

PREA Facility Audit Report: Final

Name of Facility: Ste. Genevieve County Detention Center

Facility Type: Prison / Jail

Date Interim Report Submitted: 06/02/2023

Date Final Report Submitted: 11/20/2023

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
Auditor Full Name as Signed: Vevia Sturm	Date of Signature: 11/20/ 2023

AUDITOR INFORMATION	
Auditor name:	Sturm, Vevia
Email:	mrush2112@icloud.com
Start Date of On-Site Audit:	04/17/2023
End Date of On-Site Audit:	04/19/2023

FACILITY INFORMATION	
Facility name:	Ste. Genevieve County Detention Center
Facility physical address:	5 Basler Drive, Ste. Genevieve, Missouri - 63670
Facility mailing address:	5 Basler Drive, Ste. Genevieve, Missouri - 63670

Primary Contact	
Name:	Jason Schott
Email Address:	major@sgcso.com
Telephone Number:	5738808029

Warden/Jail Administrator/Sheriff/Director	
Name:	Gary Stolzer
Email Address:	sheriff@sgcso.com
Telephone Number:	573-883-5820, ext. 1

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

Facility Health Service Administrator On-site	
Name:	Melissa Leadbetter
Email Address:	mleadbetter@sgcso.com
Telephone Number:	573-883-5820, ext. 1

Facility Characteristics	
Designed facility capacity:	420
Current population of facility:	375
Average daily population for the past 12 months:	380
Has the facility been over capacity at any point in the past 12 months?	No

Which population(s) does the facility hold?	Both females and males
Age range of population:	18-99
Facility security levels/inmate custody levels:	maximum
Does the facility hold youthful inmates?	No
Number of staff currently employed at the facility who may have contact with inmates:	81
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	1
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	0

AGENCY INFORMATION

Name of agency:	Ste. Genevieve County Sheriff's Office
Governing authority or parent agency (if applicable):	
Physical Address:	5 Basler Drive, Ste. Genevieve, Missouri - 63670
Mailing Address:	
Telephone number:	

Agency Chief Executive Officer Information:

Name:	
Email Address:	
Telephone Number:	

Agency-Wide PREA Coordinator Information

Name:	Jason Schott	Email Address:	major@sgcso.com
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Facility AUDIT FINDINGS

Summary of Audit Findings

The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.

Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

Number of standards exceeded:

0

Number of standards met:

45

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2023-04-17
2. End date of the onsite portion of the audit:	2023-04-19

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	A Safe Place is the closes advocacy agency which is not located in Ste. Geneviene County.

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	350
15. Average daily population for the past 12 months:	384
16. Number of inmate/resident/detainee housing units:	18
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	384
38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	3
39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	0
40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0
41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	1
42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	1
43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	1

<p>44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</p>	<p>2</p>
<p>46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</p>	<p>36</p>
<p>47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</p>	<p>No text provided.</p>
<p>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</p>	
<p>49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</p>	<p>34</p>
<p>50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>0</p>

<p>51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>2</p>
<p>52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:</p>	<p>No text provided.</p>
<p>INTERVIEWS</p>	
<p>Inmate/Resident/Detainee Interviews</p>	
<p>Random Inmate/Resident/Detainee Interviews</p>	
<p>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>24</p>
<p>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</p>	<p> <input type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input checked="" type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None </p>
<p>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</p>	<p>The auditor requested a list of offenders by cell block, race and referring agency. The agency provided the listing on the first day of the audit. This auditor randomly selected offenders from the list provided.</p>

56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No
57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.
Targeted Inmate/Resident/Detainee Interviews	
58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	11
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	4
61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:	1

<p>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor requested a list of blind and low vision offenders who were housed at the facility at the time of the on site audit and was informed there was not such an offender currently housed at the facility . The auditor also questioned offenders during their interview to attempt to identify a blind or low vision offender.</p>
<p>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor requested a list of offender who were deaf or hard of hearing to be available on the first day of the audit. The auditor also questioned offenders during their interviews in an attempt to identify deaf or hard of hearing offenders. None were identified.</p>

<p>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>1</p>
<p>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>1</p>
<p>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor requested a list of transgender and intersex offenders to be made available on the first day of the audit. The auditor also questioned offenders during their interview in an attempt to identify transgender or intersex offenders. None were located.</p>
<p>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>	<p>1</p>

<p>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>2</p>
<p>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor requested the agency provide a list of offender who were placed in segregation for risk of sexual victimization and did not receive a names. The auditor also inquired during offender interviews and could not locate anyone who had been placed in segregation due to risk of sexual abuse.</p>
<p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>No text provided.</p>
<p>Staff, Volunteer, and Contractor Interviews</p>	
<p>Random Staff Interviews</p>	
<p>71. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>5</p>

<p>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input type="checkbox"/> Work assignment</p> <p><input checked="" type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>No text provided.</p>
<p>Specialized Staff, Volunteers, and Contractor Interviews</p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
<p>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>2</p>
<p>76. Were you able to interview the Agency Head?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

78. Were you able to interview the PREA Coordinator?	<input checked="" type="radio"/> Yes <input type="radio"/> No
79. Were you able to interview the PREA Compliance Manager?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)

- Agency contract administrator
- Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment
- Line staff who supervise youthful inmates (if applicable)
- Education and program staff who work with youthful inmates (if applicable)
- Medical staff
- Mental health staff
- Non-medical staff involved in cross-gender strip or visual searches
- Administrative (human resources) staff
- Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff
- Investigative staff responsible for conducting administrative investigations
- Investigative staff responsible for conducting criminal investigations
- Staff who perform screening for risk of victimization and abusiveness
- Staff who supervise inmates in segregated housing/residents in isolation
- Staff on the sexual abuse incident review team
- Designated staff member charged with monitoring retaliation
- First responders, both security and non-security staff
- Intake staff

	<input type="checkbox"/> Other
81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No
82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of CONTRACTORS who were interviewed:	2
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input checked="" type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input checked="" type="checkbox"/> Other
83. Provide any additional comments regarding selecting or interviewing specialized staff.	As outlined in the report, some of the standards had been included in agency policy but were not into practice therefore, there were not specialized staff that could attest to the agency's process.

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: As you are conducting the site review, you must document your tests of critical functions, important information gathered through observations, and any issues identified with facility practices. The information you collect through the site review is a crucial part of the evidence you will analyze as part of your compliance determinations and will be needed to complete your audit report, including the Post-Audit Reporting Information.

84. Did you have access to all areas of the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Was the site review an active, inquiring process that included the following:	
85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
88. Informal conversations with staff during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No

<p>89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</p>	<p>No text provided.</p>
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Documentation Sampling

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

<p>90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
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<p>91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</p>	<p>No text provided.</p>
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SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted. Note: For question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.

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

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	6	0	6	0
Staff-on-inmate sexual abuse	2	0	2	0
Total	8	0	8	0

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

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	8	0	8	0
Staff-on-inmate sexual harassment	3	0	3	0
Total	11	0	11	0

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on-inmate sexual abuse	0	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0	0
Total	0	0	0	0	0

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	0	4	2
Staff-on-inmate sexual abuse	2	2	0	0
Total	2	2	4	2

Sexual Harassment Investigation Outcomes

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

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

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on-inmate sexual harassment	0	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0	0
Total	0	0	0	0	0

97. Administrative SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	0	3	5
Staff-on-inmate sexual harassment	0	0	3	0
Total	0	0	6	5

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:	11
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<p>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
<p>Inmate-on-inmate sexual abuse investigation files</p>	
<p>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>4</p>
<p>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>Staff-on-inmate sexual abuse investigation files</p>	
<p>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>2</p>
<p>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>

<p>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p>Sexual Harassment Investigation Files Selected for Review</p>	
<p>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>5</p>
<p>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p>Inmate-on-inmate sexual harassment investigation files</p>	
<p>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>3</p>
<p>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

Staff-on-inmate sexual harassment investigation files	
111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	2
112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	No text provided.
SUPPORT STAFF INFORMATION	
DOJ-certified PREA Auditors Support Staff	
115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.	<input type="radio"/> Yes <input checked="" type="radio"/> No

Non-certified Support Staff

116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.

Yes

No

AUDITING ARRANGEMENTS AND COMPENSATION

121. Who paid you to conduct this audit?

The audited facility or its parent agency

My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)

A third-party auditing entity (e.g., accreditation body, consulting firm)

Other

Standards	
Auditor Overall Determination Definitions	
<ul style="list-style-type: none"> • Exceeds Standard (Substantially exceeds requirement of standard) • Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period) • Does Not Meet Standard (requires corrective actions) 	
Auditor Discussion Instructions	
<p>Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.</p>	

115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>While Ste. Genevieve County Jail (SGCDC) has a written PREA policy, policy 606, that outlines the PREA standards, the policy is generic and does not address how the jail implemented PREA standards or the agency's approach to preventing, detecting and responding to offender sexual abuse or harassment. A large majority of what is outlined in the policy has not been implemented. A few examples are as follows:</p> <p>Section 606.4 PREA Coordinator shows, "The Jail Administrator shall appoint an upper-level manager with sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards." Currently, the Sheriff appointed a Major as the PREA Coordinator which is above the rank of the Jail Administrator.</p> <p>Section 606.4 (a) shows, The PREA Coordinator's responsibilities shall include: "Developing a written plan to coordinated response among staff first responders, medical and mental health practitioners, investigator, and facility management to an incident of sexual abuse." However, the facility does not have a written coordinated response plan.</p>

Section 606.4 (b) shows, The PREA Coordinator's responsibilities shall include: "Ensuring that within 30 days of intake, inmates are provided with comprehensive education, either in person or through video..." However, the facility does not offer comprehensive education to inmates within 30 days of intake but provides the PREA law on the offender kiosk and tablet.

Section 606.4 (c) shows, "Develop a staffing plan to provide adequate levels of staffing and video monitoring, where applicable, in order to protect detainees from sexual abuse. This includes documenting deviations and reasons for deviations from the staff plan, as well as review the staff plan a minimum of one per year." While the facility has a staffing plan the facility does not have documentation demonstrating the staffing plan is reviewed a minimum of one per year.

Section 606.4 (e) shows, "Ensuring that any contract for the confinement of Ste. Genevieve County Sheriff's Office detainees or inmates includes the requirement to adopt and comply with the PREA standards..." The agency does not contract for the confinement of their inmates or detainees.

Section 606.4 (g) shows, "Ensuring the protocol describing the responsibilities of the Agency and of the another [sic] investigating agency, in another law enforcement agency will be responsible for conducting any sexual abuse or sexual harassment investigations, is published on the facility website. However, there is not a protocol on the facility's website that outlines the responsibilities of SGCDC and the other investigative agency.

Section 606.8 shows, "Inmates who are victims of sexual abuse shall be transported to the nearest appropriate location for treatment..." The policy should clearly state where victims will be transported for treatment, and,

"A victim advocate from a rape crisis center should be made available to the victim..." The agency does not utilize a rape crisis center to provide advocacy services. The policy should clearly address how SGCDC will provide services to victims.

606.10.2 Reporting to Inmates shows, "The Jail Administrator or the authorized designee shall inform a victim inmate in writing whether an allegation has been substantiated, unsubstantiated or unfounded." The jail has not implemented this practice.

606.13 Sexual Abuse Incident Review, shows, "An incident review shall be conducted at the conclusion of every sexual abuse investigation unless the allegation has been determined to be unfounded." The jail has not implemented this process.

Correction Action Needed:

- The agency must implement the standards outlined in the policy.
- The agency must revise policy 606 Prison Rape Elimination Act to accurately show how SGCDC implemented each PREA standard and facility's approach to preventing, detecting and responding to offender sexual abuse or

	<p>harassment. The policy should provide a roadmap for day-to-day operations and be a resource for staff.</p> <p>Correction Action Plan:</p> <ul style="list-style-type: none"> ◦ Provide the PREA Auditor a copy of the revised policy and documentation showing how the revised policy was shared with staff. <p>Corrective Action Taken:</p> <p>During the Corrective Action Period (CAP) the agency revised their Prison Rape Elimination Act policy which now outlines how SGCDC implemented PREA standards and the facility's approach to preventing, detecting and responding to offender sexual abuse and harassment. Each revised section of the procedure will be addressed throughout this report.</p>
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115.12	Contracting with other entities for the confinement of inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	SGCDC is contracted by the Bureau of Prisons, the US Marshals Service and the Missouri Department of Mental Health to house inmates and detainees. They also house local detainees. They do not contract with other facilities to house inmates.

115.13	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Standard 115.13 (a) requires the facility to develop, document and make its best efforts to comply with a staffing plan that provides for adequate levels of staffing which may include video monitoring. In addition, SGCDC's policy 221, Staffing shows, "It is the policy of the Ste. Genevieve County Sheriff's Office to ensure the safety, security and efficient operation of this facility by assigning custody personnel according to a detailed staffing plan that is developed and maintained in accordance with law."</p> <p>The Sheriff and the PREA Coordinator reported that SGCDC does not have a documented staffing plan but stated seven staff per shift is considered fully staffed, with minimum staffing allowed being 4. Once the facility falls below four, additional staff area called in. In addition to the 7 staff on shift, the facility has 270 cameras that</p>

cover all areas that detainees and inmates may be and that eliminate any blind spots. During the tour it was observed that the facility's cameras are monitored 24 hours a day. Staff assigned to monitoring are rotated every two hours.

115.13 (b) requires that the facility document each time the staffing plan is not complied with and justify all deviations, however, SGCDC does not document when they fall below staffing levels as reported by the Sheriff and the PREA Coordinator.

115.13 (c) requires the at least one every year the facility in collaboration with the PREA Coordinator to review the staffing plan to determine if adjustments are needed in the staffing plan, deployment of video monitoring or if there is the need for additional resources to commit to the staffing plan to ensure compliance. SGCDC's policy 221.4 Staffing Analysis, shows, "The Sheriff or the authorized designee shall complete an annual comprehensive staffing analysis to evaluate personnel requirements and available staffing levels." "The Jail Administrator, in conjunction with the PREA Coordinator, should ensure that staffing levels are sufficient to consistently and adequately fill essential positions, as determined by the staffing plan (28 CFR 115.13)." Both Sheriff and PREA Coordinator reported they do not document an annual staffing plan review required by standard 115.13 and their facility policy.

115.13 (d) requires the facility to have intermediate-level or higher-level staff conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment. SGCDC policy 504 Inmate Safety Checks was provided by the facility as their policy for rounds. This policy does not address intermediate-level or higher-level staff conducting rounds or outline that the purpose of these rounds is to deter staff sexual abuse and sexual harassment of inmates by employees. Both the Sheriff and the PREA Coordinator reported the intermediate and level staff conduct unannounced rounds however the rounds are not documented.

Corrective Action Needed:

- The facility must develop a documented staffing plan as outlined in their policy 221 Staffing.
- The facility must develop a method to document deviations from the staffing plan. This could be a roster showing who is scheduled for shift, who worked the shift, who called in, who was called in to fill in.
- Policy 221.4 Staffing should be revised to show the PREA Coordinator will be involved in the yearly review of the staffing plan. In addition, the facility must develop a method to document their review of the staffing plan that includes assessing to determine if adjustments are needed to staffing or the deployment of video monitoring. This yearly review must be documented.
- It is recommended that language be added to 605 Inmate Safety Checks policy outlining unannounced rounds by intermediate-level or higher-level staff.
 - Policy should note these rounds are to deter staff sexual abuse and sexual harassment of inmates and detainees by staff. The rounds

should be required for both shifts and prohibit staff from alerting other staff member that these rounds are occurring. These rounds must be documented.

Corrective Action Plan:

- Facility to provide the documented staff plan to the auditor.
- Provide the auditor with one month of documentation showing staffing for each shift.
- Provide the auditor with the revised procedure, the facility's plan for yearly staffing reviews and when the staff review will occur each year. If this falls within the corrective action period, the facility should provide their staffing review.
- Provide auditor with revised policy mandates unannounced rounds by intermediate and higher-level staff and how and where the rounds will be documented.
- Documentation showing how intermediate or higher-level staff were informed of the new procedure.
- Provided the auditor with 30 days of documentation showing rounds were conducted.

Corrective Action Period:

During the corrective action period (CAP) the facility developed a staffing plan which includes staffing each shift with maximum of seven officers, and not less than 5. The staff plan includes the use of 280 cameras. The facility tracks staffing levels and provided the auditor with one month of documentation showing staffing for each shift met their required staff level as outlined in the directive. In addition, policy 221, Staffing, was revised to include a yearly review of the facility's staffing plan to be conducted the first of each calendar year.

The facility revised Policy 504, Inmate Safety Checks, which now include the requirement for intermediate-level or higher-level staff to conduct unannounced rounds and outlines the purpose of these rounds is to deter staff sexual abuse and sexual harassment of offenders by employees. The facility provided the auditor documentation showing one month of unannounced rounds conducted by supervisory staff.

115.14	Youthful inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	SGCDC does not house youthful offenders. Youthful offenders who are arrested are transported to the Ste. Genevieve County Juvenile Detention Center.

