams if needed.

After a review, the Auditor determined the facility meets the requirements of the standard.

Corrective Action: None

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.

Evidence Reviewed:

1. MCSO Completed PAQ
2. MCSO PREA Policy
3. Flow Chart
4. PREA Checklist
5. Staff Interviews

Findings:

MCSO has a coordinated facility plan to address actions in response to an incident of sexual abuse among facility staff, including first responders, supervisory staff, medical, investigative staff and facility administrators. Interviews with multiple staff indicate that they understand their duties in responding to allegations of sexual assault and are knowledgeable in their role and the response actions they should take. The MCSO has a flowchart that is a quick reference and good visual aid to assist staff in understanding their role. They also use a Checklist to ensure that all aspects of the response are covered and nothing is missed. Since the MCSO is small and staff sometimes fill various roles, the staff are well-versed in their responsibilities and seem to work well as a team in responding to critical incidents.

There have been no instances of reported sexual assault during this review period.

After a review, the Auditor determined the facility meets the requirements of the standard.

Corrective Action: None

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.

Evidence Reviewed:

1. MCSO Completed PAQ
2. MCSO PREA Policy
3. Interview with PREA Coordinator

Findings:

The MCSO has not entered into any agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.

The MCSO policy prohibits entering into a collective bargaining agreement. Virginia Code §40.1 - 57.2 prohibits state, county, and municipalities from collective bargaining or entering into a collective bargaining contract with a union with respect to any matter relating to an agency or their employment service.

After a review, the Auditor determined the facility meets the requirements of the standard.

Corrective Action: None

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 residents 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.

Evidence Reviewed:

1. MCSO Completed PAQ
2. MCSO PREA Policy
3. Interview with PREA Coordinator
4. Staff Interviews

Findings:

The agency's policy is written in accordance with the standard and indicates that the Chief Correctional Officer or Assistant Chief Correctional Officer will be responsible for monitoring retaliation for a minimum period of 90 days.

The Auditor conducted a formal interview with the staff member responsible for monitoring retaliation. The Auditor asked the staff member how they would go about monitoring retaliation. The staff member stated they would review disciplinary charges and incident reports and any other actions related to the inmate including documents maintained in an inmate's file and his/her record.

The Auditor asked the staff member the amount of time he will monitor for acts of retaliation. Staff indicated 90 days, but the monitoring would continue until the threat of retaliation no longer exists. In the event the inmate cannot be protected at the facility, the staff member would transfer the inmate to the Regional Jail.

The Auditor asked how staff ensures the protection of an inmate who is being retaliated against by a staff member. The Auditor was informed the Administration will discuss staff assignments with the supervisor to ensure the staff member is not placed in an area where the inmate is housed. The retaliation would be reported through the chain of command to ensure the staff member who is retaliating against an inmate is appropriately disciplined, if need be.

There have been no reported incidents of sexual abuse/harassment that would require the staff to invoke any protections from retaliation. In addition, staff interviews confirmed their knowledge of the requirements for protection from retaliation for both inmates and staff members. All staff members interviewed affirmed that they had an affirmative requirement to report any incident of retaliation and also reported that they know that they could report such incidents anonymously. The agency has prepared forms that include checklists that would assure and verify compliance with the necessary elements of the standard.

After a review, the Auditor determined the facility meets the requirements of the standard.

Corrective Action: None

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.

Evidence Reviewed:

1. MCSO Completed PAQ
2. MCSO PREA Policy
3. Interviews with Staff

Findings:

The agency's policy is written in accordance with the standard and requires the use of segregated housing be subjected to the requirements of PREA standard 115.43. Both formal and informal interviews with staff state they would not place an inmate in segregation for reporting sexual abuse or assault. Staff indicated they would not ordinarily place a sexual assault victim in segregation unless he or she had requested it. Staff explained that other alternatives are explored and segregation is utilized as a last resort. The Auditor was informed of and observed several areas in the facility to place sexual abuse victims to ensure they are protected from abusers without having to place the victim in segregated housing.

