

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

☐ Interim ☒ Final

Date of Report March 22, 2020

Auditor Information

Name: Vevia Sturm	Email: Vevia.Sturm@doc.mo.gov
Company Name: Click or tap here to enter text.	
Mailing Address: 2728 Plaza Drive	City, State, Zip: Jefferson City, MO 65109
Telephone: 573-522-3335	Date of Facility Visit: Click or tap here to enter text.

Agency Information

Name of Agency: Jackson County Jail		Governing Authority or Parent Agency (If Applicable): Jackson County Sheriff's Department	
Physical Address: 210 U.S. Hwy 75		City, State, Zip: Holton, KS 66436	
Mailing Address: same		City, State, Zip: same	
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
Agency Website with PREA Information: https://www.jasoks.org/divisions/jail-division/prison-rape-elimination-act-prea			

Agency Chief Executive Officer

Name: Tim Morse	
Email: tim.morse@jasoks.org	Telephone: 785-364-8851

Agency-Wide PREA Coordinator

Name: Steve Buck	
Email: steve.buck@jasoks.org	Telephone: 785-364-2251
PREA Coordinator Reports to: Sheriff Tim Morse	Number of Compliance Managers who report to the PREA Coordinator 0

Facility Information

Name of Facility: Jackson County Jail

Physical Address: 210 U.S. Hwy 75

City, State, Zip: Holton, KS 66436

Mailing Address (if different from above):

Click or tap here to enter text.

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

The Facility Is:

☐ Military

☐ Private for Profit

☐ Private not for Profit

☐ Municipal

☒ County

☐ State

☐ Federal

Facility Type:

☐ Prison

☒ Jail

Facility Website with PREA Information: jasoks.org

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

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

☐ ACA

☐ NCCHC

☐ CALEA

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

☐ N/A

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:
PREA Compliance Audit completed on July 20, 2016 finding the facility in full compliance

Warden/Jail Administrator/Sheriff/Director

Name: Steve Buck

Email: steve.buck@jasoks.org

Telephone: 785-364-2251

Facility PREA Compliance Manager

Name: Same as above

Email: Click or tap here to enter text.

Telephone: Click or tap here to enter text.

Facility Health Service Administrator ☒ N/A

Name: Click or tap here to enter text.

Email: Click or tap here to enter text.

Telephone: Click or tap here to enter text.

Facility Characteristics		
Designated Facility Capacity:	108	
Current Population of Facility:	86	
Average daily population for the past 12 months:	93.3	
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input type="checkbox"/> Males <input checked="" type="checkbox"/> Both Females and Males	
Age range of population:	18-72	
Average length of stay or time under supervision:	10 days	
Facility security levels/inmate custody levels:	Low- med. - high	
Number of inmates admitted to facility during the past 12 months:	Did not provide	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	Did not provide	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	Did not provide	
Does the facility hold youthful inmates?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Number of youthful inmates held in the facility during the past 12 months: (N/A if the facility never holds youthful inmates)	Click or tap here to enter text. <input checked="" type="checkbox"/> N/A	
Does the audited facility hold inmates for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Select all other agencies for which the audited facility holds inmates: Select all that apply (N/A if the audited facility does not hold inmates for any other agency or agencies):	<input type="checkbox"/> Federal Bureau of Prisons <input checked="" type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input checked="" type="checkbox"/> State or Territorial correctional agency <input checked="" type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: Click or tap here to enter text. <input type="checkbox"/> N/A	
Number of staff currently employed by the facility who may have contact with inmates:	15	

Number of staff hired by the facility during the past 12 months who may have contact with inmates:	3
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	2
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:	7
Physical Plant	
Number of buildings: Auditors should count all buildings that are part of the facility, whether inmates are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house inmates, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.	1
Number of inmate housing units: Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows inmates to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.	5
Number of single cell housing units:	0
Number of multiple occupancy cell housing units:	4
Number of open bay/dorm housing units:	1
Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):	4
In housing units, does the facility maintain sight and sound separation between youthful inmates and adult inmates? (N/A if the facility never holds youthful inmates)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Medical and Mental Health Services and Forensic Medical Exams		
Are medical services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Are mental health services provided on-site?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Where are sexual assault forensic medical exams provided? Select all that apply.	<input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.)	
Investigations		
Criminal Investigations		
Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:	3	
When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.	<input type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity	
Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input checked="" type="checkbox"/> N/A	
Administrative Investigations		
Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?	2	
When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply	<input type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity	

Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)

- ☐ Local police department
- ☐ Local sheriff's department
- ☐ State police
- ☐ A U.S. Department of Justice component
- ☐ Other (please name or describe: [Click or tap here to enter text.](#))
- ☒ N/A

Audit Findings

Audit Narrative

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

On May 1, 2019, DOJ Certified Prison Rape Elimination Act (PREA) auditor Vevia Sturm entered into a contract with the Jackson County Jail to conduct a PREA Compliance Audit.

Pre Audit:

PREA Compliance Audit was conduct at Jackson County Jail, Holton, Kansas, July 18th and 19th, 2019. The audit was conducted by me, Vevia Sturm.

The Notice of Audit was forwarded to the facility on May 3rd, 2019, along with the Pre Audit Questionnaire (PAQ), a detailed email outlining the documentation that should be included with the PAQ and a list of targeted staff and offenders that I will randomly select to interview. On May 8, 2019 I received date stamped photos showing the notice was posted throughout the facility. I communicated with the agency's PREA Coordinator via email during the pre-audit period. On June 28, 2019, I received the Pre-Audit Questionnaire (PAQ) and supporting documentation uploaded onto a flash drive. The PAQ was incomplete and the facility provided very few supporting documents.

NOTE: Jackson County Jail was audited by a DOJ certified auditor on July 19th and 20th, 2016 and was issued a final audit report on July 20, 2016, showing the agency was in full compliance with PREA Standards.

Onsite Audit:

I arrived at Jackson County Jail Thursday, July 18, 2019, at 8:30 AM. A short entrance meeting was held with the Jail Administrator/PREA Coordinator, Steve Buck, and the Jail Sergeant/Assistant PREA Coordinator, Dan Ballenger, in which we discussed the itinerary for the onsite audit. During this meeting I explained the PAQ that I had received prior to the onsite audit was incomplete and requested a completed PAQ be provided. Following the entrance, I was escorted on a tour of all areas of the facility by Sgt. Ballenger.

The jail consists of one building with pods clustered around a control room. This multiple-pod design provides the facility the ability to separately house offenders of differing security levels. During the tour, which included all areas of the facility, I noted that PREA information was posted sporadically in the pods and was only available in English. I observed cameras in all pods, kitchen, laundry, hallways and all areas

of the facility where offenders have access. Cameras are monitored from the centralized control room. A review of the camera views confirmed that no bathrooms were visible on the monitors.

Following the tour, the PREA Coordinator provided an offender roster and a list of staff member which allowed me to randomly select residents and staff for interviews. These rosters were also used to randomly select personnel files and resident files for review.

On the first day of the audit, Jackson County Jail housed 86 offenders which included 71 male offenders and 15 females. A total of 12 randomly selected offenders were interviewed. The interviews included male and female offenders as well as county and Kansas Department of Corrections' offenders. During the onsite audit the jail housed no offenders who were disabled or non-English speaking. There were no offenders who identified as Gay, Bisexual, transgender or intersex (LGBTI) or who had reported sexual abuse. The auditor received no correspondence from offenders prior to the audit.

Jackson County Jail employed 15 staff members. I interviewed 12 staff members that represented a cross-section of work assignments, from all shifts. Due to the size of the facility, staff are tasked with many different duties therefore, several staff were interviewed using multiple targeted interview questions. Interviews included 2 random staff, 3 staff who conduct PREA Risk Assessments, 1 contracted nurse, 2 intake staff, 1 investigator, the Assistant PREA Coordinator and the PREA Coordinator. These same staff are also tasked with acting as the agency head, first responders and answered the questions related to human resources.

On the second day of the audit, interviews were completed and an onsite record review was completed. I randomly selected 24 offenders and reviewed their risk assessments to determine if assessments were conducted within 72 hours of intake and again within 30 days of intake as well as to determine if the offender received PREA education at intake and then within 30 days of intake.

An exit meeting was conducted on July 19, 2019, with the Jail Administrator/PREA Coordinator and Dan Ballenger, Jail Sergeant/Assistant PREA Coordinator. I provided a list of documentation that was still needed to determine compliance. We reviewed the list and discussed deficiencies that had been identified thus far. The list included, but was not limited to, a completed PAQ, training curriculums and training records for all 15 staff members, documentation showing contracted medical staff received training, annual reports, etc.

It should be noted that the policy excerpts provided with the PAQ does not contain the same policy language as PREA policy #01-01-01 that was provided during the onsite audit. The facility's PREA policy #01-01-01 does not provide adequate information to determine now the agency implemented PREA within the facility. The majority of the policy language is either a repeat of standard language or appears to have been copied from policies from other institutional settings.

Post audit:

The interim report was provided to Jackson County Jail on September 3, 2019. As of the time date the interim was forwarded to the facility, I had not received a completed PAQ or the documentation requested at the exit meeting. The interim report indicated the facility was in compliance with 24 standards and 21 standards required corrective action. The standards found to be in noncompliance were as follows: 115.11: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator; 115.13: Supervision and monitoring; 115.15: Limits to cross-gender viewing and searches; 115.16: Inmates with disabilities and inmates who are limited English proficient; 115.17: Hiring and promotion decisions; 115.22: Policies to ensure referrals of allegations for investigations; 115.32: Volunteer and contractor training; 115.33: Inmate education; 115.34: Specialized training: Investigations; 115.35: Specialized training: Medical and mental health care; 115.41: Screening for risk of victimization and abusiveness; 115.42: Use of screening information; 115.53: Inmate access to outside confidential support services; 115.67: Agency protection against retaliation; 115.71: Criminal and administrative agency investigations; 115.73: Reporting to inmates;

115.81: Medical and mental health screenings; history of sexual abuse; 115.87: Data collection; 115.88: Data review for corrective action; 115.89: Data storage, publication, and destruction; and, 115.403: Audit contents and findings.

Corrective Action Period:

The Corrective Action Period (CAP) began the day the report was forwarded to the facility, September 3, 2019, and ended March 1, 2020. Throughout the corrective action period I stayed in contact with the facility via email and phone conferences.

During the CAP, the facility implemented some of the recommended corrective action to move the facility into full compliance with the PREA standards. A description of the corrective action implemented by the facility as well as my analysis process and compliance determination is included within this report. The agency's PREA policy was revised and the number of the policy changed from #01-01-01 to PREA 19 which shows an effective date of December, 2019.

During the Corrective Action period I requested that the facility provide a completed PAQ both via email and conference call, as of the day of the final report, the facility did not provide the completed PAQ.

Facility Characteristics

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

Jackson County Jail is located in Holton, Kansas, which is the county seat of Jackson County. The facility houses both male and female offenders. The jail receives offenders from a variety of agencies to include: arrests in Jackson County, overflow from other surrounding counties, Kansas Department of Corrections and the US Marshall Service.

The jail consists of one building with pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. This design affords the flexibility to separately house offenders of differing security levels.

The facility has 5 separate pods, "A" through "E". Below is a description of each pod and observation made during the tour:

Pod A – Houses male offender and contains two 2-man cells and 4 bunks in an open area. The pod has a bathroom that provides privacy for showering, toileting and changing clothing outside the view of staff.

Pod B – Houses female offenders. The pod contains six 3-person cells and 4 bunks in a small common area. The pod includes a bathroom. The shower curtain is not wide enough to cover the shower opening. I was able to see into the shower from the common area in the pod. The shower did not provide adequate privacy.

Pod C – Houses male offenders and contains 8 cells. There are no bunks in the common area. The bathroom within the pod provides privacy for showering, toileting and changing clothing outside the view of staff.

Pod D – Houses male offender and contains seven 3-man cells and one 2-man cell. The pod has four bunks in the common area. The bathroom within the pod provides privacy for showering, toileting and changing clothing outside the view of staff.

Pod E – Housing male offenders and is an open bay design. The bathroom does not provide adequate privacy. The curtain is too short to provide coverage and had a split that allow me to view the toilet from the common area.

The posting of PREA information in the pod was very sporadic and no pod contained PREA information in Spanish.

The facility has a total of 28 cameras. These cameras are located in each housing unit above the entry door with Pod B having an additional camera pointed at the mezzanine level.

