

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

Interim Final

Date of Report November 27, 2019

Auditor Information

Name: Danielle Frane

Email: dfrane203@comcast.net

Company Name: Danielle Frane LLC

Mailing Address: PO BOX 427

City, State, Zip: Weymouth, MA 02188

Telephone: 781-234-5869

Date of Facility Visit: September 25-27, 2019

Agency Information

Name of Agency:

Cloud County Sheriff's Office

Governing Authority or Parent Agency (If Applicable):

Click or tap here to enter text.

Physical Address: 2090 Ft. Kearney St

City, State, Zip: Concordia, KS 66901

Mailing Address: 2090 Ft. Kearney St

City, State, Zip: Concordia, KS 66901

The Agency Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

Agency Website with PREA Information: Click or tap here to enter text.

Agency Chief Executive Officer

Name: Brian Marks, Sheriff

Email: sheriffmarks@cloudcountyks.org

Telephone: 785-243-8164

Agency-Wide PREA Coordinator

Name: Amber Lindberg

Email: alindberg@cloudcountyks.org

Telephone: 785-243-8164

PREA Coordinator Reports to:

Sheriff

Number of Compliance Managers who report to the PREA Coordinator

1

Facility Information

Name of Facility: Cloud County Law Enforcement Center

Physical Address: 2090 Ft. Kearney St

City, State, Zip: Concordia, KS 66901

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: cloudcountyks.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:

Click or tap here to enter text.

Warden/Jail Administrator/Sheriff/Director

Name: Amber Lindberg

Email: alindberg@cloudcountyks.org

Telephone: 785-243-8164

Facility PREA Compliance Manager

Name: Joel Anderson

Email: janderson@cloudcountyks.org

Telephone: 785-243-8164

Facility Health Service Administrator N/A

Name: Deborah Czapanskiy

Email: dczapanskiy@cloudcountyks.org

Telephone: 785-243-8164

Facility Characteristics

Designated Facility Capacity:	86	
Current Population of Facility:	90	
Average daily population for the past 12 months:	80	
Has the facility been over capacity at any point in the past 12 months?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input type="checkbox"/> Males <input checked="" type="checkbox"/> Both Females and Males	
Age range of population:	18-75	
Average length of stay or time under supervision:	6 months	
Facility security levels/inmate custody levels:	All	
Number of inmates admitted to facility during the past 12 months:	917	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for <i>72 hours or more</i> :	715	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for <i>30 days or more</i> :	303	
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	
<p>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):</p>	<input type="checkbox"/> Federal Bureau of Prisons <input 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 checked="" 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:	22	

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:	0
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	4
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	4
Physical Plant	
<p>Number of buildings:</p> <p>Auditors should count all buildings that are part of the facility, whether inmates are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house inmates, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</p>	1
<p>Number of inmate housing units:</p> <p>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows inmates to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	11
Number of single cell housing units:	5
Number of multiple occupancy cell housing units:	4
Number of open bay/dorm housing units:	2
Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):	0
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

Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Medical and Mental Health Services and Forensic Medical Exams

Are medical services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Are mental health services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Where are sexual assault forensic medical exams provided? Select all that apply.	<input type="checkbox"/> On-site <input type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input checked="" 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:	1
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 checked="" type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input checked="" 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 checked="" type="checkbox"/> Local police department <input checked="" type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input type="checkbox"/> N/A

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?	4
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 checked="" type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input checked="" 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)	<input checked="" 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 type="checkbox"/> 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.

The Cloud County Law Enforcement Center (CCLEC) is located at 2090 Ft. Kearney Street in Concordia Kansas 66901. CCLEC is participating in the Prison Rape Elimination Act (PREA) audit conducted by a certified auditor. The assigned auditor submitted a bid proposal for this audit and the contract was awarded and executed on August 6, 2019. The dates of the audit were discussed and agreed upon for September 25-27, 2019 for the on-site portion of the audit to be conducted. This facility was previously audited in June 27-29, 2016. Following coordination preparatory work and collaboration with management staff at the CCLEC, there was pre-audit work that was completed prior to traveling to the facility for the on-site review portion of the Prison Rape Elimination Act (PREA) audit.

PRE-AUDIT PHASE

On August 13, 2019, a kick-off conference call with the facility PREA Coordinator was conducted with CCLEC. Following the brief introductions, an overview of the PREA audit as well as logistics, unimpeded access to the facility, documents and staff. Also discussed was the audit process and purpose, the role of the auditor and the goal and expectations of the audit were established. The purpose of corrective action as well as timelines and milestones discussion completed the call. The Auditor provided the facility with audit notices in both English and Spanish to the facility's PREA Coordinator with instructions to post copies in the housing units and other places deemed appropriate by facility Staff. The audit notices advised the inmate population, both in English and Spanish, that a PREA audit was being conducted. The notice provided the dates of the intended audit, as well as a mailing address for the Auditor in the event that an individual wishes to contact the Auditor prior to arriving at the facility. The audit notice also advised that any correspondence can be sent in a confidential manner, consistent with the Legal Mail process. The legal mail process at CCLEC allows for the inmates to send legal correspondence to an approved recipient in a way that ensures that the content of the letter is not reviewed by facility staff which ensures that the information is relayed confidentially.