The agency has had no incidents that have required restrictive protective custody. Interviews with the supervisory staff as well as the Chief of Corrections and PREA coordinator confirmed their knowledge of their requirements to appropriately adhere to the elements of standard 115.43, after a victim's allegation of abuse.

After a review, the Auditor determined the facility meets the requirements of the standard.

Corrective Action: None

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.

Evidence Reviewed:

1. MCSO Completed PAQ
2. MCSO PREA Policy
3. Review of Investigative files
4. Interviews with Staff
5. Documentation of Investigator Training

Findings:

The MCSO policy is written in accordance with the standard. The MCSO conducts both administrative and criminal investigations and an investigation will be conducted on all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports. The policy requires administrative investigations to include efforts to determine whether staff actions or failure to act contributed to an act of sexual abuse. Investigative reports are required to include a description of physical evidence, testimonial evidence, the reason behind credibility assessments, and investigative facts and findings.

The Agency is required to maintain written investigative reports for as long as the alleged abuser is incarcerated or employed by the MCSO, plus an additional 5 years. Policy prohibits the termination of an investigation if an inmate is released or a staff member is terminated or terminates employment.

MCSO investigators are required by policy to cooperate with outside investigators and attempt to communicate to remain informed about the progress of a sexual abuse investigation.

At the time of the on-site audit, the facility employed and provided training records for six Investigators and one Department staff member who have received specialized training to conduct sexual abuse investigations in confinement facilities. The Auditor reviewed the training records. Each investigator had received specialized training to conduct sexual abuse investigations in confinement settings.

Formal and informal interviews with staff indicate they are aware of the investigative process when she is conducting an investigation. Staff were able to articulate interviewing the victim, alleged perpetrator, inmate witnesses, and staff witnesses if applicable. Staff also relayed the importance of reviewing the scene, preserving any evidence if necessary and looking at other documents, such as criminal histories on all inmates involved, disciplinary history, incident reports, and classification actions. The investigators also review video footage if applicable, telephone recordings, staff logs, and any other relevant items which could be considered evidence to support the determination. Staff will notify the PREA Coordinator of the allegation. If at any point during the investigation, it's determined there could be potential criminal charges involved, one of the Sexual Assault Investigators will be contacted to handle the investigation. Copies of all material would be provided to the Investigator. The is started immediately after receiving an allegation.

All administrative investigative files are maintained in the PREA Coordinator's office electronically on the computer and hard copies maintained in a locked cabinet in the office. Investigative files are maintained for a minimum of five years after the abuser has been released or a staff abuser is no longer employed. The MCSO does not require inmates to submit to a polygraph examination during sexual abuse investigations.

If an allegation is reported anonymously, interviews with staff indicate that the investigation would be handled the same as any other investigation. Staff indicate they would continue the investigation even if an inmate is released or a staff member terminates employment during the investigation.

The MCSO have had no incidents that required investigation during the review period.

Corrective Action: None

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.

Evidence Reviewed:

1. MCSO Completed PAQ
2. MCSO PREA Policy
3. Interviews with Staff

Findings:

The agency's policy is in compliance with the requirements of the standard and imposes no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

Interviews with staff confirmed that the staff responsible for administrative adjudication of investigations are aware of the requirements of the evidentiary standard. Staff were able to articulate what preponderance meant and how they arrive at the basis for the determinations. They were no allegations of sexual assault or abuse in the last 12 months, thus no administrative investigations available for review.

After a review, the Auditor determined the facility meets the requirements of the standard.

Corrective Action: None

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 resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident 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 resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident 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 resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident 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 resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident 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.

Evidence Reviewed:

1. MCSO Completed PAQ
2. MCSO PREA Policy
3. Review of investigative files and notification to inmate
4. Interviews with Staff

Findings:

The MCSO policy is written in accordance with the standard and requires and inmate be notified when a sexual abuse allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation.