The facility has 4 cells with cameras that are utilized as segregation. These cameras have a pixelated area over the bathroom area to provide privacy. There are also cameras located in the kitchen, all three hallways, booking, laundry room, front lobby sally port, etc. It is my opinion the facility has adequate video coverage and monitoring to ensure offender safety.

In addition, the facility has a closed in recreation area. Pods do not intermingle. All meals are served within the pods, and one pod at a time receives recreation.

During the Corrective Action Period, the facility addressed the two privacy barriers issues noted in pods B and E.

Summary of Audit Findings

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

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

Standards Exceeded

Number of Standards Exceeded: [Click or tap here to enter text.](#)

List of Standards Exceeded: [Click or tap here to enter text.](#)

Standards Met

Number of Standards Met: 39

Standards Not Met

Number of Standards Not Met: 6

List of Standards Not Met: 115.16: Inmates with disabilities and inmates who are limited English proficient; 115.33: Inmate education; 115.41: Screening for risk of victimization and abusiveness; 115.42: Use of screening information; 115.53: Inmate access to outside confidential support services; and, 115.81: Medical and mental health screenings: history of sexual abuse

PREVENTION PLANNING

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

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

115.11 (a)

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

115.11 (b)

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

115.11 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

This standard requires an agency to have a written policy mandating zero tolerance toward all forms offender sexual abuse and sexual harassment. Jackson County Jail has PREA policy #01-01-01. The policy does not provide adequate information to determine how the agency implemented PREA within the facility. The majority of the policy language is either a repeat of standard language or appears to have been copied from policies from other institutional settings.

This standard requires the agency to designate an upper-level PREA coordinator to oversee the agency's efforts to comply with the PREA Standards. Jackson County Jail has designated the Jail Administrator as the PREA Coordinator who reports directly to the County Sheriff.

Corrective Action Needed:

- The agency must revise and enhance their PREA policy to outline how standards were implemented within the facility. The policy should be written to guide staff actions.
- Provide the PREA Auditor a copy of the revised policy.

Corrective Action Period:

During the CAP, the agency dramatically revised their agency's PREA policy and the PREA policy is now numbered PREA, 19 with an effective date of December 2019. The policy outlines how the majority of PREA standards were implemented within the practices of the jail. Specific policy enhancements will be provided within the text of each standard.

Recommendation:

The facility should implement all standards within the practices of the Jackson County Jail and ensure the PREA policy is updated as revised as practices are developed and institutionalized.

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

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

115.12 (a)

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

115.12 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards?

(N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.) ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The Jackson County Jail does not contract with private or public agencies for the confinement of offenders.

Standard 115.13: Supervision and monitoring

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

115.13 (a)

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?
☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?
☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external

oversight bodies? ☒ Yes ☐ No

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

115.13 (b)

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

115.13 (c)

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

115.13 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The standard requires the agency to ensure the facility develops, a staffing plan which provides for adequate levels of staffing and video monitoring to protect offenders against sexual abuse. The standard outlines considerations the agency must consider when developing the staffing plan. The Jail Administrator reported that Jackson County Jail has a minimum of two officers on duty at all times. If additional staff is needed, deputies from the Jackson County Sheriff's office, which is attached to the jail, are called to assist. The Jail Administrator reported the facility never drops below the minimum staffing level.

The standard requires that no less than once a year, the agency, in coordination with the PREA Coordinator, must review the staffing plan and determine if adjustments are needed. The review must document whether adjustments needed. I requested but did not receive documentation showing the facility reviewed their staffing plan and video monitoring needs at least annually.

The standard requires the facility to implement a policy and practice of having intermediate level or higher-level staff conduct unannounced rounds to identify and deter sexual abuse and sexual harassment. The agency must have a policy prohibiting staff from alerting other staff member of these rounds. Jackson County Jail's Policy #01-01-01 shows the jail shall, "provide orders to reflect the policy and practice of having intermediate level or high-lever supervisors conduct and document unannounced rounds to identify and deter sexual abuse a sexual harassment." The Jail Administrator reported that upper level staff, which includes himself, the sheriff and the undersheriff, randomly make unannounced rounds within the jail. The facility provided sign in log documenting these rounds.

Corrective Action Needed:

- The facility must provide documentation showing annual reviews were conducted of the facility's staffing plan and video monitoring technology since the last audit.
- If the annual reviews conducted over the last three years have not been documented:
 - The facility must develop and implement a plan for annual reviews that include all elements outlined in this standard.
 - The facility must provide to this auditor, the written plan for annual reviews.
 - The facility must conduct an annual staffing and video monitoring review and provide the annual review to the auditor.

Corrective Action Period:

During the CAP the Jackson County Jail developed a plan to ensure a review of staffing and video monitoring is conducted annually. The review requires the signature of the Sheriff and PREA Coordinator. The facility provided a staffing and video monitoring review which was conducted on January 21, 2020. The review shows minimum staffing for the jail is 2 staff per shift. The jail would prefer to have one additional staff per shift when the budget allows. At the time of the review the facility had 29 cameras installed and identified a need for two additional cameras in the kitchen. The facility determined their current DVR has the capability to support an additional two cameras. The facility is in the process of moving forward with the additional camera installation.

Standard 115.14: Youthful inmates

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

115.14 (a)

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

115.14 (b)

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

115.14 (c)

- Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

This standard prohibits placing youthful offenders in a housing unit where the offender has sight, sound and physical contact with adult offenders.

The standard mandates the facility make it best efforts to avoid placing youthful offender in isolation to comply with this provision.

The Jackson County Jail does not house youthful offenders. If a youthful offender is arrested, they are transported to the jail for booking and processing. I learned through interviews with staff and the Jail Administrator that when a youthful offender is brought to the facility for booking and processing, all movement into the booking area stops. The booking process takes approximately one hour then the youthful offender is transported to the juvenile facility. Interviews with booking staff confirmed that youthful offenders are booked outside the sight and sound of adult offenders and then immediately transported to the juvenile facility.

Standard 115.15: Limits to cross-gender viewing and searches

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

115.15 (a)

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

115.15 (b)

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

115.15 (c)

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

115.15 (d)

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

115.15 (e)

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

115.15 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

This standard prohibits facilities from conducting cross-gender strip searches or cross-gender visual body cavity searches except in exigent circumstances or when performed by medical practitioners. Jackson County Jail's Searches Policy #5.03 addresses strip searches and body cavity searches performed at the jail. The policy states, "When male and female inmates are housed at JASO [Jackson County Jail], normally there is at least one male and one female staff member available to support same-gender strip searches." The policy states, "Strip searches are conducted in a respectful and dignified manner by trained staff of the same gender. The requirement for same gender strip searches may be waived in the following circumstances: 1. In an emergency, i.e. escape riot, fire, etc., & 2. In exigent, time critical instances, when a correctional office of the same gender is not available and there is a reasonable suspicion that a weapon or dangerous contraband may be recovered by the search that could not otherwise reasonably be retrieved or neutralized and other(s) perceive a threat to life or health."

Regarding body cavity searches, the policy states, "Any body cavity search is documented with a copy of the authorization from the Captain or designee, and kept in the inmate's file. When any body cavity searches [sic] other than visual are indicated, medical staff performs these duties, except in exigent circumstances." The policy appears to support this element of the standard. Interviews with both staff and offenders confirm that cross gender strip searches are not performed at the facility. All offenders interviewed reported that during booking they were stripped in the shower by a same sex staff member. No offender reported receiving a body cavity search.

This standard prohibits cross gender pat search of female offenders. The policy states, "Pat or rub searches may be conducted by an employee of the opposite gender from the inmate or detainee, may be performed in any area of the facility and during movements. Pat or rub searches ordinarily do not require an inmate to remove clothing other than hat, gloves or coats. Any Pat or Rub search shall be

documented in the jail log. These procedures are most often used during the daily routine of the institution.” The policy does not support the standard. While all offenders reported they had not been pat searched while assigned to the facility, the policy clearly shows pat searches can be performed by a staff person of the opposite gender. Male staff reported during interviews they occasionally pat search female offenders because there are no female staff available. Jackson County Jail does not meet this element of the standard.

The standard requires all cross-gender strip searches and cross gender visual body cavity searches be documented as well as cross gender pat searches of female offenders. Jackson County Jail Searches policy 5.03 requires all pat/rub searches and all body cavity searches to be documented.

The standard requires the facility to have policies and procedures in place that enables offender to shower and attend to personal care needs outside the view of opposite gendered staff. During the tour I observed that privacy barriers in two pods were not sufficient:

- Pod B – female offender pod – the shower curtain was not wide enough to cover the shower opening. I was able to see into the shower from the common area in the pod.
- Pod E – male offender pod – the curtain in front of the first toilet was short and had a split. I could clearly see the toilet when standing in the common area of the pod.

During interviews, female offenders felt the agency needed a wider curtain on the shower to prevent cross gender viewing. Jackson County Jail does not meet this element of the standard.

This standard requires opposite gender staff to announce their presence with entering an offender housing unit. While Jackson County Jail’s Searches policy contains language that meets the standard, I noted during the tour that staff did not make a cross gender announcement prior to me entering a male pod. In addition, all offenders interviewed reported that announcements are made at the beginning of each shift in which staff say opposite gender staff will be walking through. Of the offenders interviewed, all reported cross gender announcements are not made prior to a cross gender staff entering the pod. Staff confirmed that it is the protocol at Jackson County Jail to make a general announcement at the beginning of the shift.

It should be noted that the Department of Justice (DOJ) has defined “housing unit” which specifically addresses a facility designed like Jackson County Jail. The definition of housing unit includes the following, *“Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design ... design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows inmates to see into neighboring pods...Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.”*

Considering the definition of “housing unit” as defined by DOJ, the Jackson County Jail does not meet this element of the standard.

The standard prohibits staff from examining a transgender or intersex offender for the purpose of determining the offender’s genital status. Furthermore, the standard requires that determination of genital status be made during conversations with the offender, by reviewing medical records or learning the information as part of a broader medical examination conducted by a medical practitioner. Jackson County Jail’s Searches Policy 5.03 appears to meet this standard. The policy states, “Strip searches

shall not be performed on transgender inmates for the sole purpose of identifying gender.” The facility did not house anyone that identified as transgender at the time of the audit. One staff interviewed reported the facility received a transgender offender a couple of years ago, but “we sent him to another county.” Staff were not aware of how they would determine the gender of an offender during booking.

Finally, the standard requires that security staff receive training in how to conduct cross gender pat searches and searches of transgender or intersex offenders. All staff interviewed was questioned about the searches training provided. Some reported they had received training on pat searching female but all staff reported the facility had not provided training on pat searching a transgender offender. I requested the curriculum and acknowledgements showing staff had received searches training, as of the date of this report, I have received neither. The Jackson County Jail does not meet this element of the standard.

Corrective Action Needed:

Pat searching of female offenders:

- Revise policy to clearly show male staff will not pat search a female offender except in exigent circumstances.
- Provide a copy of the revised policy to this auditor.

Privacy Barriers:

- Install privacy barriers in Pods B and E to enable offenders to shower and perform bodily functions without nonmedical staff of the opposite sex viewing them.
- Provide the auditor pictures of the privacy barriers installed in pods B and E.

Announcing Presence:

- Policy must be revised to mandate that opposite gender staff announce their presence before entering a pod.
- The facility should develop a method to document opposite gender announce made prior to entering a pod.
- Provide a copy of the revised policy to the auditor.
- Provide documentation of cross gender announcements made in each pod for a 30 days period.

Training:

- Staff must be trained on the revised searches policy that prohibits male staff from searching female offenders.
- Staff must receive training on how to conduct cross-gender pat searches and searches of transgender and intersex offenders in a professional and respectful manner.
- The facility must provide documentation showing staff reviewed the training video.

Corrective Action Period:

During the CAP Jackson County Jail addressed all elements identified in their corrective action plan which are outlined below:

Pat Searches of Female residents: The facility revised Searches policy, 5.03 which now shows “Inmate searches require expertise and professional attitude on the part of the employee. Pat or rub searches may only be conducted by an employee of the same gender of the inmate or detainee, and may be performed in any area of the facility and during movement” and requires pat or rub search conducted during exigent circumstances to be documented in the jail log.

Privacy Barriers: During the CAP the facility installed new shower curtains in both Pods B and E. The facility provided the auditors with pictures of the curtain which now provides adequate privacy to allow offenders to attend to personal care needs.