The notices were posted throughout the facility, in areas that are both accessible to both inmates and staff. The PREA Coordinator forwarded to the Auditor five (5) time/date stamped pictures of different location within the facility to include general areas and housing units. The pictures reflected a date stamp of August 15, 2019 indicating that they were posted six weeks prior to the first day of the on-site. The posted notices were observed in the photographed locations as well as numerous other locations during the on-site audit tour.

On August 24, 2019 this Auditor contacted Just Detention International (JDI) to identify if any allegations have been received by their agency. A response was received that advised a review of their database indicates that they had not received any information or complaints regarding the Cloud County Law Enforcement Center in the past 12 months.

On August 26, 2019, the Pre-Audit Questionnaire, audit map process, policies and procedures were received from the Cloud County Law Enforcement Center (CCLEC). Following a review by the Auditor, a PAQ Issue log was created that identified items that had not be included or needed clarification from the

documents that were received. The PAQ Issue log was submitted to CCLEC on September 2, 2019 with instructions to provide all requested items to the Auditor upon arrival at CCLEC.

On September 4, 2019, an update call was conducted with the PREA Coordinator and logistical items were discussed in regard to the upcoming on-site portion. The Auditor advised that an extensive comprehensive tour will be conducted, with un-impeded access to all areas of the CCLEC. There were further discussions related to a quiet and private location where inmates and staff could be interviewed, as well as facility guidelines to include clothing and laptop use.

Pre-Audit Section of the compliance tool: On August 26, 2019, the PREA Coordinator provided the completed pre-audit questionnaire, including supporting documentation to the Auditor. This Auditor then completed the audit section of the Auditor Compliance Tool (ACT) by transferring the information from the pre-audit questionnaire and supporting documentation to the compliance tool.

ON-SITE PHASE

On September 25, 2019, the Auditor arrived at the Cloud County Law Enforcement Center (CCLEC) and met with the Jail Administrator, Lt. and PREA Compliance Manager. During the meeting the agenda was discussed to include the facility tour, staff and inmate interviews.

Upon arrival to CCLEC the Auditor received a copy of the shift roster which included all of the staff assigned. Also received was a copy of the current roster of all inmates presently at the facility which included Pod and cell/bed assignment.

The CCLEC custody staff work twelve (12) hours shifts from 8am to 8pm and 8pm to 8am. Each roster was utilized to create a list of both staff and inmates that were selected randomly for interviews. This list created did not specifically identify inmates according to each of the seven categories.

The Auditor had previously requested and had been provided a list of inmates classified into any of the following categories:

- Disabled Inmates
- Limited English Proficient Inmates
- Inmates that identify as LGBTI
- Inmates who Reported Sexual Abuse
- Inmates who reported Sexual Victimization during Risk Screening
- Oldest Inmate
- Youngest Inmate
- The newest inmates to arrive at the facility

The PREA Coordinator provided the information requested and a review of all of the information was conducted by the Auditor.

As a result of the posted audit notices, the Auditor received two (2) letters from inmates prior to arrival. Upon further exam of the letters, one letter had two (2) different inmates that wrote concerns. Two of the inmates were released prior to the on-site and one was interviewed by the Auditor during the inmate interview portion while on-site. The letter and subsequent discussion with the inmate are addressed later in this report.

On-Site Review: Following the entrance meeting, the Auditor conducted a thorough on-site tour of all areas of the facility, There are eleven (11) inmate housing units at the CCLEC, five (5) single cell housing units, four (4) multiple occupancy housing units and two (2) open bay/bunk dorms. The other areas viewed were medical, kitchen, intake processing area, sally port and the visiting area. In addition to custody staff, the facility maintains a complex camera monitoring system which covers all areas of the facility and monitored by staff 24/7/365.

During the tour of the entire facility, the Auditor asked impromptu questions (informal questions) of staff and inmates, noted the placement and coverage of cameras and viewed housing units to identify potential cross gender viewing concerns etc.

In the inmate housing units, the Auditor tested the Kiosk and inmate telephone to determine functionality of the facilities hotline and kiosk process for reporting sexual abuse and sexual harassment.

During the tour, this Auditor assessed the level of staff supervision, about asking questions about who was assigned to a specific post or staff position and reviewing staffing roster. When opposite-gender staff were observed entering into a housing unit, an announcement was always made by the respective staff member.

Due to the size of the facility and the count on the first day of the on-site, custody staff have been trained in all the positions to include the intake processing area. During the on-site tour, the staff assigned to intake were able to walk the Auditor through the intake screening and classification process.

The Auditor also noted the placement of PREA audit notices placed throughout the facility.

PREA Management Interviews: During the audit period, the Auditor conducted on-site interviews with the following members of the management team:

- Sheriff
- Jail Administrator
- Institutional PREA Compliance Manager
- Investigator
- PREA Coordinator

As a result of logistics, the auditor conducted telephone interviews with the following staff:

- SAFE/SANE Nursing Staff
- Victim Advocates

Each of their remarks and documentation presented are in this report. Each of these individuals was interviewed using the applicable interview protocols and the responses were recorded by hand.