The Auditor conducted an interview with the PREA Coordinator. The PREA Coordinator indicated that inmates are informed of the results of an investigation at the conclusion of the investigation. A

supervisory staff member, investigator or the PREA Coordinator will notify the inmate and document the notification.

They were no allegations of sexual assault or abuse in the last 12 months, thus no administrative investigations and/or notifications available for review. The agency does have a specific form that was designed for inmate reporting purposes and interviews with the PREA coordinator confirmed his knowledge of their affirmative requirement to report investigative finding to inmates in custody.

After a review, the Auditor determined the facility meets the requirements of the standard.

Corrective Action: None

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.

Evidence Reviewed:

1. MCSO Completed PAQ
2. MCSO PREA Policy
3. Interview with PREA Coordinator
4. Interviews with Staff

Findings:

The MCSO PREA and disciplinary policies were reviewed and are in compliance with the requirements of the standard. Staff is subject to disciplinary sanctions up to and including termination for violating the sexual abuse or sexual harassment policies.

No incidents of disciplinary action against staff related to a violation of the PREA occurred during the review period.

Interviews with facility staff and administrators verified that staff consider a violation of the PREA policy to be of sufficient seriousness to warrant termination and prosecution in accordance with the law. In both formal and informal staff interviews, the staff was aware that the agency has a zero-tolerance policy regarding sexual abuse and any such incidents would be investigated and reported to the appropriate agency for prosecution, if necessary.

The Auditor interviewed facility administration regarding the facility's staff disciplinary policy. Facility administration indicated that if a staff member is terminated for violating the facility's sexual assault and harassment policy, and if the conduct is criminal in nature, it will be referred to the Commonwealth Attorney's office for possible prosecution. If an employee under investigation resigns before the investigation is complete, or resigns in lieu of termination, that does not terminate the investigation or the possibility of prosecution if the conduct is criminal in nature. The facility still notifies the appropriate authority and/or the Commonwealth Attorney's office when a staff member terminates employment that would have otherwise been terminated for committing a criminal act of sexual abuse or sexual harassment.

After a review, the Auditor determined the facility meets the requirements of the standard.

Corrective Action: None

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.

Evidence Reviewed:

1. MCSO Completed PAQ
2. MCSO PREA Policy
3. Interview with PREA Coordinator
4. Interviews with Staff

Findings:

The MCSO PREA and disciplinary policies were reviewed and are in compliance with the requirements of the standard. Policy stipulates that contractors and volunteers who violate the sexual abuse or sexual harassment policies are prohibited from having contact with inmates and will have their security clearance for the MCSO revoked.

No incidents of disciplinary action against volunteers or contract staff related to a violation of the PREA occurred during the review period.

Interviews with volunteer and civilian staff members verified that they consider a violation of the PREA policy to be of sufficient seriousness to warrant termination from the facility, and possible prosecution in accordance with the law. The civilian staff and volunteers were aware that the agency has a zero-tolerance policy regarding sexual abuse and any such incidents would be investigated and reported to the appropriate agency for prosecution, if necessary.

The Auditor interviewed facility administration regarding the disciplinary policy regarding volunteers. Facility administration indicated that volunteers who violate the sexual abuse or sexual harassment policies will have their security clearance revoked immediately. MCSO does not currently use the services of contract staff. All staff are employed by the Sheriff's office. If the conduct is criminal in nature, it will be investigated and possibly referred to the Commonwealth Attorney's office for prosecution.

After a review, the Auditor determined the facility meets the requirements of the standard.

Corrective Action: None

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)

- 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.