Announcing Presence: Jackson County Jail PREA policy was revised and now contains the following language regarding announcing presence, "Staff shall be aware of inmates' state of undress. The presence of staff of the opposite gender shall be announced prior to entering a housing unit where an inmate would normally be undressed. This announcement shall be called on the radio to Control by the individual that made the announcement and shall be logged on the cell check sheet by the individual running the control board." Due to the structure of the facility, the only time staff enter the pods is to conduct a "cell check". Cell checks are conducted at least once an hour. The facility developed a Shift Cell Check Log which is used for the control center to document when a cell check is conducted, who conducted the check and if a cross gender announcement was made.

The bottom of the form provides instruction to the control room staff. The form requires cell checks be completed at least once an hour throughout each shift. The form tell staff the cross gender announcements are to be made entering cross gender pod. Jackson County Jail provided documentation showing this protocol is in practice at the facility.

Training: After the agency updated the Searches policy regarding cross gender searches, an email was forwarded to all jail staff member advising them that cross gender pat or rub searches would not be performed. The email to staff was provided to me.

The email to staff is dated On October 23, 2019 and directs jailers to watch the searches training video that was added to the Public Jail file. After watching this video, the jailers were directed to provide an email acknowledging they watched and understood the training provided. Jackson County Jail provided the email from jailers showing the watched and understood the training provided.

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

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

115.16 (a)

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

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

115.16 (b)

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

115.16 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

This standard requires the agency to ensure offenders with disabilities and those that are non-English speaking have an equal opportunity to participate in and benefit from all aspects of the agency's efforts to prevent, detect and respond to offender sexual abuse and sexual harassment.

This should include steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. The Jackson County Jail's PREA policy #01-01-01, III, contains the following language, "Information about department/facility policy and procedure regarding sexual abuse/harassment shall be included in each facility's orientation program and shall be provided in a manner that is clearly understood by the inmate." The policy shows inmates are provided a pamphlet during the booking process which outlines the facility's zero tolerance policy, defines sexual abuse, informs the offender of what to do if they are sexual abused, etc. In addition, the policy shows this education will be provided in formats accessible to all inmates, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as those who have limited reading skills.

While the facility's policy appears to support this element of the standard, interviews with intake staff showed the facility only has one brochure which is in English. One staff informed me that the facility is working on a Spanish brochure, but stated, "I haven't seen it yet." I also observed no Spanish posters. Other staff informed me that when they receive an offender who does not speak English, they try to find someone who can communicate with them. One staff stated he thought there were a few individuals in the community that has volunteered to assist with interpretation. Another staff reported that he was not aware of agency policy or training that tells staff what to do if an offender does not speak English or they are disabled. The same staff reported the facility receives "a lot" of Spanish speaking offenders.

This standard prohibits an agency from relying on offender interpreters or readers, or other types of inmate assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the offender's safety, the performance of first-response duties under § 115.64, or the investigation of the inmate's allegations. Jackson County Jail's PREA policy #01-01-01 appears to support this element of the standard. III E. 1 shows, "Inmates shall not be used as interpreters, inmate readers or other types of assistants except in limited circumstances where an extended delay in obtain in an effective interpreter could compromise the inmate's safety, the performance of first-response duties under 115.64, or the investigation of inmate's allegation." However, no line staff interviewed knew how to obtain an interpreter and the majority stated they would try and find an offender to act as an interpreter. The facility does not have an offender peer education program.

Corrective Action Needed:

- The facility must develop written materials to effectively communicate with offender with disabilities [deaf, blind, developmentally disabled, etc.], limited reading skills or does not speak English. This material should include, at the very least, posters and brochures.
- These materials must be provided to the auditor
- The facility must develop a written plan which includes a contract with interpreters or other professionals that will be available to effectively communicate with offenders when needed.

Corrective Action Period:

The Jackson County Jail provide me with Policy 76, Limited English Proficiency. This policy includes the agency's commitment to providing LEP offenders with timely and meaningful access to all services and benefits provided by Jackson County Sheriff's office. The policy contains the phone number of a language line to be used by staff with interruptive services for offenders who do not speak English. Policy 76, is posted in the booking area and is made readily available to all staff in the shift book.

In addition, the facility's PREA brochure was translated into Spanish and is readily available to provide to Spanish speaking offenders upon intake.

Display cases in each pod now contains up to date PREA reporting and advocacy information in both English and Spanish. The agency provided the auditor with a picture of the display cases in each pod to demonstrate compliance.

However, the facility's corrective action only addressed LEP offenders. The facility did not provide documentation demonstrating they developed written materials or developed other methods to effectively communicate with offenders with disabilities [deaf, blind, developmentally disabled, etc.]

Standard 115.17: Hiring and promotion decisions

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

115.17 (a)

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

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

115.17 (b)

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

115.17 (c)

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

115.17 (d)

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

115.17 (e)

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

115.17 (f)

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

115.17 (g)

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

115.17 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

This standard prohibits agencies from hiring or promoting anyone or enlist the services of contractors, who has engaged in sexual abuse in an institutional setting or in the community. The standard requires criminal background checks to be conducted and all past institutional employers be contacted to inquire about allegations of sexual abuse prior to hiring.

Jackson County Jail's Employee, Contractor Backgrounds, Policy 2.17 support all elements of this standard, however, it uses the same language as the standard and does not accurately describe how the facility implemented this standard into their practice.

During an interview with the Jail Administrator and through a review of personnel records I learned the following:

- The application requires applicants to list all employers starting with the present position and working backwards. The applicant must account for all timeframes.
- The applicant must sign a statement acknowledging that they understand that any false statement or omissions will result in immediate disqualification from the selection process.
- Each applicant being considered for hire is administered a polygraph examination. During the exam the applicant is asked one question regarding past sexual abuse incident, "Have you ever committed a sex crime you could be arrested for?"
- Half of the personnel files that were reviewed by this auditor shows staff worked at other confinement facilities prior to being employed at the Jackson County Jail.
- Prior to hiring and each year, NCIC/KBI backgrounds checks are conducted on all employees
- **Findings:** The facility does not contact past institutional employers as required by the standard and Jackson County Jail's Employee, Contractor Backgrounds, Policy 2.17. The Jail Administrator stated past institutional employers are not contacted because the facility utilizes a polygraph exam to ask about past history of being sexually abusive.

The facility does not meet the elements of this standard.

Corrective Action Needed:

- The facility must revise their policy and practice to make its best effort to contact all past institutional employers, (as defined in 42 U.S.C. 1997) for information on substantiated allegation of sexual abuse or if any resigned during a pending investigation of an allegation of sexual abuse. All contacts or attempts to contact should be documented.
- The facility must provide the auditor with the revised policy
- The facility must provide the auditor with evidence showing the new revised policy of contacting past institutional employers is in practice at the Jackson County Jail.

Corrective Action Period:

During the CAP, the facility created the "New Employee Checklist" that will be used during the hiring process and includes an area to document if past institutional employers were contacted. The facility also provided documentation that the facility contacted a past institutional employer of an applicant and inquired if the applicant had been involved any offender sexual abuse allegation while employed at their facility.

Best Practice:

While the agency did add additional language to the PREA policy, it is recommended that policy be further enhanced to specifically state Jackson County Jail will make its best effort to contact all past institutional employers, (as defined in 42 U.S.C. 1997) for information on *substantiated allegation of sexual abuse or if any resigned during a pending investigation of an allegation of sexual abuse. All contacts or attempts to contact should be documented.*

Standard 115.18: Upgrades to facilities and technologies

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

115.18 (a)

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

115.18 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The standard requires that when designing or acquiring a new facility and in planning any substantial expansion or modification of the existing facility, the agency must consider the effect of the design on the agency's ability to protect offenders from sexual abuse. The Jackson County Jail has not made any substantial expansion or modifications to its facility since the last audit.

In addition, the standard requires agencies to consider how video technology may enhance the facility's ability to protect offenders from sexual abuse when installing or updating video monitoring systems. Since the last audit the facility has installed three additional cameras in the hallway, an additional camera in the back kitchen to eliminate a blind spot and cameras in four cells, which are used for segregation. The PREA Coordinator the agency always considers the safety of offender and staff when determining where additional cameras are needed.

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

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

115.21 (a)

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

115.21 (b)

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

115.21 (c)

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

115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? ☒ Yes ☐ No

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

115.21 (e)

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

115.21 (f)

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

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

The standard requires that an agency, which is responsible for conducting administrative or criminal sexual abuse investigation, to have a uniform evidence collection protocol. The facility must offer all victims of sexual abuse access to a forensic medical examination which is free of charge to the victim. The exams must be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners. The agency shall document its efforts to provide SAFEs or SANEs.

Investigators employed with the Jackson County Sheriff's office investigates all sexual abuse and sexual harassment allegations received by the jail, including third party and anonymous. The sheriff's department has an evidence collection protocol. Staff report that should a forensic exam be indicated the victim would be transported to Stormont Vail Hospital. The hospital employs Sexual Abuse Nurse Examiners (SANEs) who would conduct the forensic exam. It should be noted that the facility has received no allegations of sexual abuse that would indicate the need for a forensic exam since the last PREA audit.

The standard requires the facility to attempt to make available a victim advocate from a rape crisis center or other qualified staff member from the community to provide advocacy and crisis intervention services to victims of sexual abuse. The Jackson County Jail provided a copy of a memorandum of understanding (MOU) the jail entered into with the YWCA Center for Safety and Empowerment (YWCA CSE).

The MOU shows the YWCA CSE will provide offender survivors of sexual assault in Jackson County Jail access to victim advocacy support and services. The MOU shows it is the responsibility of the Jackson County Jail to contact YWCA CSE's 24-hour hotline anytime an offender is being transported to a hospital for a forensic exam. YMCA CSE agrees to offer face-to-face crisis counseling to survivors of sexual violence who are incarcerated at the jail, provide 24-hour support services to any caller experiencing sexual violence, etc. The agreement was signed by the YWCA CSE on June 19th, 2019. When contacted by this auditor, the YMCA CSE confirmed they recently entered into a MOU with the Jackson County Jail to provide advocacy services.

Standard 115.22: Policies to ensure referrals of allegations for investigations

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

115.22 (a)

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

115.22 (b)

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

115.22 (c)

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

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

This standard requires the agency to ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse or sexual harassment. The standard requires the agency to have in place a policy ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations.

The Jackson County Jail's PREA policy #01-01-01, shows the PREA Investigative Unit (PIU) investigators are responsible for investigating all reports of sexual abuse and sexual harassment received by the jail. During the audit year, the jail received 2 allegations which included one allegation of offender of offender sexual harassment and one allegation of offender on offender sexual abuse.

In addition, this standard requires the has a policy in place to ensure all allegations of sexual abuse and sexual harassment are referred for investigation and that this policy be published on agency's website. After a review of the Jackson County Sheriff's Department website, <https://www.jasoks.org>, I found there was no mention of investigating allegations of sexual abuse and sexual harassment allegations.

Corrective Action Needed:

- The agency must post on their website the facility's policy of referring all allegations of sexual abuse and sexual harassment to the PREA Investigative Unit for investigation.

Corrective Action Period:

Jackson County Jail posted the facility's PREA policy on the agency's website. The policy can be found at: <https://www.jasoks.org/divisions/jail-division/prison-rape-elimination-act-prea/>. In addition, the agency added a statement to their website which states, "Every allegation of sexual assault and sexual misconduct by either staff, or other inmates is forwarded to the PREA investigation unit, where a thorough investigation is conducted."

TRAINING AND EDUCATION

Standard 115.31: Employee training

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

115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse? ☒ Yes ☐ No

- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? ☒ Yes ☐ No

115.31 (b)

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

115.31 (c)

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

115.31 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

This standard requires all staff who may have contact with offenders receive training every two years that addresses the elements noted in this standard. The training elements include but are not limited to: the agency zero tolerance policy for all sexual abuse and sexual harassment, dynamics of sexual abuse and sexual harassment, how to detect and respond to sexual abuse, etc. The Jackson County Jail PREA policy #01-01-01, contains the following language, "Sexual abuse and harassment intervention shall be a part of orientation/basic training. Refresher training shall be provided annually." The Jackson County Jail provided Certificate of Completions for all staff showing they complete the National Institute of Corrections (NIC) 3 hours PREA: Your Role Responding to Sexual Abuse. The majority of staff interviewed reported receiving the training.