115.15	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	<p data-bbox="256 264 544 293">Auditor Discussion</p> <p data-bbox="256 338 1477 416">Standard 115.15 (a) prohibits cross gender strip searches or cross-gender visual body cavity searches.</p> <p data-bbox="256 454 1477 696">SGCDC policy 512 Seaches, 512.5.5 Physical Body Cavity Search that body cavity searches are only conducted with the issuance of a search warrant and may only be conducted by a physician. The policy requires persons present to be the same sex as the person being searched. (e) shows all body cavity searches are to be documented and placed in the offender's file. The facility reported there have been no body cavity searches conducted in the last 12 months.</p> <p data-bbox="256 734 1461 813">Of the 26 inmates interviewed during the onsite audit, all denied they had ever been subjected to a body cavity search while residing at SGCDC.</p> <p data-bbox="256 851 1477 965">115.15 (b) prohibits cross-gender pat searches of female inmates except in exigent circumstances and shall not restrict female inmates' out of cell opportunities because there is not a female staff member available to perform the search.</p> <p data-bbox="256 1003 1477 1373">SGCDC policy 512, Searches, section 512.4 lists the types of circumstances when an inmate will be searched. In addition, this section contains the following, "Except in emergencies, male staff may not pat down female inmates and female staff may not pat down male inmates. Absent the availability of a same sex staff member, it is recommended that a witnessing staff member be present during any pat-down search of an individual of the opposite sex. All cross-gender pat-down searches shall be documented." It should be noted the policy does not define "emergency" and appears to support a male officer pat searching a female inmate with a male witnessing the search.</p> <p data-bbox="256 1411 1477 1653">During the audit, SGCDC housed 24 female inmates and 20% were interviewed. All reported they had never been pat searched by a male officer while housed at SGCDC. During formal and informal interviews with staff and administrators, I learned it is not the practice of SGCDC to perform cross-gender pat searches of female offenders however, their policy does not support this practice.</p> <p data-bbox="256 1691 1477 1895">115.15 (c) requires that all cross-gender strip searches, body cavity searches and cross-gender pat search of female inmates be documented. SGCDC's policy requires all such searches be documented however, the facility has not implemented a process to document such searches or where to maintain the records.</p> <p data-bbox="256 1933 1477 2092">115.15 (d) requires facilities to implement policies and procedures to enable inmates to shower, perform bodily functions and change clothing without non-medical staff of the opposite gender viewing their breast, buttock, or genitalia except in exigent circumstance or when viewing is incidental to routine cell check.</p>

SGCDC policy 807, Inmate Hygiene, section 807.8 shows, "Inmates shall be permitted to shower, perform bodily functions, and change clothing without non-medical staff of the opposite sex viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Staff of the opposite sex shall announce their presence when entering an inmate housing unit."
It should be noted that "exigent" is not defined in the Hygiene policy.

All inmates interviewed reported they could shower, toilet and change clothing without being observed by a staff member of the opposite gender. During the tour I observed that all cell blocks had showers with curtains and private toilet areas. However, I did observe the facility contained 16 holding cells. Holding cell were located in the hallways not in a cell block. **All holding cells had a window in the door that allowed the toilet to be observed from the hallway.**

During the tour I observed the area in the facility where live feed cameras are monitored 24 hours a day. I observed that all cameras used PREA controls that allows toilets or areas where an inmates may be undressed to be obscured.

115.15 (d) also requires that opposite gender staff announce their presence when entering a housing unit. During the tour I observed that staff announced their presence when entering housing units however, **the facility does not document announcements.** Of the 26 residents interviewed, all but one reported that normally a cross gendered staff member does not enter their housing unit. They may stand at the door to give out trays, however, if they were to enter, they do announce.

115.15 (e) prohibits the facility from searching or physically examining a transgender or intersex inmate to determine their genital status.

SGCDC Searches policy, 512 section 512.6 prohibits physically examinations of a transgender or intersex individual to determine genital status and reads, "Staff shall not search or physically examine a transgender or intersex inmate for the sole purpose of determining genital status. If genital status is unknown, it may be determined during conversations with the inmate, by reviewing medical records or, if necessary, by obtaining that information as part of a broader medical examination conducted in private by a qualified health care professional."

During the audit the facility did not house any transgender or intersex inmates. Administrative staff reported they have not housed a transgender or intersex inmate within the audit year.

115.15 (f) requires the facility to train security staff in how to conduct cross-gender pat searches and searches of transgender and intersex inmates.

SGCDC Searches policy 512, sections 512.11, shows, "The Lieutenant shall provide training for staff in how to conduct pat-downs, modified strip searches and strip searches in a professional and respectful manner and in the least intrusive manner possible, consistent with facility security needs. This training shall include cross-gender pat downs and searches, as well as searches of transgender and intersex

inmates."

The PREA Coordinator reported deputies are trained in the police academy and correctional officers are trained by the training officer. **However, the facility could not provide the curriculum or specific documentation showing correctional officers received searches trainings.**

Corrective Action Needed:

SGCDC's policy 512, Searches, shows, "Except in emergencies, male staff may not pat down female inmates and female staff may not pat down male inmates. Absent the availability of a same sex staff member, it is recommended that a witnessing staff member be present during any pat-down search of an individual of the opposite sex."

- Within the body of the policy, SGCDC uses both "exigent" and "emergency" as it relates to pat searches. SGCDC should revise policy and clearly define both exigent and emergency or only use one word either exigent or emergency.
- SGCDC must develop a process to document cross gender strip searches of all inmates and cross gender pat searches of female inmates.
- SGCDC policy should be revised to show a cross-gender pat search will only be conducted in exigent circumstances.
- SGCDC must develop a process to maintain records of cross gender searches.
- Facilities must train security staff in how to conduct cross-gender pat searches and searches of transgender and intersex inmates. While it was reported the facility trained all correctional officers, they were unable to provide a curriculum or documentation of searches training.

SGCDC policy 807, Inmate Hygiene, section 807.8 shows, "Inmates shall be permitted to shower, perform bodily functions, and change clothing without non-medical staff of the opposite sex viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Staff of the opposite sex shall announce their presence when entering an inmate housing unit."

- Inmate Hygiene policy 807 must be revised to include a definition for "exigent".
- Toilets in the holding cells are visible from the hallway. The facility must provide privacy for toileting.

Announcing presence:

- The facility must develop a process for documenting cross gender announcements when a cross gender staff members enter a cell block.

Corrective Action Plan:

- Revised policy which defines both emergency and exigent as it relates to searches and that accurately outlines the practices of the facility.

- Provide the auditor with the form/process that will be used to document the searches of female inmates by male staff members.
- Documentation demonstrating all staff that may work within the facility has been trained on the facility's revised searches procedure, definition of exigent and when and how cross gender pat searches and searches of transgender/ intersex offenders will be documented and maintained.
- Revised Inmate Hygiene policy to include a definition for exigent.
- Pictures of all holding cells with privacy barriers.
- Provide process for documenting cross gender announcements.
- 30 days of documentation showing cross gender announcements.
- SGCDC must develop or adopt a searches curriculum which addresses cross gender pat searches of female inmates and pat searches of transgender and intersex offenders.
- SGCDC must train all staff members who may conduct searches in a jail with utilizing the curriculum.
- SGCDC must document all staff within the facility that conduct searches completed searches training.
- Provide the auditor with a copy of the curriculum.
- Provide the auditor with documentation that all staff who may work in the facility has been trained.

Corrective Action Period:

During the CAP, SGCDC addressed each deficiency noted above which included:

- Revised policy 512, Searches and policy, policy 807, Inmate Hygiene to include a definition for "Exigent Circumstances". The policy no longer uses the term "Emergency" in their searches policy. The Searches procedure clearly shows the facility does not allow cross gender pat searches except in exigent circumstances.
- SGCDC implemented a cross gender pat search form which will be completed when a cross gender pat search is conducted during exigent circumstances. Facility staff have not preformed a cross gender pat search during the corrective action period.
- SGCDC trained all security staff in how to conduct cross-gender pat searches and searches of transgender and intersex inmates. The facility provided a copy of the training and certificates for all custody staff showing the training was delivered.

115.16	Inmates with disabilities and inmates who are limited English proficient
	Auditor Overall Determination: Meets Standard

Auditor Discussion

115.16 (a) requires the facility to have procedures to provide disabled inmates equal opportunity to participate in or benefit from all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

SGCDC's Inmates with Disability policy outlines a limited plan on working with inmates with disabilities however, the policy has not been implemented within the facility.

During the onsite audit I attempted to interview a female resident that spoke very little English when I requested an interpreter, I was provided a phone number however, the individual did not answer the phone. The PREA Coordinator reported the facility **does not have formal agreement with an interpreter service.**

During the onsite audit it was learned that the only PREA information provided at intake is the "medical assessment" which contains some of the questions required by 115.41 Screening for Risk of Victimization and Abusiveness. I reviewed a random selection of medical assessments and found three assessment that were blank. One of the 3 had a written statement at the top of the page showing the inmate did not speak English.

This standard also requires that all uses of an interpreter be documented. As noted in the pre audit questionnaire, the facility does not document the use of an interpreter.

The facility does not have a process in place for inmates who are deaf, blind nor do they provide methods to ensure effective communication with inmates with intellectual disability or limited reading.

However, SGCDC policy 606, Prison Rape Elimination Act, does prohibits the use of inmate interpreters as required by this standard. During my review of PREA investigation conducted in 2022, I reviewed an inmate sexual harassment investigation in which the investigator noted the victim could not speak English, so he used an inmate interpreter which is against the agency policy and this standard.

Corrective Action Plan:

- The facility must develop a plan to provide PREA Education to inmates who cannot read, who speak limited English, who are deaf or hearing impaired, blind and who have cognitive disabilities. As will be noted in 115.33 Inmate Education, information must be presented at intake in a format that is understandable for the inmate and then a comprehensive PREA education within 30 days of intake.
- SGCDC must enter into a formal agreement with an interpretation service.

SGCDC must provide the following to the auditor to demonstrate compliance:

- Provide the auditor with the plan for providing PREA information at intake and comprehensive education within 30 days of intake to inmates with disabilities and inmates who are limited English proficient.
- Provide documents or other method that will be utilized to provide PREA information at intake and within 30 days of intake.
- Provide documentation demonstrating that all staff that work in the jail has received training on working with special populations.
- Provide documentation that staff was trained on the new practice of providing PREA information at intake and 30 days comprehensive PREA education.
- Provide formal agreement with Interpretive Service.
- Train staff on how and when interpretive service will be used and how to access services.
- Develop process to document the use of services that include when the service was used, why, and the inmate's name.

Corrective Action Period:

During the Corrective Action Period (CAP) SGCDC developed a plan to ensure all offenders receive PREA information at intake and again within 30 days of intake. The facility's directive for intake practices requires that staff provide the offenders with a PREA pamphlet and to inform the offender that SGCDC is a zero-tolerance facility and all allegation are taken seriously. The facility then ensures each offender views the PREA video. The pamphlet is available in large print, English and Spanish. Staff also go through the pamphlet verbally with each offender. The video is available in English and Spanish, sign language and has closed caption available.

During the CAP, SGCDC contracted with the International Language Center which enables the staff to provide services to all offenders. To track the use of interpretive services, SGCDC created a Language Services form which must be completed by the officers if services were utilized.

On July 10, 2023, an email was forwarded to facility staff outlining the process to ensure all offenders received PREA education at intake and then again within 30 days. The email also educated staff on their contract with the International Language Center and the form to be utilized to document the use of language services.

115.17	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Standard 115.17 (a) Prohibits agencies from hiring, promoting or contracting with anyone who may have contact with inmates who has engaged in sexual abuse in a

confinement setting; 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 the victim did not consent; or has been civilly or administratively adjudicated to have engaging in this behavior.

This standard requires the agency to ask all applicants and employees who work with inmates about previous misconduct *in written applications or during interviews*. In addition, the agency must *contact all prior institutional employers and ask about substantiated allegations of sexual abuse or resignation during a pending sexual abuse investigation*.

SGCDC policy 1000, Recruitment and Selection provides the agency framework for employee recruiting efforts. The policy requires a background investigation but does not contain the other requirements of this standard.

A review of 10 randomly selected hiring packets contained evidence that a thorough background investigation is routinely conducted. The packet also shows that past institutional employers are contacted however, the packet did not contain evidence that employers were asked about previous substantiated allegations of sexual abuse or if the individual resigned during a sexual abuse investigation. The applications contained within the hiring packets did not ask applicants about previous misconduct. In addition, the PREA Coordinator reported the agency does not ask applicants about previous misconduct during the interview.

SGCDC policy,106 Special Assignments and Promotions, gives the framework for promotions and outlines this PREA standard. The policy requires contractors to submit to a background check every five years. However, the language regarding PREA has not been implemented at SGCDC. The agency does not have a plan on how to determine if someone has been administratively determined to have engaged in sexual abuse in a confinement facility or other institution.

All hiring packets reviewed contained a background check. Background checks for law enforcement officers in Missouri are now done on a continuous basis. In 2021, SB 289 was assigned into law and required all peace officers to submit to being fingerprinted on or before January 1, 2022, and every six years after for the purposes of a criminal history background check and enrollment in the state and federal Rap Back Program. When a law enforcement officer is arrested or charged this is immediately forwarded by to the employer. The Rap Back enrollment is for peace officer disciplinary reports as required by law.

Corrective Action Needed:

Revise policy and practice to require prospective employees be asked during the interview or on the hiring application if they have:

- Engaged in sexual abuse in a confinement setting,
- 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 the victim did not consent, or

- has been civilly or administratively adjudicated to have engaged in this behavior.

Revise policy and practice to show an attempt will be made to contact all past institutional employers to ask:

- Information on substantiated allegations of sexual abuse
- If the individual resigned during a pending investigation of an allegations of sexual abuse.
- Retain documentation.

The agency must maintain documentation showing the staff were asked in the interview or on the application and that past institutional employers were contacted.

Corrective Action Plan:

Provide auditor the revised policy which supports standard 115.17 Hiring and Promotion Decisions.

Provide the revised application or interview questions.

Provided hiring packets from staff hired between the date of the initial report until September 30, 2023, showing employers were contacted and asked about past sexual misconduct and potential employees are asked directly or on the hiring application about past sexual misconduct.

Corrective Action Period:

During the CAP, SGCDC revised their Recruitment and Selection policy which now requires the investigator to ask all candidate if they have ever had an substantiated allegation of sexual abuse or resigned during a pending investigation of an allegation of sexual abuse. The Investigator is task with contacting all prior institutional employers and ask about substantiated allegations of sexual abuse or resignation during a pending sexual abuse investigation. The answers are recorded in the final background report. If the agency refuses to respond, the attempt to obtain the information is recorded as well.

The agency revised there application which now requires the applicant to answer direct questions about their history of engaging in sexual abuse in the community or confinement setting, convictions of engaging or attempting to engage in forced, overt or implied threats of force or coercion of sexual abuse. as well of history of civil or administrative adjudicated instances of such behavior.

	<p>SGCDC provided employment packet of two staff hired during the CAP which shows the agency implemented the changes outlined in policy. The packets contained background checks, both applicants answered questions on the application about past sexual abuse and the packet contained documentation showing past institutional employers were contacted.</p>
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115.18	Upgrades to facilities and technologies
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Last year SGCDC added 5,000 square feet to the jail. Within the area there is two holding cell and can hold 20 detainees each and two holding cell that can house two detainees as well as a state-of-the-art kitchen. Additional security camera were added within this new area. The agency ensured cameras were placed in all blind spots.</p>

115.21	Evidence protocol and forensic medical examinations
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>SGCDC's Detective Bureau investigates administrative and criminal investigations for all PREA related allegations except when the allegation involves staff sexual misconduct that is criminal in nature which would be referred to the Missouri State Highway Patrol for the criminal investigation. The facility received no staff sexual misconduct allegations that occurred at their facility during the audit year therefore, no allegations were forwarded to the Missouri Highway Patrol.</p> <p>This standard requires the facility to have a uniform evidence protocol. SGCDC's PREA policy, section 606.10 shows, "Evidence collection shall be based on a uniform evidence protocol that is developmentally appropriate for youth, if applicable, and adapted from or otherwise based on the most recent edition of the DOJ'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." I requested the evidence protocol during the onsite audit, following the audit and was provided the agency's PREA policy which does not contain an evidence collection protocol as required by this standard.</p> <p>The facility does not house inmates under the age of 18.</p> <p>The standard requires that all sexual abuse victims be offered forensic medical</p>

examinations at no cost. The PREA Coordinator reported should a forensic medical exam be indicated; the exam and all services would be at no cost to the victim. The Director of Nursing reported the victim would be transported to the Ste Genevieve County Memorial Hospital. However, during my interview with hospital staff, it was reported that they do not conduct SANE or SAFE exams at the hospital and victims must be transported to Mercy South in St. Louis. An interview was attempted with Mercy South emergency room staff but they would not take the time to talk but did share the hospital does have trained nurses on staff that conduct SANE examines.

It should be noted that during the last audit year, the facility received 19 PREA allegations and conducted 19 administrative investigations, none of which would indicate a need for a forensic medical examination.

This standard requires the facility to attempt to make a victim advocate from a rape an abuse crisis center available to victims either in person or by other means. The PREA Coordinator reported they do not have an agreement with a victims' advocacy center and have not attempted to enter into one. The Director of Nursing reported they would call Community Counseling Center should a victims' advocate be needed. However, she did not know Community Counseling Center would provide services at the hospital during a forensic exam. Since the onsite audit the agency has entered into an MOU with Advanced Correctional Health Care to provide advocacy services to provide post incident victim advocacy by a Qualified Mental Health Professional as required by this standard.