The Auditor conducted the following number of Staff interviews during the onsite phase of the audit:

Category of Staff	Number of Interviews Conducted
Random Staff (Total)	11
Management Level Staff (Total)	2
Specialized Staff (Total)	17
Total Interviewed	30
Breakdown of Specialized Staff Interviews	
• Intermediate of Higher Level Staff	3
• Medical Staff	1

• SAFE/SANE Staff	1
• Investigative Staff	1
• Staff who perform screening for risk of victimization and abusiveness	2
• Sexual Abuse Incident Review Team Member	2
• Supervising Staff Segregated Housing	N/A
• First Responders	4
• Intake Staff	2
• Staff responsible for Retaliation Monitoring	1
• Volunteer / Contractor	3

Note: in several instances a single person was responsible for covering two (2) separate protocols (i.e. Staff who perform screening for risk of victimization, Intake staff and First Responders)

The Auditor conducted the following number of Inmate interviews during the onsite phase of the audit:

Category of Inmates	Number of Interviews Conducted
Random Inmates (Total)	14
Targeted Inmates (Total)	2
Total Inmates Interviewed	16
Breakdown of Targeted Inmate Interviews	
• Inmate with a Cognitive Disability (1 identified)	1
• Inmates Who Reported Sexual Victimization During Risk Screening (1 identified)	1
Total Targeted Inmates Interviews	2

Random Inmate Interviews: The institutional count on the first day of the on-site was 88. The Auditor used the rosters of inmates to randomly select those chosen for interviews, from various age groups, ethnicities, races and assigned housing units. The Auditor also determined based on the count that at least two (2) inmates from each housing unit would be interviewed. The Auditor was placed in the contact visit area located in the intake area and each inmate was escorted to the location for their interview.

In regards to their personal safety at CCLEC, each of the inmates that were interviewed indicated that they felt safe from Sexual Abuse and Sexual Harassment.

Targeted Inmate Interviews: The Auditor also conducted two (2) of those inmates who had been identified for interviews based upon their relevance to specific PREA standards. Between the seven (7) categories, there were a total of two (2) inmates eligible.

In regards to their personal safety at CCLEC, every inmate that was interviewed advised this Auditor that they felt safe from Sexual Harassment and Sexual Abuse

Documented Reviews:

A thorough review of the Cloud County Sheriff's Office policies, along with the facility specific policies were included in all three phases of the audit: Pre-Audit, On-Site portion and the Post-Audit.

The auditor requested for the first day of the onsite visit to the facility, that the facility identify a comprehensive list of inmates, staff, volunteers and contractors with relevant facility records which would provide the Auditor with a sample during the onsite portion of the PREA audit. From this documentation, the Auditor selected representative samples for interviews and document reviews during the onsite portion of the audit. The list of documents requested by the Auditor in the pre-onsite audit phase included:

1. Complete listing of all inmates at CCLEC
2. Roster of inmates with disabilities (blind, deaf, hard of hearing, cognitive disabilities and physical disabilities)
3. Roster of inmates who are Limited English Proficient (LEP)
4. Roster of inmates in segregated housing
5. Roster of inmates who are or are perceived as Gay, Lesbian or Bisexual
6. Roster of inmates who are or are perceived Transgender or Intersex
7. Roster of inmates who are in segregated housing for high risk of sexual victimization
8. Roster of inmates who reported prior sexual victimization during risk screening
9. Roster of inmates who reported sexual abuse that occurred at CCLEC or occurred in a different facility.
10. Complete staff roster
11. Complete list of contractors and volunteers
12. Copies of all incident review team cases conducted over the past 12 months

The facility provided the Auditor the requested listing of documents, files and records. From the information, the Auditor selected and reviewed a variety of files, records and documents summarized in the following table and discussed in detail below:

Personnel and Training Files:

There was a total of (18) eighteen record reviews conducted o staff from various categories while ensuring that the files reflected new staff as well as volunteers and contractors. All of the files contained the required documentation and verification of the criminal history check.

Inmate Records:

There were a total of (44) forty-four inmate files chosen randomly from the master list of inmates. All of the files were reviewed and reflected the inmate handbook acknowledgement receipt and orientation sign in.

Investigation Files:

Information that was received regarding the allegations of sexual abuse and sexual harassment indicate that in the past 12 months there has been a total of (1) one allegation of sexual harassment (inmate on inmate). This allegation was investigated and determined to be unsubstantiated.

The Auditor scheduled the exit briefing with the Jail Administrator and her staff which was conducted on the last day of the audit, September 27, 2019. During the exit briefing, they were provided with an overview of what had been observed.

POST-AUDIT PHASE

Following the on-site portion of the audit, all of the documents were reviewed (tour notes, interview notes, additional documents) were utilized in compilation of the completed report.