While the facility meets the elements of this standard by ensuring staff complete the NIC training each year, overall, the staff were not informed about how their facility, the Jackson County Jail, implemented the standards into their day-to-day business. Line staff who were interviewed reported they had not seen the facility's PREA policy.

Best Practice:

- It is recommended that staff receive a training that focuses on PREA implementation and compliance at the Jackson County Jail.

During the corrective action period the agency's PREA policy was revised and shared with staff. The facility provided me with an email showing the policy was shared with staff.

Standard 115.32: Volunteer and contractor training

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

115.32 (a)

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

115.32 (b)

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

115.32 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The standard requires that all contractors and volunteers who have contact with offenders be trained on their responsibilities in regards to offender sexual abuse and sexual harassment. The level and type of training provided should be based on the level of service provided and the amount of contact with the offenders. In addition, the agency must maintain documentation of the training provided. The Jackson County Jail PREA Policy #01-01-01, supports this standard and contains almost the exact language as the standard. The policy does not address how the facility implemented this standard into their day-to-day business.

The facility reported they currently have seven volunteers that provide programming to the offenders. These volunteers are escorted to a pod and are monitored on camera while providing programming. In addition, the facility has one repairman that works in the facility periodically who is unescorted.

The facility did not provide the volunteer or contractor training curriculum in their pre audit documentation. I requested the curriculum and documentation of training on the first day of the audit and prior to the exit interview and to date have not received either, therefore, I do not have enough information to find the facility compliant with this standard.

Corrective Action Needed:

- Revise PREA policy #01-01-01 to outline how the facility will educate volunteers and contractors on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection and response procedure. The education provided should be based on the services they provide and the level of contact they have with offenders.
- Provide the revised policy to the auditor.
- Provide PREA education to all contractors and volunteers.
- Provide the auditor with acknowledgement signed by the contractors and volunteers showing they received and understand their responsibility should sexual abuse or harassment be reported to them.

Corrective Action Period:

During the CAP, the agency updated their PREA policy which requires the facility to ensure all volunteers and contractors who have contact receive training and requires the facility to maintain documentation confirming that volunteers and contractors received and understood the training.

The facility also developed and implemented a "Volunteer and Contractor Training" document which was shared with the volunteers and contractors. Each volunteer and contractor signed and dated the document. The documentation outlines the agency's zero tolerance policy for all sexual abuse and sexual harassment of the offenders housed at Jackson County Jail. The document instructs volunteer and contractors on what they must do should an allegation be reported to them. Jackson County Jail provided me forms signed by 10 volunteers, two contractors and an individual that provides maintenance.

Standard 115.33: Inmate education

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

115.33 (a)

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

115.33 (b)

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

115.33 (c)

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

115.33 (d)

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

115.33 (e)

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

115.33 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The standard requires that during intake offenders receive information regarding the facility's zero-tolerance policy of sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment. The Jackson County Jail PREA policy #01-01-01, III A. – G. addresses offender education and appears to support this standard. The policy contains the following language, "Information about department/facility policy and procedure regarding sexual abuse/harassment shall be included in each facility's orientation program and shall be provided in a

manner that is clearly understood by the inmate.” The policy indicates offenders will receive a pamphlet during the booking process. The facility has a pamphlet titled, “Inmate Sexual Abuse: What you need to know” that is available during booking. Some of the booking staff who were interviewed reported they talk to the offenders about PREA, and offer them the PREA pamphlet and have them sign the acknowledgement showing they received the pamphlet. Others reported they ask the offender if they know about PREA and if they say “yes” that was the end of it. Then, one staff person reported he only provided the brochure if the offender answer “yes” to the PREA assessment question regarding past sexual abuse.

In addition, the standard requires offenders to receive comprehensive education in person or through video within 30 days of intake. This training must be provided in formats accessible to all offenders including offenders with disabilities or are non-English speaking. The Jackson County Jail’s PREA policy #01-01-01, contains the following language, “Within 30 days of intake, the facility shall provide comprehensive education to inmates either in person or through video...” In addition, “E.” shows the facility will provide offender education in formats accessible to all inmates including offenders with limited English and disabled.” The facility does not meet this element of the standard.

The facility does not provide comprehensive PREA education as required by this standard and their policy. There is PREA information on the offender tablets available to the offenders in each pod. Before an offender can use the tablet, he/she must first acknowledge they have read the PREA information on the tablet. On review of the information provided on the tablet I found it is the United States Code Title 42, chapter 147 of the Public Health and Welfare which contains PREA legislation. The information is only provided in English and does not inform the offenders about the agency policies and procedures for responding to sexual abuse and sexual harassment at their facility. The offenders that I interviewed reported they do not reader the information but “just click out of it” so they could use the tablet.

The standard requires facilities to maintain documentation showing offenders received the education provided at intake and the comprehensive training provided within 30 days. As noted previously, the offender signs an acknowledgement when they receive the brochure at intake and they must acknowledge that have read the PREA legislation, or as they reported, “just click out of it.”

In addition, this standard requires the facility to have PREA information continuously available through posters, offender handbooks or in other written formats. As noted by this auditor during the tour of the facility, information was not continuously available through posters and other written formats. Poster were not in every pod and if there were posters, they were only in English.

Corrective Action Needed:

- The facility must revise their policy to provide clear direction to staff regarding how offender education will be delivered at intake and within 30 days.
- Provide the revised policy to the auditor.
- The facility must develop a comprehensive education for the offenders to be delivered in person or via video that informs the offenders about their right to be free from sexual abuse, sexual harassment, and retaliation, how to report incidents, advocacy available and the agency’s policies for responding to allegation.
- Provide this plan to the auditor.

- Provide the auditor with one month of acknowledgements signed by the offenders showing they received PREA education at intake and the comprehensive education within 30 days of intake.
- The facility must ensure key information is continuously available through posters and other written materials. These materials should be available in at least English and Spanish.
- Provide the posters and written materials to the auditor outlining how the information is made continuously available.

Corrective Action Period:

During the CAP, the facility revised their PREA policy to include the following language,

- During the booking process a pamphlet containing the following information is made available to the individual being processed for housing.
- Within 30 days of intake, the facility shall provide comprehensive education to inmates in person regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, the facility shall also provide information regarding procedures for responding to such incidents.
- The facility shall provide inmate education in formats accessible to all inmates, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to inmates who have limited reading skills.

The agency's PREA policy under the PREA Screening section shows:

- The PREA classification officer will visit with the inmate one-on-one within 30 days of intake.
- Using the reeducation form, the PREA classification officer will conduct the reeducation. Including explaining materials about the facility's zero tolerance policy.

The facility provided 22 examples of the PREA Screening Questionnaire and the "PREA Reeducation form" for these 22 offenders. The facility is using the Reeducation form as documentation that each offender reviewed a PREA pamphlet at intake, received comprehensive education and was reassessed. The form the jail is using has the following questions:

- Have you received the PREA pamphlet?
- Do you understand we have a zero-tolerance policy on Sexual abuse/harassment?
- Do you understand you have the right to be free from retaliation, for either reporting an incident or cooperating with an incident?
- Do you understand if you have been victimized the first thing that would occur is separation of the victim and perpetrator?
- Do you remember the questions that were asked during intake?
- Has anything changed since the day you were processed into the facility?
 - If so, what?

The facility provided 22 examples of the PREA Reeducation form. Each question was answered with yes or no. No additional notations were made on the forms. Of the 22 examples provides, 10 offenders reported they received the pamphlet at intake, 11 reported they did not receive the pamphlet and one refused to answer. Based on the information provided, approximately half the offenders reported they received a PREA pamphlet at booking.

Regarding the comprehensive education that offender must receive within 30 days of intake: The Assistant PREA Coordinator reported that he instructed a staff person to "meet with each person and discuss our

PREA policy as well as any other issues that may have arisen since the beginning of their incarceration.” The Reeducation form is utilized to demonstrate each of the 22 offenders was reeducated about PREA at Jackson County Jail. In addition, the facility provided pictures which shows PREA information is posted in each pod.

The agency is found to be noncompliant with this standard, based on the following:

The agency’s policy shows they will make a PREA educational pamphlet available to the offenders at intake. The facility should revise their policy and practice to ensure each offender is provided a pamphlet during booking. Staff should be directed to verbally inform the offender about the facility’s zero tolerance policy, how they can report and advocacy services available. From the reeducation documents provided, it is clear that less than half of the offenders received the pamphlet at intake.

The facility did not demonstrate they provide offender education in formats accessible offenders who are deaf, visually impaired, or otherwise disabled, as well as to inmates who have limited reading skills.

The facility should enhance their PREA education that is provided within 30 days of intake. The agency should ensure this education provided is “comprehensive” as required by the standard.

Standard 115.34: Specialized training: Investigations

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

115.34 (a)

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

115.34 (b)

- Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA
- Does this specialized training include proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA
- Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA
- Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA

115.34 (c)

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

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

This standard requires that investigators receive training on conducting sexual abuse investigations in confinement settings. The standard requires the training to include the following topics: techniques for interviewing victims, proper use of Miranda and Garrity warning, evidence collections, standards of evidence required to substantiate an investigation.

The Jackson County Jail's PREA Policy #01-01-01, F. 2., appears to support the standard. The policy shows "Special Agents" shall receive training in conducting such investigations in confinement settings. The policy outlines what should be included in the training and shows, "Any investigative component that investigates sexual abuse in confinement setting shall provide such training to it agents and investigator who conduct such investigations." The policy does not clearly indicate that only investigators who have completed PREA Specialized Investigator training will conduct investigations within the Jackson County Jail.

The PAQ indicated the facility had three investigators who conducts investigations within the facility however, the facility only provided Certificate of Achievement for two investigators showing they had completed Training Force's Prison Rape and Sex Assault Investigations Inside Correctional Facilities training. I was also provided the table of contents for the training which appears to cover the elements required by this standard.

Of the two allegations the facility received and investigated during the audit year, none were investigated by an investigator that had received specialized investigator training.

Corrective Action Needed:

- Revise PREA policy #01-01-01 to clearly indicate that only investigators who have completed PREA Specialized Investigator training will conduct investigations within the Jackson County Jail.
- Provide this auditor a copy of the revised policy
- The facility must ensure all investigators who conduct investigations within the facility have completed PREA Specialized Investigator Training and provided the auditor the training certificate for each auditor.
- If the facility investigates an allegation of sexual abuse or sexual harassment during the corrective action period, provide the auditor a copy of the investigation along with the training certificate for the investigator who conducted the investigation.

Corrective Action Period:

During the CAP, the agency enhanced their PREA policy to clearly show investigators must complete PREA Specialized Investigator Training prior to conducting an offender sexual abuse investigation within the secure perimeter of the jail.

The agency has three trained investigators. The agency provided a training certificate for each investigator showing they had completed Training Force USA's Prison Rape and Sex Assault Investigations Inside Correctional Facilities.

During the CAP the facility received one allegation of staff on offender sexual misconduct which was investigated by one of the facility's investigators who had completed the required specialized training.

Standard 115.35: Specialized training: Medical and mental health care**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report****115.35 (a)**

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

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

115.35 (b)

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

115.35 (c)

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

115.35 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The standard requires that all full and part time medical and mental health care staff who work in the facility complete specialized medical and mental health training as well as the staff training outlined in 115.31. The Jackson County Jail's PREA Policy #01-01-01, appears to support this standard in that it quotes the standard except for not requiring medical staff to receive training on the preservation physical evidence of sexual abuse.

The Jackson County Jail has a contract with Advance Corrections Health Care which provides a nurse at the facility 20 hours a week, a nurse practitioner who is onsite one hour a week and on call 24/7; as well, a mental health professional who provides 3-hours of mental health services each week.

I requested documentation showing the contracted medical and mental health staff had received specialized training as required by this standard and the PREA training required for all staff each year. The facility did not provide such documentation and did not know if these contracted staff had been trained.

During my interview with a contracted staff member, she reported that her agency provides the specialized training but she had not received the training required of all staff who work at the jail.

Corrective Action Needed:

- The facility must ensure all contracted medical and mental health staff complete Specialized Medical and Mental Health Training and the training required for all staff as outlined in 115.31.
- The facility must maintain documentation showing contracted medical and mental health staff received the required training.
- The facility must provide the auditor with documentation showing all contracted medical and mental health staff received specialized training and all staff PREA training.

Corrective Action Period:

Jackson County Jail obtained documentation from the contractor demonstrating the medical and mental health staff who work in the jail receive specialized medical and mental health training from their employer. The training certificate is from Advanced Correctional Healthcare, Inc. and the training is called Healthcare Staff Responsibilities for PREA.