As noted previously and in the pre audit questionnaire, staff sexual misconduct which is criminal in nature would be forwarded to the Missouri Highway Patrol for criminal investigation. However, the agency did not provide documentation showing they have requested that the investigating agency follow the requirements of this standard when conducting sexual abuse investigation with Ste. Genevieve Detention Center.

Corrective Action Needed:

- The facility must develop a written evidence collection protocol for conducting investigations in a confinement facility. The protocol must have sufficient technical detail to aid responders in obtaining usable physical evidence and must be adapted from DOJ's most recent edition of DOJ's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examination, Adults/Adolescents" or similarly comprehensive protocol.
- The facility must update their PREA policy to outline how, when and who will ensure a victim of sexual abuse is offered and receives advocacy.
- The agency must ensure Advanced Correctional Health Care can provide advocacy services during the SANE exam, follow up services and during investigative interviews if requested by the victim.
- The facility PREA policy should clearly outline where the victim will be transported for a SANE or SAFE exam.

- The facility should communicate with the Mercy South to see if they contact a victim advocate prior to conducting a SANE/SAFE exam, if not Advanced Correctional Health Care's QMHP must be available to travel to Mercy South to provide services.

Corrective Action Plan:

- Provide the auditor with a evidence collection protocol as outlined above.
- Provide the revised PREA policy showing how, when and who will ensure a victim of sexual abuse is offered and receives advocacy services.
- Provide the revised PREA policy that clearly shows where the victim will be transported for a forensic exam and whether the hospital will provide advocacy services during the exam.

Corrective Action Period:

SDCDC updated the PREA procedure which now includes a written evidence collection protocol for conducting investigations in a confinement facility.

The agency's PREA policy now outlines how, when and who will ensure a victim of sexual abuse is offered and receives advocacy. Advanced Correctional Health Care will provide advocacy services during the SANE exam, follow up services and during investigative interviews, if requested by the victim.

The revised PREA policy now clearly shows the victim will be transported to Mercy South in St. Louis for a SANE or SAFE exam.

The facility received no allegations of sexual abuse during the CAP.

115.22	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	This standard requires the agency to ensure an administrative or criminal investigation is completed for all allegations of sexual abuse or sexual harassment. SGCDC PREA policy, section 606.10 shows, "An administrative investigation, criminal investigation or both shall be completed for all allegations of sexual abuse and sexual

harassment." As noted previously, SGCDC's Detective Bureau conducts criminal and administrative PREA investigations except for Staff Sexual Misconduct that is criminal in nature which would be forwarded to the Missouri Highway Patrol.

During the audit year the facility conducted 19 administrative investigations. Of the 19 administrative investigations conducted, 6 were substantiated, 11 unsubstantiated and 2 unfounded.

- Offender on Offender Sexual Abuse - 6
- Offender Sexual Harassment - 8
- Staff Sexual Misconduct - 2
- Staff Sexual Harassment - 3

This standard requires the agency to have a policy that requires that allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations. SGCDC PREA policy does not outline the types of investigations that will be conducted by SGCDC's Detective Bureau or what types of investigations are forwarded to the Missouri Highway Patrol.

In addition, this standard and SGCDC's policy requires that agency policy for referrals of allegations for criminal investigation be published on the agency's website and that this publication must describe the responsibilities of both the agency and the investigating entity. It was determined through a review of the agency's website, the pre audit questionnaire and interviews during the onsite audit, such policy is not provided on the agency website or made publicly available through other means.

Correction Action Needed:

- Agency policy must be revised to outline the types of PREA investigations that will be conducted by SGCDC's Detective Bureau and when investigation will be forwarded to the Missouri Highway Patrol for investigation. In addition, policy must outline the responsibilities of both parties.
- The agency PREA investigations policy must be posted on the agency's website.

Corrective Audit Plan:

- Provide the revised PREA policy to the auditor.
- Provide link to the agency's website where the revised policy is posted.

Corrective Action Period:

	<p>SGCDC PREA policy was revised and now outlines the types of PREA investigations that will be conducted by SGCDC's Detective Bureau and when investigation will be forwarded to the Missouri Highway Patrol for investigation. The policy shows the Ste. Genevieve County Sheriff's Office, Detective Bureau, will conduct all offender on offender sexual abuse allegations and the Missouri State Highway Patrol will investigate allegations of staff on offender sexual abuse.</p> <p>The agency's website, https://www.sgcsso.com, shows the following regarding investigations of PREA allegations at the detention center: "When a sexual abuse investigation is alleged between offenders, the Detective Bureau will take the lead on the investigation. If the alleged abuse is between staff and offender, the Missouri State Highway Patrol, Division of Drug and Crime Control, will be requested to take the lead on the investigations."</p>
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115.31	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The standard requires the agency to provide PREA training to all employees that have contact with inmates and outlines specific topics that must be trained. The training must be tailored to the gender of the inmates in the facility.</p> <p>SGCDC uses PREA training available through www.educorr.com which meets the requirements of this standard however, the training does not include SGCDC's policies or how to fulfill their responsibilities at the detention center where they are employed. The agency provided a copy of the training curriculum of the initial training completed when hired and every two-year refresher training.</p> <p>On the first day of the onsite audit the facility employed 34 full time correctional officers. Training records show all staff received training when hired and every two years thereafter. The training has a posttest which allows the agency to show staff received and understood the training.</p> <p>115.31 c - Between the two-year training, the standard requires the facility to provide information about agency's current policies/practices regarding sexual abuse and sexual harassment. The PREA Coordinator reported that between training Educorr.com provides periodic email updates and vital information pertaining to PREA. The agency provided an example of an update provided by Educorr but could not provide documentation showing the update was shared with staff, therefore I was unable to verify compliance with 115.31 c.</p> <p>Corrective Action:</p>

- The agency should include training on agency specific policies regarding PREA which include specific information about how the facility responses to PREA allegations, how and when to contact an interpreter service, the agency's coordinated response protocol, how to obtain advocacy services for victims, etc.
 - This should occur during new hire training, refresher training and information provided to staff during years when training does not occur.
- The agency must maintain documentation demonstrating that all staff who have contact with inmates receive training and the in between training updates.

Correction Action Plan:

- Provide the auditor with a plan for providing updates of facility policy and practices regarding preventing, detecting and responding to offender sexual abuse and harassment.
- Provide the auditor examples of agency PREA updates provided to the staff, and
- Evidence showing all staff received the update.

Corrective Action Period:

The agency receives PREA training through a contracted company, Educorr. Training is required at hire and then every two years thereafter. In between the every two year training, Educorr emails PREA news and updates to the Chief Deputy who then shares the updates with staff.

When the Ste. Genevieve County Sheriff's Office has a policy change it is through the agency's policy manual system, Lexipol. The system allow administrators to create or edit a policy and then the system sends the policy to staff via email. Staff receive an alert notifying them that a policy needs to be reviewed and acknowledged. Once the policy has been reviewed, staff select acknowledge. By acknowledging, staff are documenting they have reviewed and understand the policy. The acknowledgements are recorded on a dashboard.

The agency provided me with a report showing staff at the detention center reviewed and acknowledged the changes made in policy during the corrective action period.

115.32	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard

	<p>Auditor Discussion</p> <p>This standard requires all contractors and volunteers to receive training on their responsibilities under the "agency's sexual abuse and sexual harassment prevention, detection and response policies and procedures." SGCDC does not utilize volunteers and they only have two contractors a Licensed Professional Counselor (LPC), and a doctor. The LPC works in the facility 11 hours per week. SGCDC provided documentation showing the LPC and contracted doctor received PREA training through www.educorr.com.</p>
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115.33	Inmate education
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>This standard requires inmates to receive information at intake about the agency's zero-tolerance policy and how to report incident or suspicions of sexual abuse and harassment.</p> <p>Through interviews with inmates and staff it was learned that inmates receive the Detention Center Operational Procedure and Policy handbook. The last page of the handbook contains the following information, "D. Report all sexual assaults! You should report any sexual assault immediately to any staff person you trust. Staff members keep the reported information confidential & only discuss it with the appropriate officials on a need-to-know basis. If you are not comfortable reporting the assault to staff (verbally or in writing), you have other options. <i>You may consult the PREA Information on the kiosk, you may call the Office of the Inspector General (OIG) at 1-800-869-4499, or you may call the National Rape Hotline at 1-800-656-4673. Any information relating to sexual abuse or sexual harassment shared with an outside source or advocate will be relayed to this agency by that source as is required by Federal mandatory reporting rules.</i>"</p> <p>While the handbook requests inmates to report all sexual assaults, it does not address sexual harassment or misconduct by staff. In addition, the avenues to report sexual abuse does not meet the standard for reporting. The information in question is italicized above. The handbook shows any information relating to sexual abuse or harassment shared with the outside sources or advocate will be relayed back to the agency. Following is a list of reporting avenues noted in the handbook:</p> <ul style="list-style-type: none"> • Consult the PREA Information on the kiosk - the information I observed on the kiosk was the PREA law and did not contain avenues to report. • Call the Office of the Inspector General - The OIG only accepts calls between 10:00 am - 4:00 pm Eastern time, Monday through Friday,

- Call the National Rape Hotline - the National Rape Hotline confirmed they would not report allegations of sexual abuse back to the agency. Federal law prohibits advocacy centers from reporting allegations of sexual abuse back to the agency without written consent.

Per interviews with staff and inmates it was learned that the agency does not provide information during intake verbally or in other ways other than the handbook.

The inmate tablets which are shared, one tablet to 3 inmates, has PREA information that must be acknowledged before they can access other applications on the tablets. During inmate interviews we discussed the information on the tablets; half stated they read the information and half did not read it or didn't know it was there but knew they had to acknowledge something to move to other applications. A review of the information on the tablets, I learned that the information on the tablets was the PREA law which is available in English only and does not contain avenues to report. In addition, there is PREA information on the kiosks located in each cellblock.

I did observe during the tour that some cellblocks had a PREA poster that shows SGCDC "has zero-Tolerance policy against sexual abuse and sexual harassment." This statement is in both English and Spanish.

The standard requires that inmates receive comprehensive PREA education in person or through video within 30 days of intake. The PREA Coordinator reported the facility does not provide comprehensive PREA education within 30 days of intake. SGCDC PREA policy, section 606.4 shows it is the PREA Coordinator's responsibility to: "(b) Ensuring that within 30 days of intake, inmates are provided with comprehensive education, either in person or through video, regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding the agency's policies and procedures for responding to such incidents (28 CFR 115.33)"

The standard requires education be available in formats accessible to all inmates including those who do not speak or read English, intellectually impaired individuals, blind, etc. and that key information is continuously and readily available or visible to inmates through posters, handbooks, or other written formats.

In addition, the standard requires the agency to ensure key information is continuously and readily available or visible to inmates through posters, inmate handbooks or other written formats. As noted previously, the facility does provide inmates with a handbook at intake however, the information provided does not meet the requirements of the standards. The facility must update the handbook to include avenues for inmates to report to an outside agency who will accept and forward allegations back to the facility 24 hours a day, 7 days a week, the agency must provide a number or address where offenders can receive confidential advocacy services and an avenue to report allegations anonymously.

Corrective Action Needed:

- SGCDC must develop a brochure, handout or other material that provides initial information regarding the facility's zero tolerance to sexual abuse, their right to be free from sexual abuse and harassment, avenues to report sexual abuse and harassment etc. It is strongly recommended that staff explain the information verbally and then give the information to the inmate.
 - to ensure the brochure or handout can be understood by all inmates, it is recommended it be available in large print and Spanish.
- As outlined in the previous bullet, the material must outline the agency's zero tolerance for all forms of offender sexual abuse and sexual harassment which includes sexual abuse or sexual harassment perpetrated by other inmates or by staff.
 - The information should include how to report to an outside agency,
 - How to remain anonymous, and
 - How to obtain advocacy services.
 - This handout must be available in large print, given verbally and in writing and available in other languages.
 - Inmates should sign an acknowledgement showing they received and understood. This acknowledgement must be maintained.
- SGDCD must provide comprehensive PREA education to inmates within 30 days of intake this can be in person or by video.
 - There must be documentation showing the inmate received the comprehensive education.
- PREA policy must be updated to show how and when inmates at SGCDC will receive PREA education.
- Update the inmate handbook. The handbook must include:
 - Avenues for inmates to report to an outside agency who will accept and forward allegations back to the facility 24 hours a day, 7 days a week,
 - A number or address where offenders can receive confidential advocacy services and
 - An avenue for inmates to report allegations anonymously.
- All posters, notices on phones, kiosks and tablets must be consistent with the information provided in the handbook.

Correction Action Plan:

- Provide the auditor with the brochure, handout or other type of material utilized to provide PREA information to inmates during intake. Must include large print and Spanish.
- Provide the auditor with the plan to ensure inmates receive comprehensive education within 30 days of intake.
- Provide the auditor with 60 days of acknowledgements showing inmates receive education at intake and within 30 days of intake.
- Provide the auditor the revised PREA policy showing how and when inmates will receive PREA education.
- Provide the auditor with a revised handbook and documentation showing all

current inmates received a copy of the new information regarding PREA reporting and advocacy services.

- Provide the auditor with a copy or picture of posters, notices on phone, kiosks and tablets showing all information has been updated to be consistent with the updated handbook.

Correction Action Period:

SGCDC developed an intake PREA brochure in English and Spanish. The brochure provides initial information regarding the facility's zero tolerance to sexual abuse and harassment, outlines the offenders right to be free from sexual abuse and harassment and avenues to report sexual abuse and harassment. Upon intake, the offender is provided a brochure and intake staff goes through the information verbally with the offenders. The brochure includes information on reporting to staff, reporting anonymously and how to obtain advocacy services. After the offender is provided the brochure, staff note this in the offender file.

Following the intake process, offenders view the PREA educational video. The video is available in English, Spanish and sign language. This is also notated in the offender's file.

In addition, SGCDC updated their PREA policy and the offender handbook. The handbook outlines the different sexual abuse reporting avenues which includes reporting to the Regional Crime Stoppers which will take the information and forward back to the agency. In addition, the handbook provides the offenders with a address to write for advocacy services.

SGCDC also developed PREA posters in English and Spanish and has PREA reporting information available on the kiosks and offender tablets.

115.34	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion SGCDC PREA policy, section 606.10 shows, "Only investigators who have completed agency-approved training on sexual abuse and sexual harassment investigation shall be assigned to investigate these cases". The PREA Coordinator reported the agency has three investigators may be called upon to conduct investigations within the Detention Center however, SGCDC could only provide documentation showing one investigator completed PREA specialized investigator training which addresses investigations conducted in confinement facilities. Of the 13 investigations that was reviewed during the onsite audit, all were completed by an investigator that did not complete the required training.

	<p>Corrective Action:</p> <ul style="list-style-type: none"> • Any staff who may conduct investigations within the detention center must complete specialized training conducting investigations within a confinement setting. The training must address the topics noted in 115.34 (b). • The agency must maintain documentation showing investigators have completed the training. <p>Corrective Action Plan:</p> <ul style="list-style-type: none"> • Provide the auditor with the curriculum which should indicate all topics noted in 115.34 (b) were covered. • Provide auditor with documentation showing all individual who may conduct investigations has completed training. <p>Corrective Action Period:</p> <p>Since the onsite audit, SGCDC located certificates for four staff members who completed PREA investigator training provided by the Missouri Department of Corrections in 2016. The training addressed all areas outlined in the standard. In addition, SGCDC provided a certificate for the administrative investigator showing he completed the Department of Justice's PREA: Investigating Sexual Abuse in a Confinement Setting.</p>
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115.35	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This standard requires all medical and mental health staff and contractors that work within the facility to review specialized medical and mental health training is in addition to the training required in 115.31.</p> <p>The agency has 6 medical or mental health staff members:</p> <ul style="list-style-type: none"> • Doctor - contracted, part-time • LPC - contracted, part-time • Director of Nursing • (2) Medical Assistants • 1 Night Nurse on call 24/7 <p>The facility does not conduct forensic exams. During interviews and emails with the PREA Coordinator, it was determined that medical and mental health staff employed by the agency only receive the PREA training required by 115.31. The PREA</p>

Coordinator was not certain if the contracted staff received training since the training would be provided by the contracted agency. Since the onsite audit the PREA Coordinator provide documentation showing both contracted staff received PREA training however, since the curriculum as not provided, I was unable to verify if the training received was the training required by this standard. It is the agency's responsibility to ensure all medical and mental health staff even contracted staff receive *specialized training* as outlined by this standard and the agency must maintain documentation.

Corrective Action Needed:

- SGCDC medical and mental health contractor who work within detention center must receive specialized medical and mental health training that includes:
 - how to detect and assess signs of sexual abuse and sexual harassment
 - how to preserve physical evidence of sexual abuse
 - how to respond effectively and professionally to victims of sexual abuse and sexual harassment
 - how and to whom to report allegations or suspicions of sexual abuse and sexual harassment
- The Agency must maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere. This includes staff employed by the agency or contracted by the agency to provide services.

Corrective Action Plan:

- SGCDC must ensure all staff and contracted staff who provide medical or mental health services within the facility completes PREA specialized training for medical and mental health staff.
- SGCDC must provide the curriculum to the auditor.
- SGCDC must provide evidence that all medical and mental health staff or contractor who provides services within the facility completed specialized training.

Correction Action Period:

During the CAP, SGCDC provided this auditor with documentation showing all their medical and mental health staff completed PREA specialized training as well as the bi yearly PREA training for all staff. The agency provided the PREA Training curriculum which meets the requirements of this standard.