Audit Section of the Compliance Tool: The Auditor reviewed onsite document review notes, staff and inmate interview notes and site review notes and then began the process of completing the audit section of the compliance tool.

Final Audit Report: Following the completion of the compliance tool, the Auditor started completing the final report. The final report will identify which policies and other documentation were reviewed, which staff and/or inmates were conducted, what observations were made during the on-site review of the facility in order to determine compliance for each standard provision. The Auditor will then provide an explanation of evidence that was listed was applied to draw a final conclusion of whether the facilities policies, procedures and practice exceeds, meets or does not meet the standard.

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.

Cloud County is located in North Central Kansas and is named in honor of Colonel William F. Cloud which was founded in March 27, 1867 and its most populous city is Concordia. Cloud County is one of the largest counties in the state at almost 700 square miles.

The facility opened in 1930 and was added to in 1978 and was able to house up to 32 inmates at one time. Due to overcrowding conditions, the Cloud County Law Enforcement Center (CCLEC) was built and opened in 2014. The Law Enforcement Center contains the jail, a control room and Sheriff's Office that is designed in a low rise metal building on a site suitable for future expansion. The facility is designed as a direct supervision jail and the designed rate of capacity of 86.

The current staffing plan at the CCLEC consists of the following:

1. Jail Administrator
2. 1 Jail Lieutenant
3. 5 Jail Sergeants (one of whom is the PREA Compliance Manager and one that is a certified law enforcement investigator)
4. 12 Full Time Corrections Officers

5. 2 Part Time Corrections Officers
6. 1 Part Time Transport Officers

The jail has (11) eleven housing units, there are (5) five housing units that are single cells, (4) four housing units that are multiple occupancy and (2) two open bay/dorm housing units.

While incarcerated at the CCLEC, the inmates are able to participate in a variety of programs to include:

Offender Workforce Development
Work Opportunities
Substance Abuse Programming
Thinking for a Change
Alcohol Support Groups
Drug Support Groups
Faith based Support Groups
GED classes
College Level classes

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.](#) 1

List of Standards Exceeded: §115.13 - Supervision and monitoring

Standards Met

§115.11 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator.

§115.12 - Contracting with other entities for the confinement of inmates

§115.14 – Youthful inmates

§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

§115.18 – Upgrades to facilities and technology

§115.21 – Evidence protocol and forensic medical examinations

§115.22 – Policies to ensure referrals of allegations for investigations

§115.31 – Employee training

§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

§115.43 – Protective custody

§115.51 – Inmate reporting

- §115.52 – Exhaustion of administrative remedies
- §115.53 – Inmate access to outside confidential support services
- §115.54 – Third-party reporting
- §115.61 – Staff and agency reporting duties
- §115.62 – Agency protection duties
- §115.63 – Reporting to other confinement facilities
- §115.64 – Staff first responder duties
- §115.65 – Coordinated response
- §115.66 – Preservation of ability to protect inmates from contact with abusers
- §115.67 – Agency protection against retaliation. Auditor Findings
- §115.68 – Post-allegation protective custody
- §115.71 – Criminal and administrative agency investigations
- §115.72 – Evidentiary standards for administrative investigations
- §115.73 – Reporting to inmates.
- §115.76 – Disciplinary sanctions for staff
- §115.77 – Corrective action for contractors and volunteers
- §115.78 – Disciplinary sanctions for inmates
- §115.81 - Medical and mental health screenings; history of sexual abuse
- §115.82 - Access to emergency medical and mental health services
- §115.83 - Ongoing medical and mental health care for sexual abuse victims and abusers
- §115.86 – Sexual abuse incident reviews
- §115.87 – Data collection
- §115.88 – Data review for corrective action
- §115.89 – Data storage, publication, and destruction

Standards Not Met

Number of Standards Not Met: 0

PREVENTION PLANNING

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

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

115.11 (a)

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

115.11 (b)

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

115.11 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

The following evidence was analyzed in making the compliance determination:

Documents:

1. Cloud County Sheriff's Office Pre-Audit Questionnaire responses
2. Cloud County Sheriff's Office PREA Policy 9.10
3. Cloud County Sheriff's Office Organizational Chart

Interviews:

1. Interview with PREA coordinator
2. Interview with PREA compliance manager

Site Review Observations:

1. Observations during the on-site review of physical plant

115.11(a): The Cloud County Law Enforcement Center (CCLEC) PREA policy 9.10 mandates a zero tolerance towards all forms of sexual abuse and sexual harassment and describes in detail approaches taken to prevent, detect and respond to such conduct. The agency policy addressed "preventing" sexual abuse and sexual harassment through the designation of a PREA coordinator and PREA compliance manager. The policy also includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment and the sanctions for those individuals found to have participated in prohibited behaviors. The policy addressed "detecting" through staff training to include volunteers and contractors, intake screening. Finally, the policy addressed "responding" to allegations of sexual abuse and sexual harassment through reporting, investigations and disciplinary sanctions for staff and inmates.