As noted previously, the medical and mental health staff who work within the facility are contracted. The facility provided me with the volunteer and contractor education form signed by the contracted medical and mental health staff. The form educates the contractors on the facility's zero tolerance policy, prohibits contractors from engaging in the sexual abuse or sexual harassment of offenders and requires the contractor's to report allegations of sexual abuse or sexual harassment.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

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

115.41 (a)

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

115.41 (b)

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

115.41 (c)

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

115.41 (d)

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

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

115.41 (e)

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

115.41 (f)

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

115.41 (g)

- Does the facility reassess an inmate's risk level when warranted due to a referral? ☒ Yes ☐ No
- Does the facility reassess an inmate's risk level when warranted due to a request? ☒ Yes ☐ No
- Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse? ☒ Yes ☐ No

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

115.41 (h)

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

115.41 (i)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The standard requires all offenders to be assessed with an objective screening instrument within 72 hours from intake and that the assessment contain the criteria noted in this standard. The Jackson County Jail's PREA Policy #01-01-01, contains the language from the standard.

This auditor randomly selected 24 offenders and requested their initial assessment as well as documentation of the reassessment completed within 30 days from intake. A review of the screening instrument shows the instrument included the following criteria required by this standard: mental, physical or developmental disability, age, physical build, previous incarcerations, criminal history, prior convictions for sex offenses, whether the identifies as gay, lesbian, bisexual, transgender, intersex or gender nonconforming (LGBTI), etc. However, the assessment did not include the following required criteria:

- The screener does not require staff to make a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI.

- The instrument only considers prior convictions of sexual offenses but does not consider prior acts of sexual abuse for which the offender may not have been convicted.

Of the 24 initial screenings that I reviewed, 3 were not scored and 1 only had the offender's name noted at the top of the instrument.

This standard also requires that all offenders be reassessed **within 30 days** of intake for the risk of being sexually abused or sexually abusive to others. The Jail Administrator reported it was his expectation that each offender's risk assessment be reviewed every 30 days.

The facility had one staff person tasked with conducting the assessment review. This person was not available for an interview during the onsite audit. The documentation provided by the facility shows the review is documented on a classification note sheet attached to the initial assessment.

Of the 24 assessments selected, 8 offenders were reviewed, 8 did not receive the scheduled review and 8 were still pending. If a "reassessment" was conducted it was conducted the same day, the next month. For example, if the offender was booked on November 30, 2018, the reassessment was scheduled for December 30, 2018. This in and of itself does not meet the requirement that reassessments be conducted **within 30 days of intake**.

The auditor found strong evidence to indicate that reviews were not being conducted as required by policy or required by the jail administrator. The evidence is as follows:

- The assessment noted above with only the offender's name at the top of the sheet, had a sheet attached showing the assessment was reviewed on April 24, 2019 and again on May 27, 2019. The initial assessment was still blank.
- Of the assessments I selected, the reviews were never conducted **within 30 days** of intake as required by the standard. In addition, the attached sheets indicated the assessment reviews were sometimes conducted on a Saturday or Sunday. I was informed that the person tasked with assessment reviews did not work Saturdays and Sundays.

Of the offenders interviewed, most could recall being asked the questions on the assessment during intake however, none could recall a staff person meeting with them again to ask additional questions about history of sexual abuse or sexual harassment or their feelings of safety at the jail. The facility is not compliant with this element of the standard.

This standard requires the offender be reassessed when warranted and the offender may not be disciplined for refusing to answer. The Jackson County Jail's PREA policy supports this standard. Of the 24 assessments I selected, none had been reassessed due to referral, request, incident of sexual abuse, etc.

All staff questioned regarding accessibility to the answers of the assessment reported everyone has access to the assessment. All line staff work in booking and no controls have been placed on the answers to the questions.

Corrective Action Needed:

- The facility should revise their assessment to include all elements required by the standard. Specifically, the assessment must require staff to make a subjective determination based on the screener's perception whether the offender is gender non-conforming or otherwise may be

perceived to be LGBTI. In addition, the assessment must consider prior acts of sexual abuse for which the offender may not have been convicted.

- The facility should implement a reassessment process that at the very least requires staff to meet with the offender, and ask the offender's own perception of their vulnerability within the jail and inquiry about unreported sexual victimization that may have occurred since the last assessment.
- The facility must ensure all reassessments are **conducted within 30 days of intake**.
- Provide the auditor with the revised assessment form.
- Provide the auditor with 20 assessment which include the initial and follow-up assessment.
- The facility must place controls on the dissemination of the responses to the questions to ensure sensitive information is not exploited. This must be added to PREA policy #01-01-01.

Corrective Action Period:

During the CAP, the facility revised their assessment to include most elements required by the standard. Specifically, the assessment now requires staff to make a subjective determination based on the screener's perception whether the offender is gender non-conforming or otherwise may be perceived to be LGBTI. However, the revised assessment does not consider prior acts of sexual abuse the offender may not have been convicted of or institutional violence or sexual abuse.

The agency's revised PREA policy includes the following language from 115.41, 10 e. "The initial screening shall consider prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the agency, in assessing inmates for risk of being sexually abusive." While the policy language supports the standard, the assessment does not.

Regarding the reassessment, the facility implemented the "PREA Reeducation form" which they are using to document comprehensive education as well as an offender's reassessment, however, the form only requires staff to ask the offender the following questions:

- Do you remember the questions that were asked during intake?
- Has anything changed since the day you were processed into the facility?
 - If so, what?

The corrective action plan shows the facility was to implement a reassessment process that at the very least required staff to meet with the offender, ask the offender about their perception of vulnerability within the jail and inquiry about unreported sexual victimization that may have occurred since the last assessment. As noted in the PREA Resource Center's frequently asked questions, the "inmate's own perception of vulnerability" can only be known by the inmate. In addition, the inmate may have experienced unreported sexual victimization during this time period. The questions the Jackson County Jail staff are required to ask the offenders during a reassessment are vague and insufficient to meet the requirements of this standard.

The agency added language from the PREA standard 115.41 (i) into their PREA policy but did not provide documentation or a plan outlining how they will control the dissemination of the responses to the questions to ensure sensitive information is not exploited.

It should be noted that of the 22 assessments provided to me, 6 were assessed at Mediums Custody/Gender Population and 16 were assessed at being as being High Custody/Potential Perpetrator.

The agency is non-compliant with this standard.

Standard 115.42: Use of screening information

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

115.42 (a)

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

115.42 (b)

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

115.42 (c)

- When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the **agency** consider, on a case-by-case basis whether a placement

would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? ☒ Yes ☒ No

- When making housing or other program assignments for transgender or intersex inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems? ☒ Yes ☒ No

115.42 (d)

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

115.42 (e)

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

115.42 (f)

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

115.42 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The standard requires that information from the Risk Assessment be used to inform placement in housing, bed assignment, education or program assignments and that the agency must make individualized determination to ensure the safety of each offender. The Jackson County Jail PREA policy #01-01-01, on page 7, V. Protective Custody, contains the language of the standard and does not detail how the facility implemented this standard within their day-to-day business. The language that addresses this standard does not have a heading and was difficult to locate since it was under "protective custody".

As noted in 115.41, some of the 24 random assessments that I reviewed were not scored. In addition, only one of the staff I interviewed reported the assessment "could be used" to inform housing decisions. One staff person reported if the offender reported feeling vulnerable, he would place the offender in Pod E because it has an open bay design with cameras. I had some staff report the cell placement is based on the offender's behavior at the time of booking. The facility does not meet this element of the standard.

The facility has a few work assignments where offenders work together unsupervised. These positions include the kitchen, laundry, work crew and trustee positions. The PREA assessment is not utilized to inform the assignment of offenders to these positions. The facility only offers limited programming which is provided by volunteers within the pod.

Overall, there is strong evidence that the PREA assessment completed at intake does not inform cell or job assignment as required by this standard and facility's policy.

This standard requires facilities to make individualized decisions on whether to place a transgender offender in a male or female housing.

The standard requires that the transgender or intersex offender's own views regarding their safety will be given consideration and they will be offered an opportunity to shower separately. The facility's policy contains the standard language and does not address how the facility implemented this element of the standard at the Jackson County Jail. Administrative staff interviewed reported they have not housed a transgender offender since the last audit and should they receive a transgender offender in booking they would transfer the offender to another jail.

Corrective Action Needed:

- The facility must revise the policy and outline how the facility will use the PREA assessment to inform cell and work assignments.
- Provide the revised policy to the auditor.
- Provide the auditor with documentation showing the revised policy is in practice at Jackson County Jail.
- The facility policy should also be revised to address how the facility will house transgender offenders.

Corrective Action Period:

The facility's PREA policy still has the language from the PREA standard 115.42 in their PREA policy but it is now easier to locate as a heading has been added. The policy still does not address how the facility implemented this standard into their practices at the jail.

Throughout the time I worked with the agency which includes the onsite audit, three conference calls during the CAP and numerous emails, I stressed that PREA audits was primarily an audit of practice. On March 7, 2020, which was after the CAP ended, I emailed the facility the following:

The standard requires the facility to use the risk assessment score to house offenders and place in job assignments. During the audit, staff clearly were not utilizing the risk assessment as required. Most staff indicated they placed an offender in a pod based on their behavior at intake. You provided me the revised policy but you did not provide the additional documentation requested:

•Provide the auditor with documentation showing the revised policy is in practice at Jackson County Jail.

What have you changed about your practice with placing offenders in pods? How do you ensure offenders at risk of victimization are safe from offenders at risk of victimizing them? Do you staff know the new practice?

As of the date of this report, I have not received a response. The Assistant PREA Coordinator did provide an email showing that he sent the revised policy to jail staff and asked them to familiarize themselves with the policy.

The agency/facility has provided sufficient documentation to demonstrate they are utilizing the risk assessment to place offenders housing or work assignments.

The agency is non-compliant with this standard.

Standard 115.43: Protective Custody

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

115.43 (a)

- Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been

made, and a determination has been made that there is no available alternative means of separation from likely abusers? ☒ Yes ☐ No

- If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment? ☒ Yes ☐ No

115.43 (b)

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible? ☒ Yes ☐ No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible? ☒ Yes ☐ No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible? ☒ Yes ☐ No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible? ☒ Yes ☐ No
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) ☒ Yes ☐ No ☐ NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) ☒ Yes ☐ No ☐ NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) ☒ Yes ☐ No ☐ NA

115.43 (c)

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

115.43 (d)

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

115.43 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The standard mandates that offenders who are assessed at high risk for sexual victimization not be placed in involuntary segregated housing unless an assessment of all available alternative housing has been made. Jackson County Jail PREA policy #01-01-01, V. Protective Custody, includes the language of the standard.

The facility does not have a designated segregation unit but they do have four cells with cameras that are utilized for segregation. The facility's Administrative Segregation policy #4.05, provides guidance for the use of the segregation cells. The policy shows offenders can be placed in segregation for a number of reasons to include, "3. Is in protective custody, or requests administrative segregation for protection." In addition, the policy shows offenders in administrative segregation are afforded the same privileges as other offenders.

The facility reported they have not placed anyone in segregation due to a risk of victimization. Offenders interviewed reported they have not been placed in segregation due to risk of sexual abuse.

Best Practices:

Policy should be revised to detail how the facility implemented this standard into their practices.

REPORTING

Standard 115.51: Inmate reporting

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

115.51 (a)

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

115.51 (b)

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

115.51 (c)

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

115.51 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

This standard requires the facility to have multiple ways for offenders to report sexual abuse, harassment and retaliation, both internally and externally. The external reporting channel must allow offenders to make anonymous reports upon request. The agency must accept reports in writing, anonymously and from third parties. In addition, staff must be provided a way to report privately. The facility's PREA Policy #01-01-01, V1., B, supports this standard.

The facility provides an outside reporting line and the number, #6500, is posted in each housing unit on the phone. The number goes to the Holton Police Dispatch. Offender can also report by telling any staff person, submitting a complaint, or making a third-party report.

All staff interviewed report they would accept anonymous reports or third-party report of sexual abuse or harassment and forward to the investigators.

Staff also reported several options for reporting incident of sexual abuse in a confidential manner that do not require following the chain of command, and include reporting directly to the jail administrator or the sheriff.