Auditor Overall Determination: Meets Standard

Auditor Discussion

Standard 115.41 mandates the agency to have a policy that requires inmates to be assessed for risk of sexual victimization or sexual abusiveness within 72 hours of intake and again within 30 days of intake.

507.5.1 INTERVIEW, shows, "The comprehensive classification process begins with a review of any initial classification information obtained during the reception and booking process, as well as an interview by the classification deputy. The review of initial classification documents and the questions, answers and observations from the inmate's interview will be documented and numerically scored, representing the security level and housing assignment appropriate for each inmate."

While the agency policy appears to meet the requirements for the inmate to be assessed within 72 hours, the agency's practices do not follow the agency's classification policy. When an individual is received at the detention center, the intake officer gives the individual the Medical Questionnaire to complete. The questionnaire considers some, but not all, of the risk factors required by the standard. The following is a list of criteria that must be included in the intake screening with a comparison to the agency's medical questionnaire:

- (1) Whether the inmate has a mental, physical, or developmental disability - The questionnaire does not ask whether the inmate has a physical or developmental disability.
- (2) The age of the inmate - the date of birth is listed at the top of the questionnaire.
- (3) The physical build of the inmate - no
- (4) Whether the inmate has previously been incarcerated - no
- (5) Whether the inmate's criminal history is exclusively nonviolent - no
- (6) Whether the inmate has prior convictions for sex offenses against an adult or child - no, the questionnaire asks, "Have you ever been involved in an incident where you sexually abused another inmate?"
- (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming - the questionnaire asks the individual if they identify as gay, lesbian, bisexual, transgender, intersex or gender nonconforming. It does not ask staff to make judgement as to whether the individual could be perceived to be LGBTI.
- (8) Whether the inmate has previously experienced sexual victimization - yes
- (9) The inmate's own perception of vulnerability - yes
- (10) Whether the inmate is detained solely for civil immigration purposes - no

In addition, the screening for risk of sexual abusiveness must consider the following:

- Prior acts of sexual abuse,
- Prior convictions for violent offenses,
- History of prior institutional violence or sexual abuse.
 - SGDCD's medical assessment only asks about incidents that involved

sexual abusing another inmate, does not include prior convictions for violent offenses, or history of prior institutions violence.

Of the 21 Medical Questionnaires that were reviewed during the onsite audit, three questionnaires were blank with one of the three noting "unknown speaks no English".

This standard and SGCDC Classification policy, section 507.3 requires the assessment to be objective screening instrument. SGDCDC's policy shows, "The plan should include use of an objective screening instrument, procedures for making decisions about classification and housing assignments, intake and housing forms and a process to ensure that all classification and housing records are maintained in each inmate's permanent file." However, SGDCDC's medical questionnaire is not objective, is not scored, is forwarded to the medical unit upon completion and there was no evidence that the medical questionnaire is used to determine housing.

Neither the agency's policy nor practice includes reassessing the inmate within 30 days of intake.

In addition, the standard requires an inmate's risk level to be reassessed when warranted, when requested, following an incident of sexual abuse or receipt of addition information and should not discipline an inmate for refusing to disclose complete information.

Agency Inmate Classification policy contains the standard language regarding reassessment and shows inmates may not be compelled by threat of discipline to provide information. While the policy supports 115.41 g and h, I was unable to find evidence indicating inmates are reassessed.

Corrective Action Needed:

- SGDCDC must develop an objective intake screening that includes all the criteria required by this standard. The agency should refer to the PREA Resource Center's FAQs for more detailed directives regarding the requirements of an intake screening.
- All inmates must be assessed utilizing an objective intake screening within 72 hours of intake. This includes inmates that do not speak English.
- Within 30 days of intake, each inmate must be reassessed. The reassessment must include relevant information obtained since the initial screening. The agency should refer the PREA Resource Center's FAQs for more detailed information regarding reassessment of inmates.
- SGDCDC should revise their Inmate Classification policy to meet the requirements of this standard and provide clear directive to staff regarding the facility's practices. The agency's new policy and practice must include the need for ongoing reassessment when warranted or when new relevant information is obtained.

Corrective Action Plan:

- Provide the auditor with 30 days of intake assessments utilizing an objective assessment which is scored to determine inmates at risk of sexual victimization or those are risk of being sexually abusive, and
 - The assessment of the same inmates completed within 30 days of intake.
- Provide the auditor with revised policy that outlines the facility's process and meets the requirements of the is standard.

Corrective Action Period:

During the CAP, SGCDC adopted an objective intake screening that includes all the criteria required by this standard. The agency provided a written directive to intake staff outlining the process to ensure all offenders are assessed within the first 72 hours. In a memo, staff were informed that if a offender scores 10 or higher in section A on the PREA intake assessment they would be at risk of victimization therefore should be housed in I block and if the offender scores 4 or higher in section B, the offender will be housed in E block. Scores less than 10 in Section A and less than 4 in section B can be housed anywhere.

After implementing the PREA risk assessment, all offenders currently housed in the detention center was assessed and the agency provided documentation to this auditor.

Policy was revised to show offenders will be assessed at intake and then again within 30 days of intake. The revised policy includes the need for ongoing reassessment when warranted or when new relevant information is obtained. The new PREA risk assessment which the agency adopted allows the information on the initial assessment to be reviewed within 30 days and signed by the staff member conducting the review.

115.42	Use of screening information
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This standard requires the facility to use information from the risk screening to inform housing, bed, work education and program assignments. As noted in standard 115.41, the agency does not have an assessment that contains the criteria required. The agency has a Medical Questionnaire that asks the inmate some of the questions, but the questionnaire is not used to determine housing, bed or work assignment.</p> <p>The facility does not provide programming and the only inmate job is in the laundry</p>

which only has three workers.

Through an interview with the PREA Coordinator and informal interviews with correctional officers it was determined that the facility does attempt to make housing and bed placement in an effort to keep inmates safe, however, the assessment required by 115.41 is not utilized. The same is true for transgender and intersex inmates.

This standard requires that transgender and intersex inmates have the opportunity to shower separately from other inmates. The facility has a private shower with a shower curtain in each cellblock to allow for private showering for all inmates.

The PREA Coordinator reported the agency has not implemented this standard.

Corrective Action Needed:

- SGCDC must utilize an objective intake screening and reassessment as noted in 115.41 to make bed and work assignments to ensure inmates at risk of victimization kept separate from inmates at risk of being sexual abusive.
- All inmates currently housed at the detention center must be assessed utilizing an objective risk screening and housing decisions must be based on their assessed risk.
- SGCDC must document their efforts to make bed and work assignments based on the intake screening and reassessments.
- SGCDC must utilize the assessment to make bed assignments for transgender inmates.
- If SGCDC must develop a policy that outlines the facility's process for reassessing bed and work assignments for transgender or intersex inmates every six months. The reassessment must be documented.

Corrective Action Plan:

- Provide the auditor with 30 days of
- Provide the auditor with evidence that all inmates currently housed at the detention center have been assessed.
- If the facility receives a transgender or intersex offender within 60 days, provide the auditor with documentary evidence showing the intake screener and reassessment was utilized for bed and work assignments.
- Provide the auditor the facility's plan for housing inmates at risk of victimization separate from inmates at risk of victimizing others.
- Provide the auditor with an agency policy outlining the facility's process for reassessing bed and work assignments for transgender and intersex inmates every six months.

Corrective Action Period:

During the CAP, SGCDC adopted an objective intake screening and reassessment as noted in 115.41 which they use to make bed and work assignments to ensure

	<p>inmates at risk of victimization kept separate from inmates at risk of being sexual abusive.</p> <p>SGCDC provided this auditor with documentation demonstrating that all inmates housed at the detention center were assessed utilizing their newly adopted objective risk screening. Housing decisions are based on the inmates assessed risk.</p> <p>SGCDC will utilizes the assessment to make bed assignments for transgender inmates, however, no documentation could be provided since SGCDC did not receive a transgender inmate during the CAP.</p> <p>If SGCDC revised policy and directives outlines the facility's process for reassessing bed and work assignments for transgender or intersex inmates every six months.</p>
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115.43	Protective Custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This standard requires the agency to have a policy prohibiting placing inmates that are screened at high of sexual victimization in involuntary segregating housing unless an assessment of all available options has been made and there is no available alternative means of separation.</p> <p>The facility has 8 holding cells where inmates can be housed alone. SGCDC's PREA policy, section 606.12 meets the requirements of this standard and requires the jail administrator to document the opportunities that have been limited, the duration of the limitation and the reasons for such limitations.</p> <p>SGCDC has 8 holding cells that hold one inmate each. The facility reported they have not placed an inmate in a holding cell for risk of victimization within the last 12 months.</p> <p>As noted previously, the agency does not have a PREA intake screening, nor do they reassess inmates within 30 days of intake. During an interview with the PREA Coordinator it was reported the facility has not implemented this standard or their policy.</p> <p>Corrective Action Needed:</p> <ul style="list-style-type: none"> • Implement a PREA risk screening as outlined in 115.41. • Develop a written process showing how the facility will document that all available options have been reviewed and considered prior to placing a victim assessed at high risk of victimization in a holding cell. • The written process should include how and where the Jail Administrator will document the opportunities that have been limited due to placement in the

holding cell, the duration of the limitation, and the reasons for such limitations as outlined in the standard and SGCDC policy.

Corrective Action Plan:

- Provide the auditor with the written plan for ensuring all available housing options are consider prior to placing an inmate at high risk of sexual abuse in a holding cell which included directives on how the jail administrator will document the information outlined in this procedure.
- If the facility places an inmate in a holding cell due to risk of victimization within the next 90 days, provide documentation to the auditor showing the requirements of this standard was followed.

Corrective Action Period:

During the CAP, SGCDC adopted and implemented a PREA risk assessment which is conducted at intake and then reviewed within 30 days of intake. The assessment is utilized to ensure offenders assessed at high risk of victimization are housed away from offenders at high risk to perpetrate sexual abuse. All offenders who are assessed at high risk for victimization are housed in I block. If there is no available bed space in I block and no offender who can be moved to accommodate the high risk offender, the offender will be placed in a holding cell until bed space become available.

SGCDC's PREA policy, section 606.12 meets the requirements of this standard and requires the jail administrator to document the opportunities that have been limited, the duration of the limitation and the reasons for such limitations. Documentation will be made in the offender file.

115.51	Inmate reporting
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>This standard requires the agency to have multiple internal ways for inmates to report privately to agency staff. Through inmate interviews it was learned that inmates can report on the kiosk through a grievance or by sending a message to a custody. A few inmates reported they could put a note in the door for an officer.</p> <p>In addition, this standard requires SGCDC to provide a least one way for inmates to report abuse or harassment to a public or private entity that is not part of the agency who can receive and immediately forward reports back to the agency. Through interviews with inmates and staff it was learned that inmates receive the Detention</p>

Center Operational Procedure and Policy handbook at intake which contains reporting information.

The last page of the handbook contains the following information, "D. Report all sexual assaults! You should report any sexual assault immediately to any staff person you trust. Staff members keep the reported information confidential & only discuss it with the appropriate officials on a need-to-know basis. If you are not comfortable reporting the assault to staff (verbally or in writing), you have other options. You may consult the PREA Information on the kiosk, you may call the Office of the Inspector General (OIG) at 1-800-869-4499, or you may call the National Rape Hotline at 1-800-656-4673. Any information relating to sexual abuse or sexual harassment shared with an outside source or advocate will be relayed to this agency by that source as is required by Federal mandatory reporting rules."

While the handbook requests inmates to report all sexual assaults, it does not address sexual harassment, misconduct by staff or retaliation by other inmates or staff for reporting sexual abuse or harassment. In addition, the avenues to report sexual abuse does not meet the standard for reporting. The handbook shows any information relating to sexual abuse or harassment shared with the outside sources or advocate will be relayed back to the agency. Following is a list of reporting avenues noted in the handbook:

- Consult the PREA Information on the kiosk - the information I observed on the kiosk was the PREA law and did not contain avenues to report.
- Call the Office of the Inspector General - During a weekend call to the number provided it was learned that the OIG only accepts calls between 10:00 am - 4:00 pm Eastern time, Monday through Friday, therefore the agency is unable to accept and forward report immediately after normal work hours.
- Call the National Rape Hotline - the National Rape Hotline confirmed they would not report allegations of sexual abuse back to the agency. Federal law prohibits advocacy centers from reporting allegations of sexual abuse back to the agency without written consent.

The facility must update the handbook to include avenues for inmates to report to an outside agency who will accept and forward allegations back to the facility 24 hours a day, 7 days a week.

In addition, the inmate phone in each cellblock has a posting that shows "For Prison Rape Elimination Act call #6500". #6500 connects the inmate to the Department of Defense Sexual Assault Prevention and Response Office. This is a safe helpline operated by RAINN. The recording says the safe line is an anonymous and confidential hotline that serves anyone in the department of defense community effected by sexual assault. The website is: www.sapr.mil from the information on the website and on the recording on the hotline, it appears the phone number is military members and family members to obtain sexual assault advocacy services.

The standard requires staff to take reports of sexual abuse and harassment verbally, in writing, anonymously and from third parties. SGDCD PREA policy, section 606.5

shows, "Inmates may report sexual abuse or sexual harassment incidents anonymously or to any staff member they choose. Staff shall accommodate all inmate requests to report allegations of sexual abuse or harassment. Staff shall accept reports made verbally, in writing, anonymously or from third parties and shall promptly document all verbal reports."

All staff interviewed reported they would act immediately on allegations received whether they are verbally, in writing, anonymous or received from the third party. All staff interviewed felt comfortable report allegations to their direct supervisor.

Corrective Action Needed:

- SGCDC must update the inmate handbook to include:
 - Accepting reports of sexual abuse, sexual harassment and retaliation.
 - A reporting avenue that allows inmates to report to an outside agency 24/7. This outside agency must have the ability to receive the reports and immediately forward the reports back to the SGCDC.
 - instruction on how inmates can make a report of sexual abuse, sexual harassment or retaliation and remain anonymous.
- SGCDC must ensure all information regarding PREA reporting is consistent. This includes the inmate handbook, posters, information contained on the tablets, kiosk, and plaque mounted on the phones in the cellblocks.

Correction Action Plan:

- Provide the auditor with a revised handbook.
- Provide the auditor with documentation showing all current inmates received a copy of the new information regarding PREA reporting and advocacy services.
- Provide the auditor with pictures showing all PREA reporting avenues are consistent throughout the facility which includes the inmate handbook, posters, information contained on the tablets, kiosk, and plaque mounted on the inmate phones.

Corrective Action Period:

During the CAP, SGCDC revised their inmate handbook. The handbook now includes several methods to report sexual abuse, harassment and retaliation. Inmates can report anonymously by calling the St. Louis Regional Crime Stoppers who will take the report and immediately forward back to the agency for investigation, they can report to a staff person, or through the grievance process.

Reporting information is available to the population through posters, the inmate tablets and on kiosks which are in every cell block.

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115.52	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This standard requires SGDCD to have an administrative procedure for dealing with inmate grievance regarding sexual abuse. The policy must not have a timeframe for submitting the grievance and must not require an inmate to use an informal grievance process. The policy must allow the inmate to submit a grievance alleging sexual abuse to a staff member who is not a party to the grievance. The agency policy must allow third parties to submit a grievance on behalf of the inmate. In addition, must include a process for emergency grievances.</p> <p>SGDCD's Inmate Grievance policy section 609.5 contains the language of the standard to include emergency grievances therefore meets the requirements of the standards.</p> <p>SGDCD's Inmate Handbook contains the following information regarding inmate grievances:</p> <p>"3.21 GENERAL REQUEST & GRIEVANCE REQUEST PROCEDURE</p> <p>A. Any detainee with a problem or concern should bring it to the attention of staff via a General Request on the kiosk. Every effort will be made to have a response to you within 7 business days.</p> <p>B. The General Request and Grievance Request may be used to report an incident of sexual abuse or sexual harassment. There is no time limit for reporting incidents of sexual abuse or sexual harassment however the sooner the incident is reported the higher the likelihood of anything of evidentiary value being obtained by investigators.</p> <p>C. If the result of the General Request does not meet the detainee's satisfaction it should be brought to the attention of Administration via a Grievance Request on the kiosk. Detainees shall use the grievance process only for legitimate problems & complaints that have not been resolved by the General Request process.</p>

	<p>The agency reported they have received any grievances alleging sexual abuse within the last year. All inmates interviewed reported they have not reported a sexual abuse allegation, but they were aware the grievance process was available for reporting sexual abuse.</p>
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115.53	Inmate access to outside confidential support services
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>This standard requires the facility to 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, of local, State, or national victim advocacy or rape crisis organizations. In addition, the facility must enable inmates to have conversations with advocacy agencies in as confidential manner as possible.</p> <p>SGCDC's inmate handbook contains the following:</p> <p>D. Report all sexual assaults! If you are not comfortable reporting the assault to staff (verbally or in writing), you have other options. You may consult the PREA Information on the kiosk, you may call the Office of the Inspector General (OIG) at 1-800-869-4499, or you may call the National Rape Hotline at 1-800-656-4673. Any information relating to sexual abuse or sexual harassment shared with an outside source or advocate will be relayed to this agency by that source as is required by Federal mandatory reporting rules.</p> <p>E. This agency enlists the assistance of the Community Counseling Center of Ste. Genevieve to provide counseling for any detainee that has been found to be the victim of any substantiated sexual assault that is brought to this agency's attention. Community Counseling Center may be contacted at 820 Park Dr., Ste. Genevieve, MO 63670 or by calling 573-883-7407 which is a free call from any detainee phone.</p> <p>While the agency provides inmates with the National Rape Hotline number, the handbook tells the inmate it is a number to report sexual assaults and any information provided will be relayed back to the SGCDC. The handbook also shows Community Counseling Center of Ste. Genevieve will only provide counseling services for "the victim of substantiated sexual assaults that are brought to the agency's attention".</p> <p>The intent of standard 115.53 is to provide all inmates with ongoing access to outside confidential support services, whether or not they have made an allegation of sexual abuse to the agency.</p> <p>SGCDC's PREA policy, section 606.4 shows the responsibility of the PREA Coordinator is to, "Making reasonable efforts to enter into agreements with community service</p>

providers to provide inmates with confidential emotional support services related to sexual abuse. The facility shall 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."