Evidence Reviewed:

1. MCSO Completed PAQ
2. MCSO PREA Policy
3. Inmate Handbook
4. Review of Investigative Files
5. Review of Classification Records

6. Interviews with Staff

Findings:

The MCSO policy directs that inmates are not permitted to engage in non-coercive sexual contact and may be disciplined for such behavior. Policy dictates that staff is prohibited from disciplining an inmate who makes a report of sexual abuse in good faith and based on a reasonable belief the incident occurred, even if the investigation does not establish sufficient evidence to substantiate the allegation. MCSO prohibits sexual activity between inmates. Inmates found to have participated in sexual activity are internally disciplined for such activity. If the sexual activity between inmates is found to be consensual, staff will not consider the sexual activity as an act of sexual abuse.

There have been no reports that an inmate has been disciplined for filing a report of sexual assault or harassment. The Auditor reviewed investigative files, classification files, inmate records and interviewed staff. There is no evidence to suggest an inmate received a disciplinary charge for making an allegation of sexual abuse or sexual harassment.

During this review period, there have been no incidents of non-coercive sexual contact for which an inmate has been disciplined.

Interviews with staff and inmates confirmed their knowledge of the policy reading inmates engaging in non-coerced sexual activity. Furthermore, the staff and inmates were aware that the agency has an internal disciplinary process for inmates who engage in sexually abusive behavior against other inmates and knew that they could be disciplined for sexual abuse.

After a review, the Auditor determined the facility meets the requirements of the standard.

Corrective Action: None

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? Yes No

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.

Evidence Reviewed:

1. MCSO Completed PAQ
2. MCSO PREA Policy
3. PREA Screening and Follow-up
4. Random Review of Files

5. Interviews with Staff, including the following:

- a. PREA Coordinator
- b. Mental Health Staff
- c. Medical Staff

6. Interviews with Inmates

Findings:

The agency's policy is consistent with the requirements of the standards. The policy requires staff to offer a follow-up meeting with medical or mental health staff within 14 days of arrival at the facility for an inmate that reports sexual victimization, either in an institutional setting or in the community. It is the policy of the MCSO to identify, monitor and counsel inmates who are at risk of sexual victimization, as well as those who have a history of sexually assaultive behavior.

A random review of 10 inmate files validated that the screenings were being conducted in accordance with the standards. In addition, there were several documented instances provided by the facility where inmates who were identified as needing follow up care, were offered and received the follow-up care within the 14-day period prescribed by the standards. Of the currently housed inmates at the time of the on-site review, there were no inmates identified as having reported previous sexual victimization.

The Auditor conducted a formal interview with mental health staff. Inmates are offered mental health follow-up care after admission, based upon the screening, Inmates are also seen on a request basis. Mental health staff stated they are qualified and would be able to offer services to inmates that had previously perpetrated sexual abuse, if requested. Mental health staff are aware of their responsibilities with regard to informed consent.

After a review, the Auditor determined the facility meets the requirements of the standard.

Corrective Action: None

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.

Evidence Reviewed:

1. MCSO Completed PAQ
2. MCSO PREA Policy
3. Interviews with Staff, including the following:
 - a. PREA Coordinator
 - b. Mental Health Staff
 - c. Medical Staff
4. Interviews with Inmates

Findings:

The MCSO policy is written in compliance with the standard. Medically trained deputies provide coverage 8 hours per day, five days a week, and are on call 24 hours per day. While there have been no documented incidents of sexual abuse requiring emergency medical or mental health services during the review period, the staff are aware of their responsibilities with regard to protection of the victim and evidence in the case of a report of sexual assault. In addition, the medical and mental health staff are

available 24 hours per day in the case of emergency and for crisis intervention services. For services that are outside the scope of their experience, the victim can be treated at the local emergency department. Forensic exams are conducted off-site at the local emergency department by qualified forensic nurse examiners. An advocate from the rape crisis center, SARA (Sexual Assault Response and Awareness) is available at the request of the victim. In addition, the agency mental health staff are qualified and able to serve as a victim advocate at the request of the victim.

Medical staff as well as the facility administrator and PREA Coordinator were interviewed and confirmed the fact that they knew that they had an affirmative responsibility to provide care without regard to the ability of the victim pay for services or identify the alleged abuser, and the requirement to make a provision for pregnancy related medical care and/or STD prophylaxis if required.