Standard 115.52: Exhaustion of administrative remedies

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

115.52 (a)

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

115.52 (b)

- Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (c)

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

115.52 (d)

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

115.52 (e)

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

115.52 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

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

115.52 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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This standard requires the agency to not impose a time limit on submitting a grievance regarding sexual abuse and shall not require offenders to use a formal grievance process or attempt to resolve with staff. The facility must ensure an offender has the ability to submit the grievance without submitting it to the staff member who is the subject of the complaint, ensure the final decision of merits of the grievance is provided

to the offender within 90 days unless the agency claims an extension. The agency allows third parties to assist the offender in filing a grievance. In addition, the agency must establish procedures for filing an emergency grievance alleging substantial risk of imminent sexual abuse and shall provide an initial response back to the offender within 48 hours, and issue a final agency decision within 5 calendar days.

The Jackson County Jail PREA Policy #01-01-01, VI. C. 6., supports this standard. Guidance on submitting a grievance is provided on the kiosk and tablet located in each pod. The facility reported they have received no allegation of sexual abuse via the grievance system. All offenders were aware of the facility's grievance system.

Standard 115.53: Inmate access to outside confidential support services

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

115.53 (a)

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

115.53 (b)

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

115.53 (c)

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

Auditor Overall Compliance Determination

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

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

Instructions for Overall Compliance Determination Narrative

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

This standard requires facilities to provide offenders with access to outside victim advocacy services by providing phone numbers and addresses. The facility shall inform offender prior to giving access of the extent to which such communications are monitored. In addition, facility should attempt to enter into a MOU with an advocacy agency.

I could not locate language in Jackson County Jail's PREA policy #01-01-01 that addressed this standard. However, the jail has an MOU with YWCA CSE to provide advocacy services to victim of sexual abuse. They did not make the hotline number readily available to the offenders and none of the offenders were aware of the availability of advocacy services. The brochure given to offenders at intake does not contain phone numbers or addresses to obtain advocacy. Offenders are aware the phones are monitored at Jackson County Jail.

Corrective Action Needed:

- Policy should be revised to address the facility's implementation of this standard in their practices.
- The facility must provide offenders with access to outside victim advocacy services by providing mailing addresses and telephone numbers. The numbers and addresses should be readily available. The facility must inform offenders of the extent to which communication will be monitored.
- Facility to provide the auditor with the revised policy.
- Facility to provide auditor with posters or other written material that is provided to offenders informing them of advocacy phone numbers, addresses and the extent communication with advocacy agency are private.

Corrective Action Period:

The Jackson County Jail revised their PREA policy to include the following language:

- Victims of sexual abuse shall be provided the brochure on community sexual assault programs, which shall be available through health services staff, Mental Health Services and the PCM.
- The JASO (Jackson County Sheriff's Office) shall attempt to provide victims of sexual abuse victim advocacy services from a local YWCA. If this is not possible, efforts shall be made to provide victim advocacy services through a community-based organization or by a qualified staff member. The facility shall document its efforts in doing so.

•The JASO shall attempt to provide a victim advocate to support the victim through the forensic medical exam and investigatory processes.

The facility has an MOU with the YWCA which expires June 30, 2021. The facility provided me with YWCA brochure as well as a brochure from Tribal Victim Services which is a community advocacy agency which provides services to Native Americans.

The facility's policy nor brochures provided to document compliance advised the offenders of the extent to which communication will be monitored. The facility/agency did not provide adequate documentation to demonstrate compliance with this standard.

Standard 115.54: Third-party reporting

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

115.54 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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The standard requires the agency to establish a method to receive third-party reports of sexual abuse or sexual harassment and that third-party report information be distributed publicly. Jackson County Jail PREA policy #01-01-01 contains the following language, "Staff, inmate family members or others may report incidents or suspected incidents of sexual abuse by calling 785-364-2251. Allegations of sexual abuse or harassment reported through the third-party hotline shall be confidential and may remain anonymous at the request of the reporting party. These calls shall be referred to the JASO [Jackson Sheriff's Office] PREA Coordinator, Captain, Undersheriff or Sheriff."

Jackson County Jail webpage, <https://www.jasoks.org/divisions/jail-division/prison-rape-elimination-act-prea/>, includes a third party reporting number. The webpage shows, "Jackson County Sheriff's Office has a number that can be called by the public to report Sexual abuse in the jail. (785)364-2251."

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

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

115.61 (a)

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

115.61 (b)

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

115.61 (c)

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

115.61 (d)

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

115.61 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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The standard requires that all staff immediately report any knowledge, suspicion or information regarding offender sexual abuse, sexual harassment or retaliation for making such a report. In addition, such report should remain confidential.

The Jackson County Jail, PREA policy #01-01-01, VI, A. supports this policy. The policy contains the following language, "Staff shall immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or harassment, whether it is in regard to an inmate or another staff member. Staff may report privately, by verbal, by writing or by calling dispatch. Staff may report to their supervisor, Appointing Authority, or PIU. Documentation shall be completed by the end of shift.

1. Failure to report is a violation of policy and may result in administrative or disciplinary sanctions. Failure to report suspected abuse of an inmate is a Class B Misdemeanor.
2. Apart from reporting to designated supervisors, staff shall not reveal any information related to sexual abuse reports to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions.

The standard requires the facility to report all allegations including third party and anonymous to the facility's investigators. Only one staff person interviewed had ever received a report of sexual abuse which was an anonymous report in an unsigned note. The staff stated he immediately forwarded the anonymous note to his supervisor. All staff interviewed were very aware of their duty to report all allegations or suspicion which includes third party or anonymous reports.

Standard 115.62: Agency protection duties

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

115.62 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

This standard requires the agency to take immediately action when they learn that an offender is at imminent risk of sexual abuse. I could not find language within Jackson County Jail PREA Policy #01-01-01 that addresses this standard, however, all staff interviewed were very aware of actions they would take to protect an offender believed to be at substantial risk of imminent sexual abuse.

Best Practice:

It is recommended that the facility revise their PREA procedure to include guidance to staff on actions to be taken when an offender is believed to be at imminent risk of sexual abuse.

Standard 115.63: Reporting to other confinement facilities

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

115.63 (a)

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

115.63 (b)

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

115.63 (c)

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

115.63 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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This standard requires each agency to develop a policy requiring the facility to immediately report allegations of sexual abuse that are alleged to have occurred at another confinement facility. These allegations of sexual abuse must be shared with the affective facility within 72 hours of receipt. In addition, the agency must establish a policy that requires the facility to investigate all allegations that they received from another facility that is alleged to have occurred while the offender was assigned at their facility.

Jackson County Jail PREA policy #01-01-01 D., language does not appear to address the intent of the standard. The policy shows, "When a report is received that an inmate has been the victim of sexual abuse or harassment while incarcerated at another facility or under the supervision of another office: 1. As soon as possible, but no later than 2 hours of receiving of the report, the PCM shall notify the Captain, Undersheriff and Sheriff. 2. The head of the office/facility receiving the notification shall ensure the allegation is investigated pursuant to this policy."

The facility administrator reported they have not received any allegation that an offender was sexual abuse while housed at another facility nor have they received an allegation from another facility that an offender was abuse while housed at the Jackson County Jail. The administrator was aware that allegations that occurred at another facility must be forwarded to the facility within 72 hours, and if the alleged incident occurred at Jackson County Jail, he would ensure the allegation was investigated.

Best Practice:

- It is recommended that the PREA Policy #01-01-01 be revised to include both elements of this standard:
 - Allegations that are reported at Jackson County Jail that are alleged to have occurred at another confinement facility, and
 - Allegations that are reported at another confinement facility that is alleged to have occurred at Jackson County Jail.

Standard 115.64: Staff first responder duties

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

115.64 (a)

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

115.64 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The standard requires both security and non-security staff know how to respond should they be the first responder that encounters an offender who has been sexual abused. These actions include, separate the alleged victim and subject; preserve and protect the crime scene; request the victim not to destroy

physical evident, if applicable, and ensure the subject does not destroy physical evidence. The Jackson County Jail, PREA policy #01-01-01, supports this standard and includes a first responder protocol.

The facility had only one allegation that was investigated as an offender-on-offender sexual abuse. A staff person observed a female offender getting off the bunk of another female offender, no sexual conduct was observed. Both denied sexual contact. The investigation was unfounded. While the staff person who observed the behavior is still employed, he was not on duty at the time of the audit. The auditor decided not to interview the staff person as a first responder since the allegation does not meet the definition for a PREA sexual abuse investigation. However, it should be noted that records show the officer separated the offenders.

All staff interviewed was aware of their duties as a first responder.

Standard 115.65: Coordinated response

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

115.65 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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This standard requires the agency to have a coordinated response plan that coordinates the actions taken in response to an incident of sexual abuse among facility staff, first responders, medical and mental health practitioners, investigators and facility leadership.

Jackson County Jail, PREA Policy #01-01-01 contains a coordinated response protocol that outlines the duties of the first responder, shift supervisor, medical staff, behavioral health, PREA Coordinator and the Investigator. In addition, the facility has a form that provides a checklist to ensure specific information regarding the incident is collected such as the first responder, how the allegation was

received, demographic information on the alleged victim and suspect, synopsis of the alleged incident, first responders response and a list of people that should be contacted with date and time they were notified.

Both allegations (one offender-on-offender sexual harassment and one offender-on-offender sexual abuse) the facility received during the reporting year included the completed checklist.

Best Practice:

While the facility has a coordinated response protocol and checklist, the protocol only appears to address allegations that include penetration and appears to be written by another confinement facility. I recommend the facility revise the protocol to reflect implementation at Jackson County Jail. I also recommend the facility expand the protocol to include action staff should take when responding to other type of sexual abuse and harassment allegations. I also recommend the checklist be revised to include other types of allegations and be used to guide the action of staff responding to an alleged incident.

It is recommended that all staff receive yearly training on the facility's coordinated response protocol and checklist.

Corrective Action Period:

During the CAP, the agency revised their coordinated response protocol.

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

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

115.66 (a)

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

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Administrative staff reported Jackson County Jail employees are not represented by a collective bargaining unit or agreement.

Standard 115.67: Agency protection against retaliation

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

115.67 (a)

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

115.67 (b)

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

115.67 (c)

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

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

115.67 (d)

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

115.67 (e)

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

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

This standard requires that agencies protect offenders and staff who report sexual abuse or sexual harassment, as well as those that participate in an investigation from retaliation by other offenders or staff.

The standard requires that retaliation monitoring for allegations of sexual abuse continue for 90 days or longer if there is evidence of retaliation. In cases where the person to be monitored is an offender, the monitoring should include periodic status checks. However, monitoring can cease if the investigation is unfounded or when the victim is no longer housed at the facility.

Jackson County Jail PREA policy #01-01-01- VI, C., supports this standard. During my interview with the Jail Administrator, he reported he is responsible for monitoring for retaliation. Below is a breakdown of the two investigations conducted during the audit year:

O/O Sexual Harassment	received: 3/26/2019	completed: 4/5/2019	Unsubstantiated
O/O Sexual Abuse	received: 3/9/2019	completed 3/14/2019	Unfounded

According to the investigations conducted during the audit year, there was only one allegation that required monitoring. The Jail Administrator/PREA Coordinator is task with monitoring for retaliation. During his interview he reported that he would review the Inmate Communication Forms (ICF), these are the forms the offenders use to communicate with staff. He stated he would rely on the offender to report any retaliation on the ICF. He said he does not document when he is monitoring for retaliation and he has completed no status checks. He reported typically he would continue monitoring while offender was housed at the facility. He reported he does not document the retaliation monitoring.

Corrective Action Needed:

- Revise the facility's PREA policy to include how retaliation monitoring will be conducted and documented.
- Provide the auditor with the revised policy
- If the facility investigates an offender sexual abuse allegation which is substantiated or unsubstantiated, provide the auditor with documentation showing retaliation monitoring was conducted which include periodic status checks.

Corrective Action Period:

During the CAP, Jackson County Jail revised their PREA Policy which now includes the following language:

Retaliation monitoring

- Retaliation against inmate or staff who report sexual abuse or sexual harassment or who cooperate with investigations shall be strictly prohibited.
- Staff shall report any allegations of retaliation to the facility PREA Compliance Manager either verbally or in writing. Inmates are encouraged to report retaliation as well.
- The facility shall employ multiple protection measures, such as housing changes or transfers for 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.