The PREA Coordinator reported the agency has not attempted to enter into an agreement with a community advocacy agency however, all inmates can be referred to Community Counseling Center of Ste. Genevieve. The phone number and address of Community Counseling Center is included in the inmate handbook however, the handbook states the Community Counseling will only provide services to inmates who are a victim of a substantiated sexual assault brought to the agency's attention.

The standard also requires the facility to enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible. During interviews it was determined that all mail is searched, and all phone calls are monitored.

Corrective Action Needed:

- SGCDC must attempt to enter into an agreement with a community rape and abuse counseling center who can provide ongoing advocacy services to inmates who have a history of abuse whether that occurred at the detention or in the community.
- SGCDC must educate the inmate population about the availability of advocacy services for all inmates who have experience sexual assault.
- SGCDC must provide addresses and phone numbers, including hotline numbers where available, to state or national victim advocacy and rape crisis organization.
- SGCDC must revise the inmate handbook with the correct information. The National Rape Hotline will not take reports of sexual abuse and forward back to the facility, the hotline is to provide advocacy services. Advocacy services must be available to all inmates with a history of sexual abuse not just inmates who had a substantiated investigation of sexual abuse.
- SGCDC must notify inmates the extent to which their phone calls are confidential when giving them state and national advocacy numbers to call.

Corrective Action Plan:

- Provided the auditor with an MOU with a Rape and Abuse Crisis Center which outlines the services they will provide or with documentation showing the agency attempted to enter into an agreement, however, was denied.
- In the event that the agency is unable to enter into an agreement, the agency will provide the auditor with the agency's plan to ensure ongoing advocacy services are available for all inmates who have a history of sexual abuse.
- Provide the auditor with a revised inmate handbook.
- Provide the auditor with information that will be used to educate the current

	<p style="text-align: center;">inmate population and plan for providing education regarding advocacy moving forward with new intakes.</p> <ul style="list-style-type: none"> • Provide documentation showing all current inmates received the revised handbook. <p>Corrective Action Period:</p> <p>SGCDC does not have a local advocacy center however, during the CAP, SGCDC entered into a contract with Freedom Behavioral Health to provide counseling for offenders. Offenders can be referred to Freedom Behavioral Health for sexual abuse counseling or if they have a history of sexual abuse, SGCDC provides the address that offenders can write for advocacy services. The handbook also provide offenders the number of the Crime Victim Advocate Hotline and the National Sexual Assault Hotline. The offender handbook is available in English and Spanish.</p> <p>In addition, sexual abuse advocacy services information is available on posters, brochures, on the offender tablets and on kiosks which are in each cell block.</p>
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115.54	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The standard requires the agency to establish a method to receive third-party reports of sexual abuse and sexual harassment made on behalf of an inmate. The manner to make a third part report must be distribute publicly.</p> <p>The SGDCD website, www.sgcco.com, contains the following information:</p> <p>"The Ste. Genevieve County Detention Center has a zero-tolerance policy in regard to sexual abuse / sexual harassment. If you wish to report sexual abuse or sexual harassment as a third party you may email the Jail Administrator by clicking the email link above, you may email info@sgcco.com or you may utilize other options available to you by clicking the PREA Resource Center link below. (PREA 115.54) The Ste. Genevieve County Detention Center was audited for PREA compliance on July 28-29, 2016 by a certified PREA Auditor and the final report is on file at our facility. (PREA 115.403(f)). The Ste. Genevieve County Detention Center has had no reports of sexual abuse and two reports of sexual harassment in the past twelve months. (PREA 115.89(b))"</p>

115.61	Staff and agency reporting duties
	<p data-bbox="256 188 959 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="256 264 544 297">Auditor Discussion</p> <p data-bbox="256 340 1453 539">This standard requires agency policy to mandate that staff report any knowledge, suspicion, or information they received regarding an incident of sexual abuse or harassment that occurred in the facility or at another confinement facility. In addition, staff should report any retaliation against an inmates or staff who reported an incident of sexual abuse or harassment.</p> <p data-bbox="256 580 1474 824">SGCDC's PREA policy, section 606.5, shows, "Any employee, agency representative, volunteer or contractor who becomes aware of an incident of sexual abuse, sexual harassment or retaliation against inmates or staff shall immediately notify a supervisor, who will forward the matter to a sexual abuse investigator." However, the agency policy does specifically require staff to report allegations that occurred at another facility.</p> <p data-bbox="256 864 1406 976">During informal interviews with staff, it was learned that staff are aware they are required to report all allegations of sexual abuse and sexual harassment and retaliation to their supervisor.</p> <p data-bbox="256 1016 1481 1261">The standard requires that agency policy prohibits staff from revealing any information related to a sexual abuse or sexual harassment report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions. SGCDC's PREA policy does not include language that prohibits staff from revealing information related to the sexual abuse report.</p> <p data-bbox="256 1301 1474 1458">During the onsite audit both the contracted mental health provider and the Director of Nursing was interviewed, and both stated they are required to report allegations of sexual abuse and they inform inmates of their duty to report, and the limitations of confidentiality, at the initiation of services.</p> <p data-bbox="256 1498 676 1532">Corrective Action Needed:</p> <ul data-bbox="331 1599 1461 1966" style="list-style-type: none"> • SGCDC's PREA policy must be revised to include specifically instruct staff to report allegations that is reported or suspected to have occurred at another facility. • SGCDC's PREA policy must be revised to include language that prohibits staff from revealing information related to reports of sexual abuse and sexual harassment to anyone other than to the extent necessary to take treatment, investigation, and other security and management decisions. • SGCDC must educate staff on the revised PREA procedure as it relates to reporting to sexual abuse and harassment.

	<p>Corrective Action Plan:</p> <ul style="list-style-type: none"> • Provide the revised PREA procedure to the auditor. • Provide the auditor with documentation showing all staff who work within the facility has received training on the new procedure. <p>Corrective Action Period:</p> <p>During the CAP, SGCDC's PREA policy was revised to specifically instruct staff to report allegations that is reported or suspected to have occurred at another facility. The revised policy also includes language that prohibits staff from revealing information related to reports of sexual abuse and sexual harassment to anyone other than to the extent necessary to make treatment decisions, investigations, and other security and management decisions.</p> <p>SGCDC educated staff on the revised PREA procedure as it relates to reporting to sexual abuse and harassment. The agency provided documentation showing all detention staff acknowledged they reviewed and understood the revised policy.</p>
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115.62	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The standard requires that when an agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the inmate.</p> <p>SGCDC's Grievance policy, section 609.5.1, addresses "substantial risk of imminent sexual abuse" and show, "Any inmate who believes he/she or any other inmate is in substantial risk of imminent sexual abuse may file an emergency grievance with any supervisor. The supervisor shall determine whether immediate action is reasonably necessary to protect the inmate and shall provide an initial response within 48 hours.</p> <p>While the policy addresses "substantial risk of imminent sexual abuse" it requires the inmate to file an emergency grievance then a supervisor will determine whether immediate action is necessary to protect the individual. It also states an initial response will be received within 48 hours, which is the timeframe required by the administrative remedies' standard.</p> <p>The intent of this standard is to ensure staff act immediately to ensure the safety of the inmates. After action is taken to ensure the safety, then an investigator must</p>

investigate the allegation. The need for immediate action should not be tied to the grievance policy.

The facility reported in the last 12 months the agency has not determined an inmate to be a substantial risk of imminent sexual abuse. It should be noted that all staff interviewed reported they would take immediate action and separate the inmate. The Sheriff reported all such allegations would be forwarded to the administrative investigator.

Correction Action Needed:

- SGCDC must revise policy and practice to ensure inmates have an avenue to report substantial risk of imminent sexual abuse to staff without utilizing a grievance process.
- SGCDC's policy should note that all allegations of imminent sexual abuse should be acted upon, even those received from a third party not housed in the facility.
- SGCDC's policy must direct staff to take immediate action to ensure the safety of the inmate. A supervisor should *not* have the ability to determine if the action is necessary, prior to the completion of an investigation.
- Staff that work in the facility must be trained on the policy and practice regarding immediate action.

Corrective Action Plan:

- Provide auditor with revised policy and practice.
- Provide auditor with documentary evidence showing all staff who work in the detention center has received training on the new policy and practice regarding actions to taken when the facility learns that an inmate maybe at risk for imminent sexual abuse.

Correction Action Period:

During the CAP, SGCDC revised their Grievance policy and practice which now clearly show inmates have an avenue to report substantial risk of imminent sexual abuse to staff through the grievance process or reporting verbally to any staff member. It should be noted the agency also implemented avenues to report to the Crime Stoppers Hotline which will take the report of sexual abuse and immediately reported this back to the facility.

SGCDC's policy now notes that all allegations of imminent sexual abuse should be acted upon, even those received from a third party not housed in the facility. This includes reports made by a family members utilizing the contact information noted on the agency's website. SGCDC's policy requires staff to take immediate action to

	<p>ensure the safety of the inmate. The investigator is required to immediately investigate the allegation and issue a final decision within five calendar days.</p> <p>SGCDC provided documentation showing all detention center staff acknowledged they had reviewed and understood the revised procedure.</p>
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115.63	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This standard requires the agency to have a policy requiring that upon receiving an allegation that an inmate was sexually abused while confined at another facility, the head of the facility must notify the head of the facility/agency where the incident occurred within 72 hours.</p> <p>SGCDC's PREA policy, section, 606.5.1 addresses Reporting to Other Facilities, and supports this standard, "If there is an allegation that an inmate was sexually abused while he/she was confined at another facility, the Jail Administrator shall notify the head of that facility as soon as possible but not later than 72 hours after receiving the allegation. The Jail Administrator shall ensure that the notification has been documented."</p> <p>In the last 12 months the facility has received one report of sexual abuse that occurred while the inmate was in the custody of another County. The inmate made the allegation after returning to SGCDC. The SGCDC's administrative investigator was notified December 15, 2022, at 12:57PM. The investigative report does not indicate when the incident was reported to SGCDC. SGCDC provided an email showing SGCDC notified the Supervisory Deputy U.S. Marshal Eastern District of Missouri on December 28, 2022, of the allegation and provided a copy of the investigative report. The PREA Coordinator reported SGCDC contacted the Marshal Service because the inmate was a U.S. Marshal inmate.</p> <p>The email shows the U.S. Marshal Service was not notified within 72 hours as required by the standard and the agency could not provide documentation showing the County Sheriff from the other county was notified within 72 hours of receiving the report that an inmate was sexual abuse while in the custody of one of their officers.</p> <p>The standard also mandates that SGCDC's policy requires that allegations received from other facilities and agencies are investigated in accordance with the PREA standards. The agency did not provide a policy that addresses allegations received from other facilities or agencies.</p> <p>Administrative staff interviewed reported they have not received any allegations that an inmate was sexual abuse while confined in their facility, but all reported they would forward all allegations to the investigator.</p>

Corrective Action Needed:

- SGCDC must revise their policy to show all allegations of sexual abuse they receive that is alleged to have occurred at another facility or agency must be forwarded by the head of the facility or their designee should notify the head of the facility or agency with 72 hours of receiving the allegation.
- SGCDC must retain documentation showing the allegation was forwarded within 72 hours. It is recommended that the head of the facility where the incident allegedly occurred be notified by phone and followed up with an email.
- SGCDC's policy must be revised to include language of 115.63 (d) which requires SGCDC to investigate all allegations of sexual abuse that are alleged to have occurred at SGCDC but was reported elsewhere.

Corrective Action Plan:

- Provide the auditor with the revised policy.
- Provide the auditor with plan to ensure all allegations are reported within 72 hours.
- If SGCDC receives an allegation that is reported within the next 60 days, that is alleged to have occurred while in the custody of another county or agency, provide the auditor with documentary evidence showing the allegation was forwarded to the agency head within 72 hours.
- If SGCDC receives an allegation within the next 60 days, from another county or agency that an inmate was sexual abuse while housed at SGDCD, forwarded the completed investigation to the auditor.

Corrective Action Period:

During the CAP, SGCDC revised their policy to show all allegations of sexual abuse they receive, that is alleged to have occurred at another facility or agency, must be forwarded by the jail administrator to the head of the facility where the incident is alleged to have occurred. The policy requires the report to be made within 72 hours of receiving the allegation. In addition, the report must be made verbally and then followed up with an email. The allegation and report to the agency will be documented in the offender's file.

SGCDC's policy was revised to include language that requires SGCDC to investigate all allegations of sexual abuse that are alleged to have occurred at SGCDC but was reported elsewhere. The policy required all reported allegations of sexual abuse, sexual harassment or retaliation, whether it occurred at SGCDC or at another facility, be immediately reported to a supervisor, who will forward the matter to a sexual abuse investigator.

SGCDC provided this auditor a memo stating that during the CAP, SGCDC had not

	received a report of sexual abuse that occurred at another facility therefore the agency was not able to provide documentation demonstrating the new policy was in practice.
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115.64	Staff first responder duties
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>This standard requires the agency to have a policy that outlines the actions taken by first responders follow an allegation of sexual abuse.</p> <p>SGDCD's PREA policy, section 606.7, meets the requirements of the standard and outlines the duties of the first responders and shows, "If an allegation of inmate sexual abuse is made, the first deputy to respond shall (28 CFR 115.64):</p> <ul style="list-style-type: none"> (a) Separate the parties. (b) Request medical assistance as appropriate. If no qualified health care or mental health professionals are on-duty when a report of recent abuse is made, staff first responders shall take preliminary steps to protect the victim and shall immediately notify the appropriate qualified health care and mental health professionals (28 CFR 115.82). (c) Establish a crime scene to preserve and protect any evidence. Identify and secure witnesses until steps can be taken to collect any evidence. (d) If the time period allows for collection of physical evidence, request that the alleged victim, and ensure that the alleged abuser, do not take any actions that could destroy physical evidence (e.g., washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, eating). (e) Consider whether a change in classification or housing assignment for the victim is needed or whether witnesses to the incident need protection, both of which may include reassignment of housing. (f) Determine whether the alleged perpetrator should be administratively segregated or administratively transferred during the investigation. <p>If the first responder is not a deputy, the responder shall request the alleged victim to refrain from any actions that could destroy physical evidence and then immediately notify a deputy. Should an investigation involve inmates who have disabilities or who have limited English proficiency, the first responder shall not rely on inmate interpreters, inmate readers or other types of inmate assistants, except in limited circumstances where an extended delay in obtaining an interpreter could compromise inmate safety, the performance of first responder duties or the investigation of sexual abuse or sexual harassment allegations."</p> <p>All security staff interviewed were aware of the actions of a first responder.</p> <p>The pre audit questionnaire shows the facility has one sexual assault that was reported in a timeframe that allowed for the collection of evidence, but the evidence</p>

	<p>was not collected. When the PREA Coordinator was questioned, it was learned this was a typo and the facility had no incident of sexual abuse that indicated a need to collect physical evidence.</p>
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115.65	Coordinated response
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>This standard requires the facility develop a written plan to coordinate actions taken in response to an incident of sexual abuse. The plan should include staff first responders, medical and mental health practitioners, investigators and facility leadership.</p> <p>Administrative staff reported the agency has not developed a coordinated responses plan.</p> <p>Corrective Action Needed:</p> <ul style="list-style-type: none"> • Develop a Coordinated Response Plan. In addition to what is outlined above, it is recommended the plan include: <ul style="list-style-type: none"> ◦ where the victim will be transported for a forensic exam with the phone number, ◦ how the advocate will be notified to support the victim during the exam ◦ how to contact an interrupter if needed. ◦ The plan should include documentation of actions taken and by who. • Train staff on the coordinated response plan. <p>Corrective Action Plan:</p> <ul style="list-style-type: none"> • Provide the auditor the Coordinated Response Plan. • Provide auditor with documentary evidence that all staff that work in the facility, including medical and mental health staff and contractors have been trained on the coordinated response plan. <p>Corrective Action Period:</p> <p>During the CAP, SGCDC revised their PREA policy to include a Coordinated Response Plan. The plan includes where the victim will be transported for a forensic exam, how a victim's advocate will be notified and how interpretive services will be coordinated.</p> <p>SGDCD provided documentation showing all detention staff acknowledged they reviewed and understood the revised procedure.</p>

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115.66	Preservation of ability to protect inmates from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	SGCDC does not have a collective bargaining agreement.