After a review, the Auditor determined the facility meets the requirements of the standard.

Corrective Action: None

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.) 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.) 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.

Evidence Reviewed:

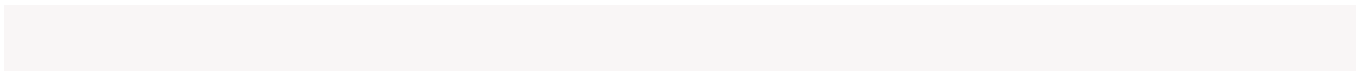
1. MCSO Completed PAQ
2. MCSO PREA Policy
3. Interviews with Staff, including the following:
 - a. PREA Coordinator
 - b. Mental Health Staff
 - c. Medical Staff
4. Interviews with Inmates

Findings:

The MCSO policy is written in compliance with the standard and directs personnel to act in accordance with the standard. There have been no instances of sexual abuse during the review period, therefore the Auditor was unable to review any related documentation with regard to follow-up and on-going medical and mental health care. Staff interviews confirmed the presence of policies and procedures consistent with the standard and also confirmed the medical and mental health staffs' knowledge of the policy and standard. Interviews with inmates confirm they are aware of the availability of services should they request or require them. The rape crisis center, SARA (Sexual Assault Response and Awareness) is available for crisis counseling services and inmates can request to speak with mental health.

After a review, the Auditor determined the facility meets the requirements of the standard.

Corrective Action: None



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.

Evidence Reviewed:

1. MCSO Completed PAQ
2. MCSO PREA Policy
3. Interviews with Staff

Findings:

The MCSO has a policy that governs the review of all substantiated or unsubstantiated allegations of sexual abuse. During the review period the MCSO reports there have been no administrative investigations of alleged sexual abuse at the facility.

The MCSO has not appointed or comprised an incident review team to conduct incident reviews at the conclusion of sexual assault investigations as stipulated by the standard. This was confirmed by formal interview PREA coordinator.

After a review, the Auditor determined that while there have been no incidents that require action with regard to this standard, the facility has not established an incident review team and therefore does not substantially meet the requirements of the standard.

Corrective Action:

While there have been no allegations of sexual abuse or assault, the MCSO should establish through appointment by the Administration an Incident Review Team.

Verification of Corrective Action:

The Auditor was provided supplemental documentation on February 26, 2018 to demonstrate corrective actions taken by the MCSO administration regarding this standard.

Additional Documentation Reviewed:

- Communication from PREA Coordinator regarding establishment of Incident Review Team

Per direction from the Chief of Corrections, in coordination with the PREA Coordinator, the facility now has an established Incident Review Team. The MCSO is now fully compliant with the standard.

Standard 115.87: Data collection

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

115.87 (a)

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

115.87 (b)

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

115.87 (c)

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

115.87 (d)

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

115.87 (e)

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

115.87 (f)

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

Auditor Overall Compliance Determination

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

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.

Evidence Reviewed:

1. MCSO Completed PAQ
2. MCSO PREA Policy
3. Interviews with Staff

Findings:

The MCSO policy is consistent with the requirements of the standard. The Auditor interviewed the staff member responsible for collecting and aggregating the data. The staff member indicated that data is compiled from incident reports and allegations of sexual abuse or harassment. There have been no incidents of sexual abuse or harassment or any incidents that meet the definitions as established in the Survey of Sexual Violence.

The facility is collecting and aggregating sexual abuse data on an annual basis as required by the standard.

After a review, the Auditor determined the facility meets the minimum requirements of the standard. It is recommended that the facility formalize the reporting process and clearly establish the definitions and publish these definitions either in the policy on the agency website, or both.

Corrective Action: None

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.