115.11(b) The CCLEC employs an upper-level, agency-wide PREA coordinator and outlines their responsibilities in the agency's PREA policy 9.10, Page 3. It requires that the PREA coordinator will be responsible for; assisting with the development and implementation of PREA-related policies, develop and coordinate procedures to triage allegations received and identify, monitor and track incidents of sexual abuse. Other responsibilities include identify and track referrals of allegations to law enforcement and prosecutors, develop and implement a comprehensive system to audit compliance with PREA policies and applicable laws, oversee monitoring of PREA compliance with private and non-departmental public entities contracted for offender and inmate confinement. The PREA coordinator will also keep management informed of PREA-related issues, maintain a memorandum of understanding for external victim advocacy, maintain PREA content for the departmental website, including publication of the required information and documents and conducting training for all staff on PREA compliance and policy. The PREA coordinator oversees the PREA compliance manager and did oversee the agency's implementation of PREA. During the site review, the PC demonstrated the knowledge of the agency's policies and designed to promote the sexual safety of the facility. During the interview with the PC, she discussed that she feels she has enough time to manage all of her PREA related responsibilities however since she has a dual role as the Jail Administrator, the agency has also designated a PREA Compliance Manager to oversee the responsibilities in the event that the PC is unavailable.

The evidence reviewed by the auditor shows that the agency has designated an upper-level agency-wide PC as verified through the organization chart, PREA policy and the interview with the PC. The PC

has continued to lead this agency's ongoing PREA efforts. Based on the review of the Pre-Audit Questionnaire and the related documents submitted, the PREA implementation appears to be organized, well documented and a facility practice© under the leadership of the PC. The PC demonstrated that she has sufficient time and authority to accomplish the PREA responsibilities for the agency.

115.11(c): Although the agency operates only one facility, it has designated a PREA compliance manager to continue with the agency's philosophy to run a sexually safe facility. During the site review, the PCM demonstrated the knowledge of the agency's policies and design to promote the sexual safety of the facility. During the interview with the PCM, he discussed that he feels he has sufficient time and authority to coordinate all of the PREA related responsibilities. The PCM reports directly to the PREA coordinator and discussed the agency's efforts to be PREA compliant that included all training and inmate education.

Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard. No corrective action is required.

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 following evidence was analyzed in making the compliance determination:

Documents:

1. Cloud County Sheriff's Office Pre-Audit Questionnaire responses
2. Cloud County Sheriff's Office PREA Policy 9.10
3. Cloud County Sheriff's Office contract with the Kansas Department of Correction
4. Cloud County Sheriff's Office contract with Sedgwick County Sheriff's Office

Interviews:

1. Interview with the Agency Administrator

Site Review Observations:

1. Observations during the on-site review of physical plant

115.12(a): The Cloud County Law Enforcement Center (CCLEC) PREA policy 9.10 discusses that it will ensure that all contracts for inmate boarding, that will include any new contract or contract renewal the entity's obligation to adopt and comply with PREA standards. The CCLEC contracts with the Kansas Department of Correction and the Sedgwick County Sheriff's Office to house their inmates at the CCLEC. This auditor reviewed two contracts between CCLEC and the Kansas Department of Correction that were dated October 16, 2014 and July 14, 2018. The language in both of the contracts states "the contractor agrees to comply with all applicable provisions of the Prison Rape Elimination Act and comply with all applicable administrative policies and procedures of the Kansas Department of Corrections and its facilities, dealing with the subject matter of sexual abuse or sexual harassment of inmates. Also reviewed was the contract between the CCLEC and the Sedgwick County Sheriff's Office which was executed on June 1, 2015 for housing inmates at the CCLEC. In this contract, CCLEC agrees that the jail is currently in full compliance with the PREA standards and will remain compliant during the term of this agreement.

115.12(b): The CCLEC has specific language in the PREA policy 9.10 that any new contract or contract renewal will provide for agency contract monitoring to ensure that the contract is complying with the PREA standards. The monitoring can be achieved by audit results, inspections and review of incident reports. The contracts reviewed from the Kansas Department of Correction dated October 16, 2014 and July 14, 2018 as well as the Sedgwick County Sheriff's Office has the specific language as dictated by this provision. In an interview with the Agency Administrator, she indicated that she is responsible for overseeing all of the compliance with the contracts that includes the PREA compliance.

The evidence reviewed by the auditor shows that the CCLEC does contract with the Kansas Department of Correction and the Sedgwick County Sheriff's Office to house their offenders at the CCLEC. Prior to housing those inmates, contracts were executed with language that includes the CCLEC's obligations to adopt and comply with PREA standards. The CCLEC complied with these contracts when they were previously audited in June 27-29, 2016, the facility conducts a yearly report which is posted on the agencies website and this audit that was conducted September 25-27, 2019.

Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard. No corrective action is required.