- For at least 90 days following a report of sexual abuse, the facility shall monitor the conduct and treatment of inmates or staff who reported the sexual abuse and of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff, and shall act promptly to remedy any such retaliation.
- Items to monitor include any inmates' disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. This shall also include periodic status checks, for inmates.
- Periodic status checks shall be part of the retaliation monitoring process, these status checks shall involve speaking directly to the inmate. Such checks shall be documented and forwarded to the PCM.
- Monitoring shall continue beyond 90 days if the initial monitoring indicates a continuing need. All security staff are charged with this monitoring.
- If any other individual who cooperates with an investigation expresses a fear of retaliation, the facility shall take appropriate measures to protect that individual against retaliation.
- The obligation to monitor shall terminate only if the allegation is determined to be unfounded.

During the CAP, the facility only investigated one PREA allegation. There was an allegation of voyeurism by staff that occurred prior to the offender being released. There is not available documentation at this time to demonstrate compliance with the standard and the facility's revised policy.

Standard 115.68: Post-allegation protective custody

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

115.68 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The standard requires that when it is necessary to segregate a victim of sexual abuse that the agency abides by the requirements of standard 115.43. As noted in standard 115.43, Jackson County Jail PREA policy #01-01-01, V. Protective Custody, includes the language of the standard.

The facility does not have a designated segregation unit but they do have four cells with cameras that are utilized for segregation. The facility Administrative Segregation policy #4.05, provides guidance for the use of the segregation cells. The policy shows offenders can be placed in segregation for a number of reasons to included, "3. Is in protective custody, or requests administrative segregation for protection." In addition, the policy shows offenders in administrative segregation are afforded the same privileges as other offenders.

The facility reported they have not placed an alleged victim in segregated housing during the reporting year.

Best Practice:

Policy should be revised to detail how the facility implemented this standard into their practices and to notify staff that segregation of a victim is the last resort. If a victim must be placed involuntarily in a segregation cell to ensure their safety, staff's actions should be guided by standard 115.43.

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

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

115.71 (a)

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

115.71 (b)

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

115.71 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? ☒ Yes ☐ No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses?
☒ Yes ☐ No

- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? ☒ Yes ☐ No

115.71 (d)

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

115.71 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff? ☒ Yes ☐ No
- Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? ☒ Yes ☐ No

115.71 (f)

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

115.71 (g)

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

115.71 (h)

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

115.71 (i)

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

115.71 (j)

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

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (I)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

This standard requires agency's that conduct their own investigations do so promptly, thoroughly and objectively, including third party and anonymous reports. A review of investigations conducted at the facility showed the investigations are conducted promptly and objectively. The investigator reported he would conduct an investigation of a third party or anonymous allegation in the same manner.

The standard requires all investigator that investigate allegation of sexual abuse within a confinement facility complete PREA Specialized Investigator training. The facility reported there were three investigators that conduct investigations within the facility. Of the two investigations conducted during the auditing year, both were completed by an investigator that had not received specialized investigator training. The facility does not meet this element of the standard.

The standard require that investigators gather direct and circumstantial evidence, review prior complaints and reports of sexual abuse involving the suspect. And, when evidence appear to support criminal prosecution, the investigator should not conduct a compelled interview before consulting with prosecutors as to whether a compelled interview may be an obstacle for subsequent criminal prosecution. The investigator interviewed explained the type of evidence that would be collected and confirmed that should they substantiate an investigation that appear criminal in nature, the investigation and supporting documents would be forwarded to the prosecutor.

In addition, the standard requires that investigators who conduct administrative investigations make an effort to determine if the staff actions or failures to act contributed to the abuse and for the investigation be documented in a report format. A review of past investigations since the last audit showed all investigative reports are document in the same report format as criminal investigations and include an

effort to determine if staff actions or failure to act contributed to the abuse. The investigator confirmed this during the interview.

While Jackson County Jail, PREA Policy #01-01-01 support the majority of this standard, it does not contain a retention schedule for written reports as required by this standard.

Corrective Action Needed:

- Revise PREA policy #01-01-01 to include the retention of investigative reports for as long as the alleged suspect is still employed or incarcerated plus five years.
- Provide a copy of the revised policy to the auditor.
- Provide the auditor with documentation showing all investigators have completed PREA Specialized Investigator Training.

Corrective Action Period:

Jackson County Jail revised their PREA policy to include a retention schedule for investigative reports which now shows, "The Jackson County Jail shall retain ALL investigative files; for at minimum the continued term of the perpetrator's incarceration or employment plus five years."

The agency also provided documentation showing three investigators completed Training Force USA's Prison Rape and Sex Assault Investigations Inside Correctional Facilities.

Standard 115.72: Evidentiary standard for administrative investigations

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

115.72 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

This standard requires that agency's use no standard of evidence higher than preponderance to substantiate an administrative investigation. Jackson County Jail, PREA policy 01-01-01, page 18, PIU Investigation 2, supports this standard. The investigator interview confirmed the agency uses preponderance of evidence to substantiated administrative investigations.

Standard 115.73: Reporting to inmates

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

115.73 (a)

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

115.73 (b)

- If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) ☐ Yes ☐ No ☒ NA

115.73 (c)

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

The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? ☒ Yes ☐ No

115.73 (d)

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

115.73 (e)

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

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The standard requires offenders who have reported sexual abuse or harassment to be notified of the finding following the completion of the investigation. In addition, the offender must also be informed of the status of the subject of the investigation, whether the subject is a staff member or an offender, unless the investigation is unfounded. The standard requires notifications to the offenders or attempts at notification be documented. Jackson County Jail PREA policy, page 11, F. Reporting to Inmates shows the PREA Investigative Unit will inform the offender of the disposition of the investigation. The policy supports the standard and requires at the conclusion of the investigation status updates be completed by the investigator and formalized in writing.

During the reporting year there was only one sexual abuse investigation conducted. The file contained no documentation indicating the victim had been notified of the findings of the investigation. The investigator reported it is the investigator's responsibility to notify the victim verbally. However, as outlined above the standard as well as the facility's PREA policy #01-01-01 require all notifications to the victim be documented. The facility does not meet this element of the standard.

Corrective Action Needed:

- The facility must develop a method to ensure victims are notified of the finding of the investigation with updates as outlined in this standard and the facility's policy.
- Develop a method to ensure all notifications are documented. It is recommended the facility develop a form that the offender signs and is retained in the investigative file.
- Provide the auditor with documentation showing victims are being notified of the finding of following the close of an investigation with update as outlined in this standard.

Corrective Action Period:

During the CAP, Jackson County Jail revised their PREA policy to include the following language:

Reporting to Inmates

- Following an investigation of sexual abuse, the PIU (PREA Investigative Unit), shall inform the inmate of the disposition of the investigation (substantiated, unsubstantiated, or unfounded) in writing using the Inmate notification form.
- Following the report of staff sexual abuse of an inmate, the facility shall inform the inmate (unless it is determined to be unfounded) when:
 - The staff member is no longer employed at the facility; and/or
 - The staff member has been indicted on a charge related to sexual abuse within the facility.
- Following the report of inmate sexual abuse of another inmate, the facility shall inform the inmate when:
 - The alleged abuser is indicted on a charge related to sexual abuse within the facility;
 - The alleged abuser is convicted on a charge related to sexual abuse within the facility.
- At the conclusion of the investigation, these status updates shall be completed by the investigator and formalized in writing.
- The facility shall no longer have this obligation to report once the inmate is released from the agency's custody.

The agency developed a form that will be used to notify an offender following the conclusion of an investigation. The form will be signed by both the victim and staff member. The form will be completed by the investigator and filed in the investigative file.

The facility only received one PREA allegation during the corrective action period. The offender was no longer incarcerated when the investigation was completed therefore, no notification was required.

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

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

115.76 (a)

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

115.76 (b)

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

115.76 (c)

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

115.76 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

This standard requires staff to be subject to disciplinary sanctions up to and including termination for violating the agency's sexual abuse and sexual harassment policy with termination being the presumptive disciplinary sanction for staff who engage in sexual abuse of an offender. The standard requires that all terminations for violation of the agency's sexual abuse and sexual harassment policy or who resigns prior to termination, shall be reported to law enforcement, unless the activity was not criminal and to any relevant licensing bodies. Jackson County Jail, PREA policy, page 11, D. 3, supports this standard.

The facility had no investigations showing staff violated the agency's sexual abuse or sexual harassment policy during this audit year or since the last PREA audit.

Standard 115.77: Corrective action for contractors and volunteers

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

115.77 (a)

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

115.77 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The standard requires contractors and volunteers who engage in the sexual abuse of an offender to be reported to law enforcement and to other relevant licensing bodies and prohibited from having contact with offenders. Jackson County Jail, PREA policy #01-01-01, page 10 E a-b, supports this standard. The facility had no investigations which determined that a volunteer or contractor had violated the facility sexual abuse or sexual harassment policies.

Standard 115.78: Disciplinary sanctions for inmates

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

115.78 (a)

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

115.78 (b)

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

115.78 (c)

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

115.78 (d)

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

115.78 (e)

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

115.78 (f)

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

115.78 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The standard requires the offenders be subjected to disciplinary sanctions if it is found they have engaged in the sexual abuse of another offender. This discipline should be based on the nature and circumstances of the abuse committed, discipline imposed for comparable offenses and should consider the offender mental disabilities or mental illness. The facility does not offer therapy, counseling or other interventions designed to address or correct underlying reasons for the abuse. The Jackson County Jail PREA Policy #01-01-01, page 11, E. 1-7, supports this standard.

The facility had no substantiated allegations of offender on offender sexual abuse during this audit year or since the last PREA audit. As noted previously, the facility has four cells with cameras which are utilized for segregation. I was also informed that the perpetrator would be transferred to another jail. The jail prohibits consensual sexual act between offenders.

MEDICAL AND MENTAL CARE

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

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

115.81 (a)

- If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health

practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)

☐ Yes ☐ No ☒ NA

115.81 (b)

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

115.81 (c)

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

115.81 (d)

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

115.81 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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The standard requires that victims who disclose prior sexual victimization during the PREA assessment, outlined in 115.41, be offered a follow-up meeting with a medical or mental health

practitioner and requires this meeting to occur within 14 days of the facility receiving the report. The standard requires that information about prior sexual victimization or abusiveness that occurred in an institutional setting be strictly limited to medical and mental health practitioners. In addition, the standard requires medical and mental health practitioners to obtain informed consent from offenders before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the offender is under 18 years of age.

Jackson County Jail PREA Policy #01-01-01, page 13, H. 7-9, supports this standard. However, I learned during my interviews with staff who conduct the initial PREA assessment that if an offender reports prior victimization, they mark “yes” on the form but the offender is not offered medical or mental health services. The contracted medical staff reported she had never received a referral from intake staff due to an offender answering “yes” to the question regarding past sexual abuse in an institutional setting. The facility does not track the number of offenders who report past sexual abuse, and could not provide the number of times this has occurred within this auditing year. However, the contracted medical staff reported she meets with all offenders who are housed at the facility for at least two weeks. She reports she asks about past victimization and if they are struggling, she offers mental health services.

The facility does not house anyone under the age of 18 years of age, and they do not report allegations of sexual abuse that did not occur in an institutional setting.

Corrective Action Needed:

- The facility must develop a system to ensure offenders who report past victimization during a PREA assessment are offered medical or mental health services and are seen within 14 days of the report.
- The facility must develop a system to ensure this standard is implemented into the practice of the facility.
- The facility should revise PREA policy #01-01-01 to include the offer of medical or mental health services for all offenders who report a history of previous sexual abuse.
- The facility will forward the auditor 5-10 examples of assessments showing offenders reported past sexual abuse, was offered medical or mental health services, and if the services are accepted, documentation showing the offender was seen within 14 days.

Corrective Action Period:

Jackson County Jail revised their PREA policy to include the following language:

Use of Screening Information:

- If the information obtained during the screening indicates sexual abuse of any kind; from either in an institutional setting or in the community. The Screening Officer shall forward the information immediately to the PREA Classification Officer as well as the contracted medical provider for further assessment.

Medical and Behavioral Healthcare:

- If the screening for victimization and abusiveness indicates that an inmate has experienced prior sexual victimization or has previously perpetrated sexual abuse, whether in an institution or in

the community, the facility shall offer the inmate follow-up with a medical or behavioral health practitioner within 14 days of the screening.

- The facility shall attempt to conduct a behavioral health evaluation of all known inmate on-inmate abusers within 60 days of discovery of such abuse history.
- Informed consent shall be obtained from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting.