115.67	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This standard requires the agency to have a policy to protect inmates and staff who report sexual abuse or sexual harassment or cooperate with a sexual abuse or sexual harassment investigation from retaliation by other inmates or staff.</p> <p>SGCDC's PREA policy section 606.6, addresses Retaliation Monitoring contains all the requirements of the standard. The policy designates the Jail Administrator or the authorized designee to conduct the monitoring.</p> <p>While the agency's policy supports the standard, the PREA Coordinator and Sheriff reported the facility has not implemented retaliation monitoring at SGCDC.</p> <p>Corrective Action Needed:</p> <ul style="list-style-type: none"> • SGCDC must implement retaliation monitoring as outlined in their policy which should include: <ul style="list-style-type: none"> ◦ Documentation of retaliation monitoring conducted on staff and offenders who report sexual abuse or sexual harassment or cooperate in sexual abuse or sexual harassment investigations. ◦ Retaliation monitoring must continue for all sexual abuse or sexual harassment investigation that are substantiated or unsubstantiated for 90 days and more beyond if the initial monitoring indicates a continued need. ◦ Retaliation monitoring may stop if the allegation is determined to be unfounded following a thorough investigation. ◦ Retaliation monitoring must include periodic documented status

checks.

- Monitoring of retaliation must include documentation of reports of retaliation and the agency's response.

Corrective Action Plan:

- SGCDC to provide the auditor the plan for conducting and documenting retaliation monitoring for all sexual abuse and sexual harassment allegations. The monitoring can cease if the investigation determines the allegations is unfounded.
- Provide the auditor with the PREA investigation or retaliation monitoring for all investigations conducted within the next 90 days.

Corrective Action Period:

During the CAP, SGCDC developed a PREA Monthly Retaliation Monitoring Report for staff and offenders who require retaliation monitoring. The staff member or offender will meet with the individual assigned to monitor for retaliation once a month for 90 days, unless otherwise notified. The form requires the following to be monitored: Housing/program changes, disciplinary reports and reassignments and/or negative performance reviews. The form shows monitoring will continue past the 90 days if further monitoring is required.

115.68	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion This standard requires the agency to have a policy prohibiting placing inmates who allege to have suffered sexual abuse in involuntary segregated housing unless an assessment of all available options has been made and there is no alternative means of separation. Any inmate who has alleged sexual abuse will be subject to the requirements of 115.43. SGCDC provided their Inmate Classification policy to support this standard. Section 507.10 shows, "...inmates at high risk for sexual victimization shall not be placed in involuntary protective custody unless an assessment of all available alternatives has

been made and it has been determined that there is no available alternative means of separation from likely abusers." This policy does not address inmates who alleged to have suffered sexual abuse while housed at the Detention Center.

The facility has 8 one man holding cells utilized to separate inmates if alternative housing assignment is not available.

SGCDC's PREA policy, section 606.12 meets the requirements of standard 115.43 regarding documentation needed prior to placement in segregated housing. However, the policy does not include the need for an assessment of available alternatives for housing for inmates who allege sexual abuse. Section 606.12 requires the jail administrator to document the opportunities that have been limited, the duration of the limitation and the reasons for such limitations.

The facility reported they have not placed an inmate in a holding cell for allegations of sexual abuse within the last 12 months.

During an interview with the PREA Coordinator it was reported the facility has not implemented this standard or their policy.

In addition, every 30 days the facility must afford each inmate placed in segregated housing, whether it is for risk of sexual abuse or due to allegation of sexual abuse at the detention facility, a review to determine whether there is a continuing need for separation from general population.

Corrective Action Needed:

- SGDCD must revise policy their PREA policy and Inmate Classification policy to include inmates who allege sexual abuse.
 - This must include:
 - documenting of the assessment of all alternative housing options,
 - documenting opportunities that have been limited,
 - the duration of limitations, and
 - reasons for such limitations
- Develop a written process showing how the facility will document that all available options have been reviewed and considered prior to placing a victim assessed at high risk of victimization in a holding cell.
- The written process should include how and where the Jail Administrator will document the opportunities that have been limited due to placement in the holding cell, the duration of the limitation, and the reasons for such limitations as outlined in the standard and SGCDC policy.
- SGCDC must develop a documented 30-day review process to review all alleged victims of sexual abuse and inmates who are at risk of victimization who are placed in a holding cell.

Corrective Action Plan:

- Provide the auditor with the revised procedures.
- Provide the auditor with the written plan, that includes:
 - documenting all available housing options are consider prior to placing an inmate who has alleged sexual abuse in a holding cell
 - directives on how the jail administrator will document the information outlined in this procedure, and
 - the documented 30-day review process.
- If the facility places an inmate in a holding cell due who alleged sexual abuse, within the next 90 days, provide documentation to the auditor showing the requirements of this standard was followed.

Corrective Action Period:

During the CAP, SGCDC revised their PREA policy to include the need for an assessment alternative housing options for inmates who allege sexual abuse. This will be completed by evaluating all alternative housing options to protect the inmates from sexual abuse, staff will document in the inmate's file limitations for alternative housing, how long those limitations may last and any reason for limitation.

SGCDC PREA policy also requires the classification deputy to review the status of all inmates every 30 days.

115.71	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This standard requires when the agency conducts investigations into sexual abuse and sexual harassment they be conducted "promptly, thoroughly, and objectively". SGCDC's PREA policy, section 606.10 states, "Sexual abuse and sexual harassment investigations should be conducted promptly and continuously until completed."</p> <p>Of the 11 investigations reviewed during the onsite audit, it was discovered the investigations were not thorough. The following are examples of three investigations that were not thorough. All three investigations have incorrect findings:</p> <ul style="list-style-type: none"> • Investigation of an inmate-on-inmate sexual abuse - The allegation was received from an attorney that an inmate with "social difficulties and mental health issues and could easily become a target" reported he was violated. The investigator met with the victim who outlined the incident that occurred. When interviewing the alleged perpetrator, the alleged perpetrator provided

additional incidents that had occurred that appear to have led up the event that was reported and stated everything was consensual. The investigator did not go back to the victim to determine if the additional information would be corroborated. No other inmates in the cellblock were interviewed. The investigation was substantiated for sexual abuse however, the investigator determined that sexual act was consensual. The investigation shows, "I explained to XXX that his act whether consensual or non-consensual, were a violation of the Prison Rape Elimination Act (PREA).

- Offender Sexual Harassment - an officer reported an inmate stated he was going to rape another inmate. The report does not tell the reader if this statement was said to the other inmate or to the officer. According to the investigative report the "victim" was not interviewed, neither was the witness listed on the cover page. The inmate admitted to making the statement to the officer. The investigation was substantiated. The investigation does not contain evidence that the inmate made the statement to another inmate. This is not sexual harassment.
- Offender Sexual Harassment - Inmate reported to an officer that he was having thoughts of asking other inmates to engage in sexual act with him. He stated he did not want to do this, so he asked to be moved. When he was interviewed by the investigator the inmate reported he had lost his mother, has been alone a lot and going through a hard time. This investigation was substantiated. If the inmate did not actually ask another inmate for sexual favor this is not sexual harassment. The investigation only shows the inmate was thinking about it.

This standard requires the agency only utilize investigators who have received specialized training in conducting sexual abuse investigation in confinement settings. SGCDC's PREA policy, section 606.10 shows, "Only investigators who have completed agency-approved training on sexual abuse and sexual harassment investigation shall be assigned to investigate these cases." However, of the 11 randomly selected investigative report reviewed during the onsite audit were conducted by an investigator who has completed the training.

The administrative investigator who was interviewed outlined his approach to conducting investigations which included gathering and preserving testimonial evidence from victim, witnesses, alleged perpetrator and staff; obtaining written statements; collecting video or phone records and a historical review. If the allegation is criminal in nature and there is evidence to substantiate the allegation, the investigation would be forwarded to the prosecuting attorney for consideration.

The investigator reported he does not judge credibility of the individuals involved in the investigation based on whether they are a staff or an inmate. He assesses the credibility on an individual basis. In addition, he never requires an inmate to submit to a polygraph examination. A random review of investigative reports supports his statement.

The following is a breakdown of investigations conducted over the last 12 months by

investigation type:

Type	# Received	Substantiated	Unsubstantiated	Unfounded	Referred to PA
Inmates/ Inmate Sexual Abuse	6	2	4		0
Inmate /Inmate Sexual Harassment	8	3	5		0
Staff Sexual Misconduct	2			2	0
Staff Sexual Harassment	3		3		0
TOTAL	19	5	12	2	0

The standard and SGCDC's PREA policy requires that when investigations are conducted by an outside agency, SGCDC must cooperate with the outside agency and will request to stay informed on the progress. The investigator reported he would work alongside the outside agency and provide assistance as needed. The Sheriff stated the agency would be provided the investigative report when completed.

Corrective Action Needed:

- Anyone who conducts investigations within the detention center must complete specialized investigation training for sexual abuse investigation in confinement settings.
- Investigator must adhere to the definition of sexual abuse and sexual harassment outlined in SGCDC policy.
 - If an investigation is substantiated as sexual abuse, the investigation must contain evidence to show the inmate did not consent, was coerced by overt or implied threats of violence or was unable to consent or refuse.
 - If the agency is investigating an allegation of sexual abuse and it is determined to be consensual, this would not be considered a substantiated sexual abuse investigation.
- Investigation must be thorough and include corroboration of information and testimony.
- Witnesses must be interviewed.

	<p>Corrective Action Plan:</p> <ul style="list-style-type: none"> • Provide auditor with documentary evidence showing everyone who conducts investigation within the detention center has completed PREA specialized investigator training. • Provide the auditor a copy of all PREA investigations conducted over the next 90 days. <p>Corrective Action Period:</p> <p>During the CAP, SGCDC's Administrative Investigator completed the Department of Justice's PREA Investigations in Confinement Facilities. The facility also located documentation showing other staff that conduct investigations within the detention center completed PREA investigations training provided by the Missouri Department of Corrections in July 2016.</p> <p>SGDCD provided a memo to this auditor reporting the facility has not received a PREA allegation since the onsite audit.</p>
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115.72	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The standard requires the agency to imposes a standard of a preponderance of the evidence or a lower standard of proof when determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p>SGCDC PREA policy, section 606.10.1 shows, "The Jail Administrator or Sheriff shall review the investigation and determine whether any allegations of sexual abuse or sexual harassment have been substantiated by a preponderance of the evidence."</p> <p>The investigator reported that the agency uses preponderance of evidence to determine whether an allegation of sexual abuse or sexual harassment is substantiate.</p>

115.73	Reporting to inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

SGDCD's PREA policy, section 606.10.2 Reporting to Inmates, contains the requirements of this standard and shows, "The Jail Administrator or the authorized designee shall inform a victim inmate in writing whether an allegation has been substantiated, unsubstantiated or unfounded. If the Agency did not conduct the investigation, the Agency shall request relevant information from the investigative agency in order to inform the inmate. If a staff member is the accused (unless the Agency has determined that the allegation is unfounded), the inmate shall also be informed whenever:

(a) The staff member is no longer assigned to the inmate's unit or employed at the facility.

(b) The Agency learns that the staff member has been indicted or convicted on a charge related to sexual abuse within the facility.

If another inmate is the accused, the alleged victim shall be notified whenever the Agency learns that the alleged abuser has been indicted or convicted on a charge related to sexual abuse within the facility. All notifications or attempted notifications shall be documented. When notification is made while the inmate is in custody, the inmate will sign a copy of the notification letter. The letter will be added to the case file."

While the agency policy supports this standard and outlines the agency's approach, the PREA Coordinator report this has not been implemented at SGDCD. The Investigator reported that sometimes it tells the victim the outcome of the investigation but did not think this was required by agency policy.

In the last 12 months the agency has conducted 19 investigations they labeled as PREA investigations. Of the 19 investigations there were 2 substantiated and 4 unsubstantiated inmate-on-inmate sexual abuse investigations that would have required the facility to provide a response to the alleged victim.

Corrective Action Needed:

- SGDCD must implement this standard as outlined in their PREA policy.

Corrective Action Plan:

- Provide the auditor with forms or letter format that will utilize to make notification to inmates following the completion of a substantiated or unsubstantiated inmate on inmate sexual abuse or staff misconduct investigation.
- Provide the auditor with all PREA investigations completed within the next 90 days along with documentary evidence showing the victim received notification as outlined in policy.

	<p>Corrective Action Period:</p> <p>As noted in the preliminary report, SGCDC's PREA policy supports this standard, however, the agency had not implemented the procedure. During the CAP, SGCDC created a PREA Rape Elimination Act Victim Notification form. The new form will be completed and provided to the inmate. The new form meets the requirements of the standard.</p> <p>The auditor was provided an email that shows SGCDC had not received a PREA allegation since the onsite audit.</p>
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115.76	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This standard requires staff receive discipline up to and including termination for violating the agency's sexual abuse and harassment policy. It also mandates that staff be terminated for sexually abusing an inmate.</p> <p>SGCDC's PREA policy, section 606.10 contains this language of this standard, "The staff shall be subject to disciplinary sanctions, up to and including termination, for violating this policy. Termination shall be the presumptive disciplinary sanction for staff members who have engaged in sexual abuse. All discipline shall be 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. All terminations for violations of sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to the law enforcement agency that would handle any related investigation and to any relevant licensing bodies."</p> <p>In the pre audit questionnaire the agency reported they had one staff member who was terminated for the sexual abuse of an inmate within the last 12 months. Upon questioning, I learned that the PREA Coordinator answered the question incorrectly. The staff sexual misconduct that he was referring to was reported at SGDCD but occurred while the inmate was in transit and in the custody of another county. The PREA Coordinator reported he knew the subject of the investigation had been terminated. I was also provided the inmate's statement and inquiry conducted by SGDCD to review and interviewed the victim during the onsite audit who outlined the incident that occurred while in the custody of another county.</p> <p>The agency has not disciplined or terminated anyone for violating the agency's PREA policy within the last three years.</p>

115.77	Corrective action for contractors and volunteers
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	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>SGDCD does not have volunteers that enter the detention center however, they do have a contracted medical and mental health staff.</p> <p>SGDCD PREA policy, Section 606.11.1, supports contains the information required by this standard and shows, "Any contractor or volunteer who engages in sexual abuse within the facility shall be immediately prohibited from having any contact with inmates. He/she shall be promptly reported to the law enforcement agency that would investigate such allegations and brought to the attention of any relevant licensing bodies."</p> <p>The Sheriff reported he would contact their employer and then have the person removed from the facility. The agency has received no allegations of sexual abuse or sexual harassment that involved contracted staff members.</p>

115.78	Disciplinary sanctions for inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This standard requires inmates to be subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative or criminal finding that an inmate engaged in inmate-on-inmate sexual abuse.</p> <p>SGCDC's Inmate Discipline policy contains language that meets the requirements of this standard however, the I was unable to determine if the policy has been implemented fully at the facility.</p> <p>The agency reported that in the last 12 months there has been no inmates disciplined for sexual abuse that occurred at the facility and there has been no criminal finding of guilt.</p> <p>SGCDCs Inmate Discipline policy shows, "The disciplinary process shall consider whether an inmate's mental disabilities or mental illness contributed to the inmate's behavior when determining what type of discipline, if any, should be imposed." However, I learned through staff interviews, this has not been implemented at the facility.</p> <p>The inmate Discipline policy shows, "To the extent that there is available therapy, counseling or other interventions designed to address and correct underlying reasons or motivations for sexual abuse, the facility shall consider whether to require an inmate being disciplined for sexual abuse to participate in such interventions as a condition of access to programming or other benefits." While the policy contains the</p>

language from the standard, it is vague and does not indicate if therapy, counseling or other interventions are actually available to the abuser."

The Inmate Discipline policy shows, "Discipline may be imposed for sexual activity between inmates. However, such activity shall not be considered sexual abuse for purposes of discipline unless the activity was coerced." However, policy does not appear to support the practice at the facility. Included in the investigations reviewed during the onsite audit included an offender-on-offender sexual abuse investigation which contained a statement by the investigator showing he informed the alleged perpetrator "that his act whether consensual or non-consensual, were a violation of the PREA Rape Elimination Act (PREA)." The investigation was substantiated. This statement shows a misunderstanding of the agency policy and the PREA standards.

In addition, the Inmate Discipline policy shows, "No inmate may be disciplined for falsely reporting sexual abuse or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation, if the report was made in good faith based upon a reasonable belief that the alleged conduct occurred." The inmate handbook shows, "Any investigated report of sexual assault or sexual harassment that has been determined to be unfounded may result in the reporting party being criminally charged with Making a False Report RsMO 575.080." While the Revised Missouri Statute does allow the agency to seek prosecution of a person who "knowingly" give false information to a law enforcement officer. The handbook leaves out the language in the standard and the agency policy regarding reports "made in good faith" or the language of the statute showing the person must "knowingly" make a false report. It is the opinion of this auditor that the statement in the Inmate Handbook would deter inmates from reporting knowledge or suspicions of sexual abuse or sexual harassment.

Corrective Action Needed:

- SGCDC's policy is generic and appears to be written for any jail. The policy does not provide details show how SGCDC implemented this standards regarding inmate discipline.
- SGCDC must implement a policy and a practice that ensures an inmate's mental disabilities or mental illness did not contribute to his behavior prior to determining sanctions.
 - This could be accomplished by having the LPC assess the inmate prior to sanctioning. This assessment should be documented and retained.
- SGCDC policy and practice regarding providing counseling or therapy for abusers should clearly show if this is available at the facility and how and where services will be obtained. If services are not available for abusers, policy should clearly show services are not available for abusers.
- SGCDC considers allegations of sexual abuse that is found to be consensual a violation of PREA which does not meet this standard. Consensual sex between inmates may be against policy but should not be considered a substantiated PREA investigation. SGCDC must ensure all investigators

receive specialized PREA investigator training.