Standard 115.13: Supervision and monitoring

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

115.13 (a)

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

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? Yes No

115.13 (b)

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

115.13 (c)

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

115.13 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

Documents:

1. Cloud County Sheriff's Office Pre-Audit Questionnaire responses
2. Cloud County Sheriff's Office PREA Policy 9.10
3. Weber & Associates – Staffing plan for new Cloud County Facility
4. Staff Rosters
5. Log Books

Interviews:

1. Interview with the Agency Administrator
2. PREA Compliance Manager
3. PREA Coordinator
4. Intermediate or Higher Level Facility Staff

Site Review Observations:

1. Observations during the on-site review of physical plant

115.13(a) The Cloud County Sheriff's PREA policy 9.10 details how the facility will operate to develop, document and make its best effort to comply on a regular basis with a staffing plan that provides adequate levels of staffing. The PAQ indicates that the average daily number is eighty (80) inmates and the average daily number of inmates in which the staffing plan was predicted is ninety five (95). The CCLEC contracted with Weber & Associates to conduct a staffing plan for the new Cloud County Facility which produced a final report. The report is broken down into the following segments: a review of regulatory standards, analysis of current operations, a review of the design and operational needs of the new facility, methods of computing 24 hour staffing, proposed staffing plan and determining compliance. There were two sets of regulatory standards that provided guidance for the staffing of a detention facility; the Prison Rape Elimination Act standards and the American Corrections Association standards. The staff analysis specifically referenced this standard in their report to CCLEC and proposed some staffing adjustments to comply with the standards. The staffing analysis requires that a minimum of two (2) staff positions will be needed to continuously provide adequate staff to process prisoners upon intake, provide the mandated orientation and screening required by PREA and perform adequate supervision of the inmates. The CCLEC has scheduled three (3) staff to this area. The control center will require one (1) continuous position for a control room operator. The housing area must have adequate staff available to patrol the housing areas, provide for the needs of prisoners, and will be readily available to respond emergencies or other incidents that may take place in the housing area. The average housing unit contains 16 inmates therefore there will be two (2) assigned staff during the waking hours and one (1) assigned during sleeping hours. The interviews conducted with the Jail Administrator discussed the need for the staffing analysis and how it was a priority prior to housing inmates at the CCLEC. The staffing analysis was provided in the PAQ and the compliance of that plan is checked daily with staff schedules and time off. The PREA Compliance Manager discussed that he reviews the staffing plan and weekly schedules with the Jail Administrator on a weekly basis and there was indication through interviews, documentation provided and the site review that the staffing analysis is not adhered to.

115.13(b) The auditor has determined that this provision has been determined through interviews with the PREA Compliance Manager, review of log books and staff schedules to be Not Applicable due to the fact that the CCLEC has not deviated from the staffing plan.

115.13(c) The Cloud County Sheriff's PREA policy 9.10 has addressed this provision, "any deviations will be discussed on the annual basis with the CCLEC PREA Committee. The committee will consist of the Cloud County Sheriff, Investigator, Jail Administrator, PREA Coordinator and 1 Correctional Officer. The committee will address and document whether adjustments are needed to the staffing plan established, the facilities deployment of video monitoring systems and the resources that facility has available to commit and ensure adherence to the staffing plan. The PREA Coordinator is a member of the PREA Committee that reviews the staffing analysis on an annual basis and her attendance was reiterated during the interview.

115.13(d) The Cloud County Sheriff's PREA policy 9.10 has addressed this provision, "on an irregular and unannounced pattern, members of the leadership team at CCLEC will conduct unit rounds to deter and deter staff sexual abuse and sexual harassment. The members of the leadership team that are expected to do these rounds include; Sheriff, Jail Administrator, Lieutenant and Sergeants. Once an announced round is completed the staff member completing the round will document such round in the Enterpol Jail System or y hand and this document will be kept in the control room. The announced rounds will be completed during all shifts. During the time the round is being conducted the staff will not be informed of the purpose and staff cannot alert other staff or inmates that the round is occurring. Interviews conducted with intermediate or higher staff confirmed that they conduct announced rounds, the rounds are documented the Enterpol system and also the log is available in the control room which is reviewed by the Jail Administrator. During the onsite review, informal conversations with staff assigned to the housing units reiterated that they are not alerted prior to higher level or intermediate coming into the housing unit.

Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency has exceeded in the compliance with this standard. An independent staffing plan was conducted and CCLEC determined to add additional staff to area to enhance the sexual safety of staff and inmates in that area. No corrective action is required.

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.

The following evidence was analyzed in making the compliance determination:

Documents:

1. Cloud County Sheriff's Office Pre-Audit Questionnaire responses

Interviews:

1. Interview with the Agency Administrator

Site Review Observations:

1. Observations during the on-site review of physical plant

115.14(a) The CCLEC does not house youthful inmates at this facility. The auditor reviewed the CCLEC policies which do not address youthful inmates. Interview with the Jail Administrator confirmed

that youthful inmates are not housed at CCLEC. During the onsite review and informal conversation during the tour, this auditor has determined that youthful inmates are not housed at the CCLEC.

115.41(b) The CCLEC does not house youthful inmates at this facility. The auditor reviewed the CCLEC policies which do not address youthful inmates. Interview with the Jail Administrator confirmed that youthful inmates are not housed at CCLEC. During the onsite review and informal conversation during the tour, this auditor has determined that youthful inmates are not housed at the CCLEC.