On March 8, 2020, I emailed the Assistant PREA Coordinator the following email:

For me to determine if a facility has implemented the corrective action, I need policy and documentation showing practice. You provided me the revised policy but I do not have anything showing this is in practice. Did the facility assess anyone since September 3, 2019, who reported a past history of sexual abuse either in the community or in a correctional facility? I will need their assessment and documentation they were offered M/MH services. If they requested services, I need documentation showing they were seen my MH.

As noted in the interim report:

•The facility will forward the auditor 5-10 examples of assessments showing offenders reported past sexual abuse, was offered medical or mental health services, and if the services are accepted, documentation showing the offender was seen within 14 days.

As of the date of this report, I have not received a response to my email.

The agency/facility is non-compliant with this standard.

Standard 115.82: Access to emergency medical and mental health services

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

115.82 (a)

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

115.82 (b)

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

115.82 (c)

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

115.82 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The standard requires a facility to provide timely, unimpeded access to emergency medical treatment and crisis intervention services. If no medical or mental health staff are on duty, staff must take steps to protect the victim and must immediately notify the appropriate medical and mental health practitioner.

In addition, victims of sexual abuse must be offered timely information and access to emergency contraception and sexual transmitted infections prophylaxis. All services must be offered to the victim at no charge.

The facility's contracted nurse reported the facility would transport the victim to Stormont Vail Hospital for a forensic exam and emergency services. She reported the facility has a nurse practitioner on call 24/7 to provide guidance should the facility receive an allegation that indicates a need for a forensic exam. The facility reported they have not received an allegation of sexual abuse since the last audit. I reviewed all investigations since the last audit and did not find an investigation which warranted a forensic exam.

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

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

115.83 (a)

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

115.83 (b)

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

115.83 (c)

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

115.83 (d)

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

115.83 (e)

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

115.83 (f)

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

115.83 (g)

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

115.83 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The standard requires the facility to offer medical and mental health evaluation and treatment to all offenders who have been victimized by sexual abuse in prison, jail, lockup or juvenile facility which includes appropriate follow-up services, treatment plans and when necessary referral to continued services. Female victims of sexual abuse must be offered a pregnancy test and tests for sexually transmitted infections. All services must be offered at no cost to the victim.

Jackson County Jail, PREA policy page 12, H. 1-5, supports this policy. The policy contains the following language however, it does not appear to be written for the jail:

"1. Medical and behavioral health practitioners are required to report sexual abuse and must inform inmates of their duty to report at the instigation [sic] of services"

"2. Access to medical and behavioral health care shall be provided immediately, upon report or discovery, to victims of sexual abuse. Evaluation and treatment of victims shall include follow up services, a treatment plan, and if necessary, Referrals for continued care shall be offered after an inmate leaves the facility."

"3. When medically and procedurally appropriate, victims and perpetrators of sexual abuse will be offered an off-site forensic medical exam performed by a certified Sexual Assault Nurse Examiner (SANE), at no cost to the inmate."

"4. Medical and behavioral health care staff shall contribute to a coordinated response to all allegation of sexual abuse by relaying, to the PCM and/or administrative staff, information pertinent to the well-being of the inmates(s) or for investigative purposes.

"5. Victims of sexual abuse while incarcerated shall be offered: a. Emergency contraception and pregnancy tests (when vaginal penetration has occurred) when deemed medically necessary, for female inmates. b. Prophylaxis for sexually transmitted infections. C. If pregnancy results from sexual abuse while incarcerated at Jackson County Jail, victims shall receive timely and comprehensive information about, and timely access to, all lawful pregnancy related medical services."

It should also be noted, the PREA Policy #01-01-01 excerpts that was provided with the PAQ does not match the language in policy #01-01-01 provided during the onsite audit. It should be noted the language above was taken from the policy provided during the onsite audit.

The facility had no substantiated allegations of offender sexual abuse during the audit year or since the last audit and no allegations that would warrant a forensic exam.

Best Practice:

The agency should revise the facility policy to clearly show how this standard is implemented at Jackson County Jail which will provide guidance to staff.

Corrective Action Period:

During the CAP, the agency/facility revised their PREA policy.

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

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

115.86 (a)

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

115.86 (b)

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

115.86 (c)

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

115.86 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? ☒ Yes ☐ No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? ☒ Yes ☐ No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? ☒ Yes ☐ No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? ☒ Yes ☐ No

- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? ☒ Yes ☐ No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? ☒ Yes ☐ No

115.86 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

This standard requires that facilities conduct a sexual abuse incident review within 30 days of the conclusion of sexual abuse investigations unless the allegation is unfounded. The review team must include upper level officials, with input from line supervisors and investigators. The standard outlines elements that must be included in this review. In addition, the facility must implement recommendations for improvement or shall document its reasons for not doing so.

Jackson County Jail PREA Policy #01-01-01, page 20, I, shows the facility has an "Incident Review Board" which includes the Sheriff, Captain and Investigator. The policy does not show the review board includes medical staff as required by the standard. The policy requires all criteria outlined in the standard be review. The policy also includes the need to prepare a report of its findings.

The facility only investigated two allegations during the audit year, neither of which required an incident review. The Jail Administrator reported he has never completed an incident review because they have never received an actual report of sexual abuse. He reported the following individuals would be included on the team if a review as indicated: Medical, Investigator, Administrative Staff.

Since the facility has not completed an investigation of sexual abuse that was substantiated or unsubstantiated, I had no documentation of an incident review to assist with my determination of compliance.

Best Practice:

1. The facility should revise their policy to include the following individual on their review panel: the PREA Coordinator, Sheriff or designee, line supervisor and the investigator.
2. The facility should develop an incident review form to documents their review. It is recommended the form contain all the elements noted in this standard.

Standard 115.87: Data collection

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

115.87 (a)

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

115.87 (b)

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

115.87 (c)

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

115.87 (d)

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

115.87 (e)

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

115.87 (f)

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

Auditor Overall Compliance Determination

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

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

Instructions for Overall Compliance Determination Narrative

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

This standard requires the facility to collect accurate, uniform data for every allegation of sexual abuse. The data must be aggregated on an annual basis and should contain the minimum data necessary to answer the questions from the Survey of Sexual Violence (SSV). In addition, the agency should provide, upon request, the data from the previous calendar year to the Department of Justice. Jackson County Jail, PREA policy #01-01-01 does not address this standard. The facility provided the SSV completed in 2014. DOJ has not requested data from the facility.

During the exit meeting I requested the facility provide me the SSVs completed for 2015, 2016, and 2017. Of the date of this report, I have not received the information requested.

A review of the agency's website, <https://www.jasoks.org/divisions/jail-division/prison-rape-elimination-act-prea/>, shows it does contain the number of allegations received in 2016, 2017 and 2018 and the findings. It does not contain the type of allegations received.

Corrective Action Needed:

- The facility should develop a protocol to collect data and aggregate annual.
- The facility should revise their PREA policy #01-01-01 to include how and when data will be collected and aggregated.
- Provide the auditor with the revised policy.
- Provide the auditor with aggregated data for 2019.

Corrective Action Period:

Jackson County Jail revised their PREA policy to include the following language:

- The PIU unit shall be responsible for entering every PREA-related investigation into the PIU Case Log and to follow investigative procedures outlined in the PIU Investigations Policies.
- The PREA Coordinator shall, on an annual basis, review and analyze the aggregated data to assess for compliance with the national PREA standards and to improve the effectiveness of the sexual abuse prevention and intervention program.
- For every allegation of sexual abuse or sexual harassment, all documents and items to demonstrate a complete and proper Coordinated Response shall be located entirely in the electronic PIU Case file.

•The Investigator shall upload documents and case information. Documents and processes, gathered or facilitated by the PCM, shall be forwarded electronically to PIU for inclusion in the electronic case file.

The facility provided their 2019 annual report which shows the facility received two PREA allegations in 2019, one substantiated and one unsubstantiated which was an increase since 2018.

Standard 115.88: Data review for corrective action

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

115.88 (a)

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

115.88 (b)

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

115.88 (c)

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

115.88 (d)

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

Auditor Overall Compliance Determination

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

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

Instructions for Overall Compliance Determination Narrative

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

This standard requires the agency to review the collected and aggregated data in order to assess and improve the effectiveness of its sexual abuse prevention, detection and response policies and practices and training. The review should identify problem areas, take corrective action, and the agency must prepare an annual report of its findings and corrective actions. The report should include a comparison of the current year with those of previous years. The report must be approved by the head of the agency and made publicly available.

Jackson County Jail PREA Policy #01-01-01, does not support the elements of this standard. The policy does not indicate what the data collection and review should include identifying problem areas and corrective action taken on an ongoing basis and should include a comparison with prior years. The policy also does not show the report must be approved at the agency head and posted on the agency's website.

As noted in standard 115.87, the agency's website, <https://www.jasoks.org/divisions/jail-division/prison-rape-elimination-act-prea/>, contains the number of allegations received from 2016, 2017 and 2018 and the findings. It does not contain the type of allegation received, a comparison with previous years, corrective action taken, progress made toward addressing sexual abuse.

Corrective Action Needed:

- The facility must revise PREA policy #01-01-01 to include language that addresses this standard.
- The facility must provide the auditor with the facility 2019 annual report that contains the elements required by this standard.
- The agency must ensure the annual report is posted on the agency's website and forward the link to the report to the auditor.

Corrective Action Period:

The Jackson County Jail revised their PREA policy to include the following language:

- Jackson County Jail administration shall review data collected and aggregated pursuant to 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, response policies and training, Including:
 - Identifying problem areas;
 - Taking corrective actions on an ongoing basis; and

- Preparing an annual report of its findings from data review and any corrective actions for the facility.

The facility provided their 2019 Annual PREA report. The report addresses the number of allegations which were received and investigated and corrective actions taken in 2019 to ensure sexual safety within the facility.

Standard 115.89: Data storage, publication, and destruction

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

115.89 (a)

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

115.89 (b)

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

115.89 (c)

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

115.89 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

The standard requires the agency to ensure the data collected in standard 115.87 be securely retained and made publicly available. In addition, the standard requires the data to be maintained for at least 10 years after the data of the initial collection.

Jackson County Jail PREA Policy #01-01-01, page 21, a-d, contains a repeat of the standard language. As noted in standard, 115.87 the facility's aggregated data does not contain the information needed to answer the questions on the SSV. In addition, the agency's website only shows the number of allegations received in a year and the findings. It does not outline the type of allegations received. The policy requires aggregated data to be maintained for 10 years after the collection, however, as noted previous, the data has not been aggregated in the manner required by 115.87.

Corrective Action Needed:

- Provide the auditor with a copy of the revised policy.
- Ensure the aggregated data is included in the annual report and posted on the agency's website and provide the auditor with the link.

Correction Action Period:

The facility's 2019 Annual PREA report can be found on the agency's website at:
<https://www.jasoks.org/wp-content/uploads/Prea-2019-report.pdf>

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

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

115.401 (a)

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

115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*) ☐ Yes ☒ No
- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the

agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the second year of the current audit cycle.) ☒ Yes ☐ No ☐ NA

- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the third year of the current audit cycle.) ☒ Yes ☐ No ☐ NA

115.401 (h)

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

115.401 (i)

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

115.401 (m)

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

115.401 (n)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The Jackson County Jail's first PREA audit report was finalized on July 20, 2016, at which time the facility was found in full compliance with the standards. During the current audit, the auditor was provided a private area to interview both staff and offenders. It should be noted that during the entrance meeting and exit meeting I requested multiple documents which as of the writing of this report, I have not received. I received no correspondence from staff or offenders prior to the audit.

Standard 115.403: Audit contents and findings

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

115.403 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

A review of the agency's website, <https://www.jasoks.org/divisions/jail-division/prison-rape-elimination-act-prea/>, shows the previous audit was not posted as required by policy.

Corrective Action Needed:

- The facility must ensure all audits are posted on the agency's website.
- The facility must post their 2016 audit, and send the auditor the link to the 2016 audit report.

Corrective Action Period:

Jackson County Jail's 2016 PREA audit report has been posted on the agency's website. The report can be found at: <https://www.jasoks.org/wp-content/uploads/2016-PREA-Final-Audit-Report.pdf>

AUDITOR CERTIFICATION

I certify that:

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

Auditor Instructions:

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

Vevia Sturm

March 23, 2020

Auditor Signature

Date

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

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