- SGCDC Inmate Handbook should be revised to encourage inmates to report knowledge or suspicions of sexual abuse by including language from the standard which show reports "made in good faith" will not be disciplined or the statute language which shows individuals will only be prosecuted for "knowingly" making a false report.

Corrective Action Plan:

- Provide the auditor with policy that address how the facility implemented this standard.
- Provide a written practice showing how the facility will assess the extent to which an inmate's mental disabilities may have contributed to his behavior prior to issuing a sanction.
- Provide evidence showing staff that issue sanctions and the staff person assessing the inmate's mental health have received training on this revised practice.
- Provide the auditor with the agency policy and practice that outlines how and where services will be offered for abusers. If services are not available, policy should indicate that services are not available for abusers.
- Provide documentation showing all investigators have received PREA specialized investigator training.
- Provide the auditor with the revised inmate handbook which encourages inmates to report knowledge or suspicions of sexual abuse or sexual harassment.

Corrective Action Period:

During the CAP, SGCDC the inmate discipline procedure was revised to show if the alleged sexual abuse is substantiated, the abuser will remain in segregation as new housing arrangements are evaluated. If no other arrangements are identified, the sheriff will contact other counties to locate housing for the abuser. If no other housing is available, the abuser will remain in segregation. The facility does not offer mental health services to abusers following a substantiated allegation of sexual abuse.

SGCDC provided this auditor a copy of the directive sent to staff which shows following a substantiated investigation, the Licensed Professional Counselor will assess the perpetrator to determine if the inmate's mental disability or mental illness contribute to their behavior prior to determining sanctions. The counselor will document the assessment and the assessment will be utilized to determine sanctions.

As noted in the initial audit report, SGCDC administrative investigator considered allegations of consensual sexual abuse a violation of PREA which does not meet this

	<p>standard. It was recommended that SGCDC ensure all investigators receive specialized PREA investigator training. During the CAP, the administrative investigator completed DOJ's PREA investigator training for investigations conducted in confinement facilities. In addition, the facility provided documentation showing all other investigators completed PREA Investigator training in 2016.</p> <p>Finally, during the CAP, SGCDC Inmate Handbook was revised to shows "Any investigated report of sexual assault or sexual harassment that has been determined to be unfounded and the reporting party "knowingly" made a false report may result in the reporting party being criminally charged with Making a False Report RsMO 575.080."</p>
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115.81	Medical and mental health screenings; history of sexual abuse
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The standard requires that inmates who disclose prior victimization during PREA intake screening as outlined in 115.41 must be offered a follow-up meeting with a medical or a mental health professional within 14 days. As noted in 115.41, the facility does not have a PREA Intake Screening that meets the requirements of that standard. As noted previously, SGCDC does not have a PREA Intake Screening however, they do use a medical screening which is completed by the inmate during intake. The medical screening asks the inmate if they have ever been a victim of sexual abuse as an adult or child, and have they been a victim of sexual abuse in prison or jail. At the time of the onsite audit, the PREA Coordinator reported this has not been implemented.</p> <p>Inmate Screening and Evaluation policy, section 701.4 shows, "Inmates who have an identified history of sexual victimization shall be offered a follow-up meeting with a qualified health care or mental health provider within 14 days of intake screening (28 CFR 115.81). Initial screening forms should be forwarded to a care liaison for review." The facility's contracted mental health professional reported that she gets referrals if someone reports sexual abuse, and she reviews all medical screenings.</p> <p>Of the 21 medical screenings that were reviewed, only one reported a history of sexual abuse. The facility could not provide documentation showing the inmate was referred to medical or mental health or that the inmate received services. The facility reported records do not show the inmate was seen by a medical or mental health professional within 14 days.</p> <p>During the onsite audit I asked about an investigation that I reviewed where the inmate reported sexual abuse after being returned to the facility, the mental health professional reported she did not receive a referral for this individual.</p>

SGCDC Inmate Screening and Evaluation policy does not contain language regarding services to be offered and provide if accepted, to inmate who has previously perpetrated sexual abuse whether in a confinement setting or in the community as indicated by the PREA Intake Screening and reassessment. If services are accepted, the inmate must have a follow-up with a mental health provider within 14 days.

The contracted mental health professional reports she would obtain informed consent before reporting information about sexual victimization that did not occur in a confinement setting. The agency does not house inmates under the age of 18.

SGCDC's Inmate Screening and Evaluation policy is generic and appears to be created to be easily adaptable to any county confinement facility. The policy appears to conflict with the practices of the facility.

Corrective Action Needed:

- SGCDC must implement practices that address the standard and revised policy to adequately show how this standard is implemented at the facility.
- SGCDC must implement an objective PREA intake screening and 30-day reassessment as outlined in standard 115.41.
- SGCDC must develop and implement a practice for inmates who report a history of sexual abuse whether that occurred in a confinement facility or in the community must be offered medical or mental health services. This should be documented.
 - If the inmate accepts services, the inmate must be referred for services and services must be received and documented within 14 days.
- SGCDC must develop and implement a practice for inmates with a history of perpetrating sexual abuse, whether in a confinement facility or in the community, to be offered a follow up appointment with a mental health professional. The offer should be documented.
 - If the inmate accepts services, the inmate must be referred for services and services must be received and documented within 14 days.

Corrective Action Plan:

- Implement the PREA Intake Screening and 30-day review as outlined in 115.41.
- Provide the auditor with a revised policy that outlines how this standard was implemented at SGCDC.
- Provide the auditor with detailed plan for ensuring inmates who report a history of sexual abuse during the PREA Intake Screening or anytime during their incarceration at SGCDC are offered and referred for medical or mental health services. This must include an appointment within 14 days and how the

facility will ensure documentation.

- Provide the auditor with a detailed plan for ensuring inmates with a history of perpetration that is identified during the PREA Intake Screening or anytime during their incarceration at SGCDC, are offered and referred for a follow up mental health appointment. This must include an appointment within 14 days and how the facility will ensure documentation.

Corrective Action Period:

During the CAP, SGCDC adopted a new PREA Risk Assessment tool. Each offender is assessed at intake and then again within 30 days of intake. The assessment asks the offender about past victimization that occurred in the community or in a confinement facility. The assessment requires staff to ask the offender if they would like to meet with medical or mental health services and requires that the offender's response be documented and a referral to medical/mental health services made, if applicable.

In addition, SGCDC revised their Inmate Classification and Evaluations procedure to include the following statements, "Inmates who have an identified history of sexual victimization or score enough points on the PREA risk screening form, shall be offered a follow-up meeting with a qualified health care or mental health provider within 14 days of intake screening.... If the inmates refuses, the risk assessment form will be marked appropriately with the inmates signing off on the refusal." In addition, the policy includes, "If an offender reports a history of sexual abuse, whether in a confined setting, such as a detention center, or in the community, the offender must be referred to the qualified heather care provider on site so they can obtain services."

SGCDC provided acknowledgements showing all detention staff reviewed and understood the revised procedure.

This auditor received an email from the facility showing SGCDC has received no offenders who reported a history of sexual abuse since the onsite audit.

115.82	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The standard requires victims of sexual abuse receive timely, access to emergency medical treatment and crisis intervention services. if no qualified medical or mental health practitioners are on duty at the time, security staff first responder shall take steps to protect the victim and notify the appropriate medical or mental health staff. The facility has a contract with Community Counseling Center for mental health

services. The Inmate Handbook shows, "This agency enlists the assistance of the Community Counseling Center of Ste. Genevieve to provide counseling for any detainee that has been found to be the victim of any substantiated sexual assault that is brought to this agency's attention."

The standard requires that victims of sexual abuse while incarcerated shall be offered information and access to emergency contraception and sexually transmitted infections prophylaxis. All treatment should be free to the victim.

SGCDC's PREA policy, section 606.9 contains language that supports this standard. However, a review of practice and investigations indicates this standard has not been fully implemented. While the agency did not receive an allegation of sexual abuse that occurred at SGCDC in the last 12 months, the facility did have an inmate that was returned to their facility by another county. Upon return the inmate reported he was sexually abuse by a county staff member. According to the inmate, the facility did not offer medical or mental health services related to the sexual assault nor sexually transmitted infection prophylaxis.

As noted in standard 115.65, the facility has not implemented a coordinated response plan to provide an effective and timely response when an incident of sexual abuse is reported. A robust coordinated response plan is the cornerstone to ensuring all victims receive timely services as outlined in this standard.

It should be noted, that during an interview with the Director of Nursing she reported the facility would transport the victim to Ste. Genevieve County Memorial Hospital for a forensic examination. However, St. Genevieve County Memorial Hospital reported they do not conduct forensic exams and victims are transported to Mercy South in St. Louis.

Corrective Action Needed:

- SGCDC must implement a strong coordinated response plan as outlined in 115.65. The coordinated response plan is a specific roadmap for staff to ensure all steps occur to protect and treat a victim.

Corrective Action Plan:

- Provide the auditor with a detailed Coordinated Response Plan that outlines steps staff must take beginning at the initial report.
- Provide the auditor with documentation showing all staff that work in the detention center has received training on Coordinated Response Plan.

Corrective Action Period:

During the CAP, SGCDC revised their PREA policy to include a Coordinated Response

	<p>Plan which outlines the steps staff must take beginning at the initial report. In addition, the inmate handbook has been revised to show all victims receive counseling services from Freedom Behavioral Health.</p> <p>The agency provided staff acknowledgements shows they reviewed and understood the revised policies.</p>
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115.83	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>This standard requires the facility to offer medical and mental health evaluation and treatment to inmates who have been victimized by sexual abuse in prison, jail, lockup or juvenile. The agency did not provide a policy to reference for this standard. The agency's PREA policy contains some of the requirements of this standard and directs that inmates who have a history of victimization in a prison, jail, lockup or juvenile facility must be offender a medical and mental health evaluation. The facility does have an LPC that works 11 hours a week at the facility and a contract with Community Counseling Center for mental health services. The Inmate Handbook shows, "This agency enlists the assistance of the Community Counseling Center of Ste. Genevieve to provide counseling for any detainee that has been found to be the victim of any substantiated sexual assault that is brought to this agency's attention."</p> <p>While SGCDC's PREA policy, section 606.9, Examination, Testing and Treatment does require the facility to provide victims with follow-up services, pregnancy tests, timely information about pregnancy related medical services, and test for sexual transmitted infections, it appears all of these services will be provided if the inmate requires a forensic exam while housed at the detention center.</p> <p>When asked about follow-up services, the Director of Nursing said the inmate would go to the emergency room and be referred to counseling in the community.</p> <p>The intent of this standard is to offer services to anyone who is reports a history of sexual abuse that occurred in a confinement setting. This includes an initial assessment and ongoing follow up services as long and the inmate in housed in the detention and a referral upon release.</p>

	<p>Corrective Action Needed:</p> <ul style="list-style-type: none"> • After developing the PREA intake screening as required by 115.41, the agency must develop a process to offer services required by this standard to all inmates who report an history of sexual abuse in a prison, jail, lockup or juvenile facility. This should be documented. • If an inmate reports they have experience sexual abuse in a prison, jail, lockup or juvenile facility they must be offered services. If they accept services offered, the inmates must be referred and receive services within 14 days. The facility should retain documentation showing the victim received services. <p>Corrective Action Plan:</p> <ul style="list-style-type: none"> • Provide the auditor with PREA Intake Screenings completed within 30 days of the implementation of the new screening tool. • Provide the auditor with documentation showing all staff who will conduct screenings and the within 30 day review as received training. • Provide a plan to offer all inmates who report sexual abuse that occurred in a confinement setting both a medical and mental health evaluation and follow up services. <p>Corrective Action Period:</p> <p>During the CAP, the agency adopted a PREA Risk Assessment and provided this auditor with 20 assessments that were conducted. In addition, the agency provided this auditor with examples of 30 days reviews conducted by the facility.</p> <p>The newly adopted assessment requires staff to ask offenders who report an history of sexual abuse, whether the abuse occurred in the community or a confinement setting, if they would like to visit with a medical/mental health professional, if they answer yes, a copy of the assessment is provided to the medical/mental health professional along with the referral. If the offender refuses, the offender signs the assessment acknowledging they were offered services but refused.</p>
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115.86	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	This standard requires a facility to conduct sexual abuse incident reviews at the conclusion of every criminal or administrative sexual abuse investigation, unless the

investigation is unfounded. The review incident review must be conducted within 30 days of the conclusion of the investigation.

The standard requires the review team to review upper-level management, with input from line supervisors, investigators, medical and mental health practitioners. The standard is very specific on what the review team must cover. This can be found 115.86 (d). Following the review, the facility must implement the recommendation for improvement identified during the review or document its reasons for not doing so.

SGCDC PREA policy, section 606.13, contains the language from the standard, however, the PREA Coordinator and Sheriff reported the agency has not implemented this standard.

Corrective Action Needed:

- Implemented this standard by developing a form and process that ensures that all substantiated and unsubstantiated sexual abuse investigations are reviewed within 30 days of the completion of the investigation. The form should include all the criteria listed in 115.86 (d) and note what the facility found during their review of the incident. The form should include signature lines for all staff involved with the review and their titles.
 - This is also a good time to review the agency's coordinated response to the incident to determine if all staff responded in a timely fashion or if there is need for improvement, and
 - To ensure the victim is receiving follow up services even if the investigation is unsubstantiated.

Corrective Action Plan:

- Provide the auditor with the plan for investigation reviews, the form created to document the reviews and the plan for maintaining the review document.
- If the facility has substantiated or unsubstantiated investigations within the next 120 days, provide the auditor with the investigation and the incident review.

Corrective Action Period:

As documented in the initial report, SGCDC's PREA policy, section 606.13, contains the language from the standard, however, the PREA Coordinator and Sheriff reported the agency has not implemented this standard, however, during the CAP the agency adopted an Incident Review form. The form includes the criteria listed in 115.86 (d) and notes what the facility found during their review of the incident. In addition, the form includes signature lines for all staff involved with the review and their titles. The facility received no allegation of sexual abuse since the onsite audit.

115.87	Data collection
	<p data-bbox="256 188 959 221">Auditor Overall Determination: Meets Standard</p> <p data-bbox="256 264 544 297">Auditor Discussion</p> <p data-bbox="256 340 1477 622">The standard requires the agency to collect accurate, uniform data for every allegation of sexual abuse at SGCDC by using a standardize instrument and definitions. The data must be aggregated at least annually and provided to the Department of Justice upon request. The incident-based data must include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV). The SSV can be found at: https://bjs.ojp.gov/Survey of Sexual Victimization.</p> <p data-bbox="256 665 1442 904">SGCDC's PREA policy, section 606.4, shows it is the responsibility of the PREA Coordinator to "Establishing a process to ensure accurate, uniform data is collected for every allegation of sexual abuse at facilities under the direct control of this agency, using a standardized instrument and set of definitions. Upon request, the Agency shall provide all such data from the previous calendar year to the U.S. Department of Justice (DOJ) no later than June 30 (28 CFR 115.87)."</p> <p data-bbox="256 987 1465 1059">During the onsite audit, it was reported by the PREA Coordinator that the agency has not implemented this standard.</p> <p data-bbox="256 1102 1477 1341">To ensure the incidents are categorized correctly, each investigation would include the type of investigation that was conducted. The agency should be aware that 2022 and before the PREA definition outlined on the SSV differed slightly from the definition in the PREA Standards and SGCDC's policy. Please refer to the SSV form on the Bureau of Justice's website to obtain the PREA definitions to be used to categorize PREA investigations.</p> <p data-bbox="256 1384 676 1417">Corrective Action Needed:</p> <ul data-bbox="331 1485 1477 2063" style="list-style-type: none"> <li data-bbox="331 1485 1273 1518">• SGCDC must implement this standard as outlined in their policy. <li data-bbox="331 1525 1477 1597">• SGCDC must ensure the agency aggregates incident based PREA investigative data at least annually. <li data-bbox="331 1603 1477 2063">• Complete the SSV form, which can be located on the Bureau of Justice's website, for all PREA investigations conducted in 2022. <ul data-bbox="437 1693 1449 2063" style="list-style-type: none"> <li data-bbox="437 1693 1433 1809">◦ Each investigation should be reviewed closely to determine if the alleged event occurred in their facility. If the event did not occur at SGCDC, the investigation should not be included. <li data-bbox="437 1816 1449 1977">◦ Determine if each investigation meets the definitions outlined in the SSV form. For example, if the allegation is that an inmate thought he may ask for sexual favors, but did not, it does not match the definitions and should not be included. <li data-bbox="437 1984 1477 2063">◦ Determine if the findings for each investigation is correct. For example, if the allegation is sexual abuse and it was determined to be

consensual sex between two inmates, the investigation should be unfounded for sexual abuse.

Corrective Action Needed:

Provide the auditor with the completed SSV form to the PREA Auditor for all investigation completed in 2022.