115.41(c) The CCLEC does not house youthful inmates at this facility. The auditor reviewed the CCLEC policies which do not address youthful inmates. Interview with the Jail Administrator confirmed that youthful inmates are not housed at CCLEC. During the onsite review and informal conversation during the tour, this auditor has determined that youthful inmates are not housed at the CCLEC.

Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard. No corrective action is required.

Standard 115.15: Limits to cross-gender viewing and searches

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

115.15 (a)

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

115.15 (b)

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

115.15 (c)

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

115.15 (d)

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

115.15 (e)

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

115.15 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

The following evidence was analyzed in making the compliance determination:

Documents:

1. Cloud County Sheriff's Office Pre-Audit Questionnaire responses
2. Cloud County Sheriff's Office PREA Policy 9.10
3. PREA Resource Center – Guidance in Cross-Gender and Transgender Pat Searches
4. Training Records

Interviews:

1. Non-medical staff
2. Random Sample of Staff
3. Random Samples of Inmates (female)

Site Review Observations:

1. Observations during the on-site review of physical plant

115.15(a) The Cloud County Sheriff's PREA policy 9.10 has addressed this provision, the CCLEC employees will not conduct cross-gender strip searches or cross-gender visual body cavity searches except in exigent circumstances or when performed by a medical practitioner. The CCLEC employees will not conduct cross-gender pat down searches of female inmates by a male officer or pat down searches of a male inmate by a female officer unless under exigent searches. The PAQ reports that in the last twelve months there have been zero instances where a cross-gender strip search or cross-gender body searches of inmates. Also reported was zero number of cross-gender strip or cross-gender body cavity searches of inmates that did not involve exigent circumstances. Interviews with staff were consistent that staff have not conducted cross-gender strip or cross-gender visual body cavity searches. The interview conducted with medical staff reiterated there were not any instances where medical staff conducted such searches.

115.15(b) The CCLEC does not permit cross-gender pat searches of female inmates, absent exigent circumstances. The facility does not restrict female access to regularly available programming or other out of cell opportunities. In the past 12 months, the facility has reported there were zero pat down searches of female inmates conducted by male staff as well as zero pat down searches of female inmates conducted by male staff that did not involve exigent circumstances. In the event that there is a new admission to the facility and there is not a same sex officer available to do the pat down or strip search, then an officer of the same sex will be called in before the book in process is completed. The interviews with the random staff reiterated that they have not conducted cross-gender pat down or strip searches. Also interviewed were random female inmates that told the auditor that they have never received a pat down or strip searched from the male staff.

115.15 (c) The Cloud County Sheriff's PREA policy 9.10 requires that all cross-gender strip searches and cross-gender body cavity searches be documented. The PAQ reports that in the last twelve months there have been zero instances where a cross-gender strip search or cross-gender body searches of inmates. Also reported was zero number of cross-gender strip or cross-gender body cavity searches of inmates that did not involve exigent circumstances. During the random inmate interviews of staff and inmates', there was no indication to dispute this.

115.15 (d) The Cloud County Sheriff's PREA policy 9.10 states that "all inmates will be allowed to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender

viewing their breasts, buttocks, or genitalia except in exigent circumstances or when such viewing is incidental to routine cell/dorm checks”. Officers of the opposite gender shall announce their presence when entering a living unit. The announcement will be made in such a manner as; “male/female officer on the unit or male/female officer on the floor”. The officers entering the housing unit will be documented in the jail log book with the officers badge number. The announcements will also apply to non-uniform staff when they enter a housing unit of the opposite sex. During the onsite, the announcement was made clearly and loudly prior to entering the housing unit. The random staff interviews indicated that this a facility wide process and staff are aware of their responsibility to make that announcement. The random inmates interviews reiterated that this announcement is a common practice that is heard frequently throughout the day.

115.15 (e) The Cloud County Sheriff’s PREA policy 9.10 states that “staff will not search or physically examine a transgender or intersex inmate for the sole purpose of determining the inmate’s genital status”. If the inmate’s genital status is unknown, it may be determined through conversation 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. The PAQ has reported that there have been zero searches that have occurred in the past 12 months. Staff interviews echoed the facilities policy and procedures that they will not search or physically examine to determine genital status.

115.15(f) The Cloud County Sheriff’s PREA policy 9.10 states “CCLEC will train staff on how to conduct a cross-gender pat down search and searches of transgender and intersex inmates in a professional and respectful manner and in the least intrusive manner possible. The CCLEC has trained 100% of the staff from the training provided on the PREA Resource Center titled “Guidance in Cross-Gender and Transgender Pat Searches “ that was developed by The Moss Group INC. A review of all of the training records demonstrated that all of the staff have been trained. The staff discussed that they have received this training and are provided refresher during monthly staff meetings.

Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard. No corrective action is required.

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.