Evidence Reviewed:

1. MCSO Completed PAQ
2. MCSO PREA Policy
3. Annual Report
4. Interviews with Staff

Findings:

The MCSO policy is consistent with the requirements of the standard. The Auditor interviewed the staff member responsible for collecting and aggregating annual data. The staff member indicated that data is compiled from incident reports and allegations of sexual abuse or harassment. There have been no incidents of sexual abuse or harassment or any incidents that meet the definitions as established in the Survey of Sexual Violence.

The facility did not have an annual report at the time of the on-site review. This was discussed with the PREA Coordinator and corrective action was implemented.

After a review, the Auditor determined the facility does not fully meet the requirements of the standard at this time and corrective action is required.

Corrective Action:

The Sheriff's Office shall complete an annual report as required by the standard and make the report publicly available via the agency website.

Verification of Corrective Action:

The Auditor was provided supplemental documentation February 12, 2018 and on February 21, 2018 to demonstrate corrective actions taken by the MCSO administration regarding this standard.

Additional Documentation Reviewed:

- MCSO Annual Report
- Review of Agency Website

Auditor reviewed the annual report submitted by the MCSO. The report meets all required elements of the standard. There is no identifying information in the report. Auditor also reviewed the agency website and the report is available to the public on the website. The MCSO is now fully compliant with the standard.

Standard 115.89: Data storage, publication, and destruction

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

115.89 (a)

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

115.89 (b)

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

115.89 (c)

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

115.89 (d)

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

Auditor Overall Compliance Determination

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

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.

Evidence Reviewed:

1. MCSO Completed PAQ
2. MCSO PREA Policy
3. Aggregated Data Review
4. Interviews with Staff

Findings:

The MCSO policy is consistent with the requirements of the standard, which mandates that sexual abuse data be securely maintained. The PREA Coordinator maintains all sexual abuse data and files in a locked cabinet in his office. He maintains the investigative files in his office. Aggregated sexual abuse data is gathered from the investigative reports. The Auditor reviewed the facility’s website, which included an annual report with aggregated sexual abuse data, as well as an analysis of the data. There were no personal identifiers contained within the report. The Auditor was informed sexual abuse and sexual harassment data is maintained for a minimum of 10 years after collection.

After a review, the Auditor determined the facility meets the requirements of the standard.

Corrective Action: None

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 three-year period starting on August 20, 2013, and during each three-year period thereafter, 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? (N/A before August 20, 2016.)
 Yes No NA

115.401 (b)

- During each one-year period starting on August 20, 2013, 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? Yes No

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.

Evidence Reviewed:

1. On-Site Review
3. Interviews with Staff
4. Interviews with Inmates

Findings:

This is the first PREA audit for the MCSO. While they are outside the window of the first 3-year cycle, they have been working toward compliance for quite some time. Budgetary constraints have limited their ability to pursue PREA certification prior to this time. The Montgomery County Sheriff's Office only operates one facility; therefore the first audit should have been completed before August 20, 2014 and the second audit before August 20, 2017.

The Auditor was given full access to the facility. The facility administration was open to feedback and all recommendations and corrective action were implemented immediately. The facility provided the Auditor with a detailed tour of the facility in its entirety. All staff cooperated with the Auditor and allowed the Auditor to conduct interviews with staff and inmates in a private area. Staff provided the Auditor with all requested documents, reports, files, and other information requested by the Auditor.

Prior to the on-site review, the Auditor sent a letter to be posted in all inmate living areas which included the Auditor's address. The Auditor observed notices posted in each inmate living unit that the Auditor emailed to the PREA Coordinator prior to the Audit. The Auditor received photographic evidence that the notices to inmates were posted six weeks in advance of the first day of the audit.

After a review, the Auditor determined the facility substantially meets the requirements of the standard.

Corrective Action: None

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 within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. 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.

Evidence Reviewed:

1. MCSO PAQ
2. MCSO Website

Findings:

This is the first PREA Audit for the MCSO.

After a review, the Auditor determined the facility meets the requirements of the standard.

Corrective Action: None

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.

Lori M. Fadorick

4-30-2018

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.