Corrective Action Period:

As noted in the initial report, SGCDC's PREA policy, section 606.4, shows it is the responsibility of the PREA Coordinator to "Establishing a process to ensure accurate, uniform data is collected for every allegation of sexual abuse at facilities under the direct control of this agency, using a standardized instrument and set of definitions. Upon request, the Agency shall provide all such data from the previous calendar year to the U.S. Department of Justice (DOJ) no later than June 30 (28 CFR 115.87)."

During the CAP, the agency determine they will utilize the SSV-IA to collect investigation data. The forms will be kept by the PREA Coordinator who will then aggregates incident based data annually which will be published on the agency's website.

115.88 Data review for corrective action

Auditor Overall Determination: Meets Standard

Auditor Discussion

This standard requires the agency to review data collected and aggregated as outlined in 115.87 to assess and improve the effectiveness of sexual abuse response policies and training. This should include identifying problem areas, taking corrective action on an ongoing basis and preparing an annual report of its findings.

The annual report must include a comparison of the current year's data and corrective action with those from prior years. The report must be made available on the agency's website.

SGCDC's PREA policy, section 606.14 DATA REVIEWS supports this standard and shows,

This agency shall conduct an annual review of collected and aggregated incident-

based sexual abuse data. The purpose of these reviews is to assess and improve the effectiveness of sexual abuse prevention, detection and response policies, practices and training by:

- (a) Identifying problem areas.
- (b) Identifying corrective actions taken.
- (c) Recommending corrective actions.
- (d) Comparing current annual data and corrective actions with those from prior years.
- (e) Assessing the agency's progress in addressing sexual abuse.

The reports shall be approved by the Jail Administrator and made available through the agency website. Material may be redacted from the reports when publication would present a clear and specific threat to the safety and security of the facility. However, the nature of the redacted material shall be indicated (28 CFR 115.88)

However, as noted previously in standard 115.87 the agency does not aggregate uniform data annually. In addition, the agency does not have a annual PREA report posted on their website.

Corrective Action Needed:

- SGCDC must implement this standard as outlined in their policy.
- SGCDC must ensure an annual report that includes the criteria noted in this standard is completed and available to the public on the agency's website.

Corrective Action Plan:

- After the facility has aggregated the data as requested on 115.87, the facility should draft a 2022 annual report that meets the requirements of this standard.
- Provide the auditor with the 2022 annual report.
- Post the 2022 annual report to the agency website and provide the link to the auditor.

Corrective Action Period:

As noted in the initial report, SGSC's PREA policy supported this standard however, the policy had not been implemented. During the CAP, SGCDC posted their 2022 annual report on the agency's website which can be found at: <https://www.sgcsa.com/page.php?id=7>.

	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>This standard requires the agency to ensure that incident-based and aggregate data are securely retained and requires that aggregated sexual abuse data from the facility be readily made available to the public at least annually through the agency's website but ensuring that all personal identifiers have been removed. In addition, the agency must maintain sexual abuse data collected per 115.87 for at least 10 years after the date of initial collection.</p> <p>SGCDC's PREA policy, section 606.14 and 606.15 supports this standard however, the standard or policy has not been implemented at the agency. The facility does not aggregate data, they do not create or post an annual report available on the agency website and therefore, there was no data collected that must be maintained for 10 years after the date of initial collection.</p> <p>Corrective Action Needed:</p> <ul style="list-style-type: none"> • SGCDC must implement this standard and their policy, the corrective action needed is covered in 115.87 and 115.88. <p>Corrective Action Plan:</p> <ul style="list-style-type: none"> • Provide the auditor with the aggregate data as outlined in 115.87. • Provide the auditor with the 2022 annual report. • Post the 2022 annual report on the agency's website and provide the link to the auditor. <p>Corrective Action Period:</p> <p>During the CAP, the SGCDC provided the auditor with the agency's aggregated data, and drafted the 2022 annual report which is posted to their website and can be found at: https://www.sgcsso.com/page.php?id=7</p>
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115.401	Frequency and scope of audits
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>SGCDC does not contract with other facilities to house their inmates. The facility has only been audited once which was in July 2016.</p> <p>During the tour, the Notice of Auditor was visible in all housing units and in areas where it could be easily observed by staff. The auditor also received pictures from</p>

the PREA Coordinator on February 7, 2023, showing the date the Notice of Audit was posted throughout the facility. The Notice of Audit was posted in English and Spanish 10 weeks prior to the scheduled onsite audit. The Notice of Audit clearly shows that mail addressed to the audit is confidential. Prior to the onsite audit, the auditor received two letters from inmates. The inmates were both interviewed during the audit.

The onsite audit was conducted during the first year of this audit cycle on April 17 -18, 2023. The auditor had access to all areas of the facility and was provided requested documents, reports, policies, etc.

The auditor requested the agency have a list of current inmates and identifying information such as housing assignment, type of inmates i.e., local, BOP or US Marshals Service available upon arrival and a list of staff assigned to the facility. All requested documents were available upon my arrival. The lists of staff and inmates was utilized to randomly select by staff and inmates to interview. All interviews were conducted in a private setting.

Corrective Action Needed:

The agency must ensure they are audited during each three-year audit cycle.

Corrective Action Period:

During the CAP the agency provided this auditor a response to this standard which shows the agency attempted to obtain an audit in 2019 and the following years by utilizing the PREA Resource Center's auditor search tool. They reportedly sent out numerous inquiries but received no response back. SGCDC stated they continued to look for an auditor until they found their current auditor in 2023. SGCDC feels the PREA Resource Center should provide better access to auditors or evaluate how an agency can get in touch with an auditor.

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Only one PREA Audit has been previously conducted at SGCDC which was in a conducted in July 2016 with the final report being issued in September 2016. The final audit report in uploaded to the agency's website and is easily accessible to the public.

Appendix: Provision Findings		
115.11 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.11 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes
115.11 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	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.)	na
115.12 (a)	Contracting with other entities for the confinement of inmates	
	If this agency is public and it contracts for the confinement of its inmates 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.)	na
115.12 (b)	Contracting with other entities for the confinement of inmates	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure	na

	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.)	
115.13 (a)	Supervision and monitoring	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into	yes

	consideration: Any applicable State or local laws, regulations, or standards?	
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
115.13 (b)	Supervision and monitoring	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)	yes
115.13 (c)	Supervision and monitoring	
	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
	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
	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
115.13 (d)	Supervision and monitoring	
	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
	Is this policy and practice implemented for night shifts as well as day shifts?	yes
	Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility?	yes

115.14 (a)	Youthful inmates	
	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).)	na
115.14 (b)	Youthful inmates	
	In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	In areas outside of housing units does the agency provide direct staff 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).)	na
115.14 (c)	Youthful inmates	
	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).)	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).)	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).)	na
115.15 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.15 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)	yes
	Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the	yes

	facility does not have female inmates.)	
115.15 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)?	yes
115.15 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies that enables inmates to shower, perform 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
	Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?	yes
115.15 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status?	yes
	If an inmate's genital status is unknown, does the facility determine 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
115.15 (f)	Limits to cross-gender viewing and searches	
	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
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

115.16 (a)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency take appropriate steps to ensure that inmates with 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
	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
	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
	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
	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
	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
	Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing?	yes
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication	yes

	with inmates with disabilities including inmates who: Have intellectual disabilities?	
	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
	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
115.16 (b)	Inmates with disabilities and inmates who are limited English proficient	
	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
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.16 (c)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency always refrain from relying on inmate interpreters, 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
115.17 (a)	Hiring and promotion decisions	
	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
	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
	Does the agency prohibit the hiring or promotion of anyone who	yes

	may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	
	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
	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
	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 two bullets immediately above?	yes
115.17 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates?	yes
	Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates?	yes
115.17 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with inmates, does the agency perform a criminal background records check?	yes
	Before hiring new employees who may have contact with inmates, does 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
115.17 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?	yes

115.17 (e)	Hiring and promotion decisions	
	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
115.17 (f)	Hiring and promotion decisions	
	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
	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
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.17 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.17 (h)	Hiring and promotion decisions	
	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
115.18 (a)	Upgrades to facilities and technologies	
	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
115.18 (b)	Upgrades to facilities and technologies	

	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
115.21 (a)	Evidence protocol and forensic medical examinations	
	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
115.21 (b)	Evidence protocol and forensic medical examinations	
	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
	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
115.21 (c)	Evidence protocol and forensic medical examinations	
	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
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes

	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.21 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency always makes a victim advocate from a rape crisis center available to victims.)	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.21 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.21 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	yes
115.21 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency always makes a victim advocate from a rape crisis center available to victims.)	no
115.22 (a)	Policies to ensure referrals of allegations for investigations	

	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.22 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy and practice in place to ensure that 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
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.22 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).)	yes
115.31 (a)	Employee training	
	Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?	yes

	Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?	yes
	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
	Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates?	yes
	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
115.31 (b)	Employee training	
	Is such training tailored to the gender of the inmates at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa?	yes
115.31 (c)	Employee training	
	Have all current employees who may have contact with inmates received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	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
115.31 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.32 (a)	Volunteer and contractor training	

	Has the agency ensured that all volunteers and contractors who have 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
115.32 (b)	Volunteer and contractor training	
	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
115.32 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.33 (a)	Inmate education	
	During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
115.33 (b)	Inmate education	
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	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
	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
115.33 (c)	Inmate education	
	Have all inmates received the comprehensive education referenced in 115.33(b)?	yes

	Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?	yes
115.33 (d)	Inmate education	
	Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills?	yes
115.33 (e)	Inmate education	
	Does the agency maintain documentation of inmate participation in these education sessions?	yes
115.33 (f)	Inmate education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats?	yes
115.34 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	no
115.34 (b)	Specialized training: Investigations	
	Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include proper use of Miranda and	yes

	Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	
	Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include the criteria and evidence required 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
115.34 (c)	Specialized training: Investigations	
	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
115.35 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	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	yes

	suspicious of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	
115.35 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	na
115.35 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	no
115.35 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)	yes
	Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
115.41 (a)	Screening for risk of victimization and abusiveness	
	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
	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
115.41 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.41 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective	yes

	screening instrument?	
115.41 (d)	Screening for risk of victimization and abusiveness	
	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
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?	yes
	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
	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
	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
	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
	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
	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
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10)	yes

	Whether the inmate is detained solely for civil immigration purposes?	
115.41 (e)	Screening for risk of victimization and abusiveness	
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior acts of sexual abuse?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior convictions for violent offenses?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: history of prior institutional violence or sexual abuse?	yes
115.41 (f)	Screening for risk of victimization and abusiveness	
	Within a set time period not more than 30 days from the inmate's arrival 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
115.41 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess an inmate's risk level when warranted due to a referral?	yes
	Does the facility reassess an inmate's risk level when warranted due to a request?	yes
	Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse?	yes
	Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?	yes
115.41 (h)	Screening for risk of victimization and abusiveness	
	Is it the case that inmates are not ever disciplined for refusing to answer, 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
115.41 (i)	Screening for risk of victimization and abusiveness	
	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	yes

	information is not exploited to the inmate's detriment by staff or other inmates?	
115.42 (a)	Use of screening information	
	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
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 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
	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
	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
115.42 (b)	Use of screening information	
	Does the agency make individualized determinations about how to ensure the safety of each inmate?	yes
115.42 (c)	Use of screening information	
	When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider, on a case-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
	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	yes

	present management or security problems?	
115.42 (d)	Use of screening information	
	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
115.42 (e)	Use of screening information	
	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
115.42 (f)	Use of screening information	
	Are transgender and intersex inmates given the opportunity to shower separately from other inmates?	yes
115.42 (g)	Use of screening information	
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	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? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	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? (N/A if the agency has a dedicated facility, unit, or wing	no

	solely for the placement of LGBT or I inmates pursuant to a consent degree, legal settlement, or legal judgement.)	
115.43 (a)	Protective Custody	
	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
	If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment?	yes
115.43 (b)	Protective Custody	
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible?	yes
	If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	na
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	na
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	na
115.43 (c)	Protective Custody	

	Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged?	yes
	Does such an assignment not ordinarily exceed a period of 30 days?	yes
115.43 (d) Protective Custody		
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety?	yes
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged?	yes
115.43 (e) Protective Custody		
	In the case of each inmate who is placed in involuntary segregation 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?	no
115.51 (a) Inmate reporting		
	Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.51 (b) Inmate reporting		
	Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the inmate to remain	yes

	anonymous upon request?	
	Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility never houses inmates detained solely for civil immigration purposes.)	na
115.51 (c)	Inmate reporting	
	Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Does staff promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.51 (d)	Inmate reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	yes
115.52 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt 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.	no
115.52 (b)	Exhaustion of administrative remedies	
	Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring an inmate to use any 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
115.52 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from	yes

	this standard.)	
	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
115.52 (d)	Exhaustion of administrative remedies	
	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
	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
	At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
115.52 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow inmates, staff members, family 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
	Are those third parties also permitted to file such requests on behalf of inmates? (If a third party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)	yes
115.52 (f)	Exhaustion of administrative remedies	

	Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging an inmate is subject to 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
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
115.52 (g)	Exhaustion of administrative remedies	
	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
115.53 (a)	Inmate access to outside confidential support services	
	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
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers,	na

	including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility never has persons detained solely for civil immigration purposes.)	
	Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?	yes
115.53 (b)	Inmate access to outside confidential support services	
	Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.53 (c)	Inmate access to outside confidential support services	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.54 (a)	Third-party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?	yes
115.61 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to 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
	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
	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	yes

	abuse or sexual harassment or retaliation?	
115.61 (b)	Staff and agency reporting duties	
	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
115.61 (c)	Staff and agency reporting duties	
	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
	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
115.61 (d)	Staff and agency reporting duties	
	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
115.61 (e)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
115.62 (a)	Agency protection duties	
	When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate?	yes
115.63 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that an inmate was sexually abused while 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
115.63 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes

115.63 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.63 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
115.64 (a)	Staff first responder duties	
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that an inmate was sexually abused, is 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
	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
	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
115.64 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.65 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in	no

	response to an incident of sexual abuse?	
115.66 (a)	Preservation of ability to protect inmates from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limit the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	no
115.67 (a)	Agency protection against retaliation	
	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
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.67 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures, such as housing 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
115.67 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	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
	Except in instances where the agency determines that a report of	yes

	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?	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.67 (d)	Agency protection against retaliation	
	In the case of inmates, does such monitoring also include periodic status checks?	yes
115.67 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.68 (a)	Post-allegation protective custody	
	Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43?	yes
115.71 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations	yes

	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).)	
	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
115.71 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?	yes
115.71 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.71 (d)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, 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
115.71 (e)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.71 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes

	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.71 (g)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.71 (h)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.71 (i)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
115.71 (j)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?	yes
115.71 (l)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.72 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.73 (a)	Reporting to inmates	
	Following an investigation into an inmate's allegation that he or she 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

115.73 (b)	Reporting to inmates	
	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
115.73 (c)	Reporting to inmates	
	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 inmate 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
	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
	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
	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
115.73 (d)	Reporting to inmates	
	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
	Following an inmate's allegation that he or she has been sexually	yes

	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?	
115.73 (e)	Reporting to inmates	
	Does the agency document all such notifications or attempted notifications?	yes
115.76 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.76 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.76 (c)	Disciplinary sanctions for staff	
	Are disciplinary sanctions for violations of agency policies relating to 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
115.76 (d)	Disciplinary sanctions for staff	
	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
	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
115.77 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes

	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.77 (b)	Corrective action for contractors and volunteers	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates?	yes
115.78 (a)	Disciplinary sanctions for inmates	
	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
115.78 (b)	Disciplinary sanctions for inmates	
	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
115.78 (c)	Disciplinary sanctions for inmates	
	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
115.78 (d)	Disciplinary sanctions for inmates	
	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
115.78 (e)	Disciplinary sanctions for inmates	
	Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.78 (f)	Disciplinary sanctions for inmates	
	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	yes

	evidence sufficient to substantiate the allegation?	
115.78 (g)	Disciplinary sanctions for inmates	
	If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)	yes
115.81 (a)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison).	yes
115.81 (b)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a prison inmate has 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
115.81 (c)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a jail).	yes
115.81 (d)	Medical and mental health screenings; history of sexual abuse	
	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
115.81 (e)	Medical and mental health screenings; history of sexual abuse	
	Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior	yes

	sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?	
115.82 (a)	Access to emergency medical and mental health services	
	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
115.82 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	no
115.82 (c)	Access to emergency medical and mental health services	
	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
115.82 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.83 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.83 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as 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
115.83 (c)	Ongoing medical and mental health care for sexual abuse	

	victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.83 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes
115.83 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes
115.83 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.83 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.83 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If the facility is a prison, does it attempt to conduct a mental health 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.)	na

115.86 (a)	Sexual abuse incident reviews	
	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
115.86 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.86 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.86 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was 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?	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
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not 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
115.86 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes

115.87 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.87 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.87 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.87 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.87 (e)	Data collection	
	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.)	na
115.87 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	no
115.88 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	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?	no
	Does the agency review data collected and aggregated pursuant	no

	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?	
115.88 (b)	Data review for corrective action	
	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?	no
115.88 (c)	Data review for corrective action	
	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?	no
115.88 (d)	Data review for corrective action	
	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?	no
115.89 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	no
115.89 (b)	Data storage, publication, and destruction	
	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?	no
115.89 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	no
115.89 (d)	Data storage, publication, and destruction	
	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
115.401 (a)	Frequency and scope of audits	

	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	no
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	yes
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	na
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403	Audit contents and findings	

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