The following evidence was analyzed in making the compliance determination:

Documents:

1. Cloud County Sheriff's Office Pre-Audit Questionnaire responses
2. Cloud County Sheriff's Office PREA Awareness brochure – English
3. PREA Awareness brochure – Spanish
4. PREA Poster

Interviews:

1. Agency Head
2. Random Sample of Staff
3. Inmates with disabilities

Site Review Observations:

1. Observations during on-site review of physical plant

115.16 (a) The Cloud County Law Enforcement Center (CCLEC) PREA policy 9.10 mandates a zero tolerance towards all forms of sexual abuse and sexual harassment and describes in detail approaches taken to prevent, detect and respond to such conduct. The agency policy addressed "preventing" sexual abuse and sexual harassment through the designation of a PREA coordinator and PREA compliance manager. The CCLEC takes appropriate steps to ensure that those 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. The policy also includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment and the sanctions for those individuals found to have participated in prohibited behaviors. The policy addressed "detecting" through

staff training to include volunteers and contractors, intake screening. Finally, the policy addressed “responding” to allegations of sexual abuse and sexual harassment through reporting, investigations and disciplinary sanctions for staff and inmates.

115.16 (b) The agency does 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. The CCLEC uses bi-lingual staff as interpreters and has access to the Cloud County court interpreters in the event that there staff is not available. In an interview with an inmate with disabilities, he said that staff reviewing the materials with him at booking to include reading and assisting with the kiosk.

115.16 (c) The agency does 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. Staff were interviewed and reaffirmed they would use a bi-lingual staff member to interpret with a limited English speaking inmate.

Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard. No corrective action is required.

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.

The following evidence was analyzed in making the compliance determination:

Documents:

1. Cloud County Sheriff's Office Pre-Audit Questionnaire responses
2. Cloud County Sheriff's Office PREA Policy 9.10
3. Personnel Records

Interviews:

1. Administrator

Site Review Observations:

1. Observations during on-site review of physical plant

115.17 (a) The Cloud County Law Enforcement Center (CCLEC) PREA policy 9.10 states that it "does not hire or promote anyone who may have contact with inmates, and shall not enlist the 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) or 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 or has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section.

115.17 (b) The CCLEC policy states “shall consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates”. During the interview, the Administrator reiterated that all incidents will be reviewed prior to determining whether to hire or promote.

115.71 (c) Before hiring new employees who may have contact with inmates, the CCLEC conducts a criminal background records check that is 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. This auditor reviewed all of the personnel files for the staff that has contact with inmates and all received background checks prior to hire.

115.17 (d) The CCLEC also perform a criminal background records check before enlisting the services of any contractor or volunteer who may have contact with inmates. All of the contractor and volunteer background checks were reviewed and all received those check prior to entering the facility.

115.17 (e) The CCLEC conducts criminal background records checks every year of current employees and contractors who may have contact with inmates. The auditor reviewed all of the personnel folders that included the yearly checks off all current staff, contractors and volunteers that have contact with inmates. The interview with the Jail Administrator reiterated this process and is responsible along with the PREA Compliance Manager to conduct these checks.

115.17 (f) The CCLEC policy states “the agency will ask all applicants and employees who may have contact with inmates directly about previous misconduct described in the written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees”. The CCLEC also imposes upon employees a continuing affirmative duty to disclose any such misconduct that they may be involved in. The PREA Coordinator stated that there have not been any examples of applicants having to describe any misconduct or any failures to report by the full time staff.

115.17 (g) The CCLEC policy states “material omissions regarding such misconduct, or the provision of materially false information, are grounds for staff termination”. The PAQ indicates that no staff have been terminated from CCLEC for omissions regarding misconduct.

115.17 (h) The CCLEC is not prohibited by law, to 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. The PREA Coordinator stated that the agency has never had a substantiated allegation of sexual abuse or sexual harassment, this was confirmed after reviewing the one investigation reported in the PAQ.

Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard. No corrective action is required.

Standard 115.18: Upgrades to facilities and technologies

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

115.18 (a)

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

115.18 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

Documents:

1. Cloud County Sheriff's Office Pre-Audit Questionnaire responses
2. Cloud County Sheriff's Office PREA Policy 9.10

Interviews:

1. Agency Head

Site Review Observations:

1. Observations during on-site review of physical plant

115.18 (a) The CCLEC has not acquired a new facility or made a substantial expansion or modification to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later. The facility was audited in 2016 and since that have not made substantial expansion or modification to the facility. This was reviewed by the auditor during the on-site review.

115.18 (b) The Cloud County Sheriff's Office PREA Policy 9.10 states "when installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the agency shall consider how such technology may enhance the agency's ability to protect inmates from sexual abuse and the PREA Coordinator will be part of the input regarding the camera placement".

Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard. No corrective action is required.

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

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

115.21 (a)

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

115.21 (b)

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

115.21 (c)

- Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiary 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 following evidence was analyzed in making the compliance determination:

Documents:

1. Cloud County Sheriff's Office Pre-Audit Questionnaire responses
2. Cloud County Sheriff's Office PREA Policy 9.10
3. Memorandum of Understanding – Domestic Violence Association of Central Kansas (DVACK) and Cloud County Sheriff's Office

Interviews:

1. Random Staff
2. SAFE/SANE staff
3. PREA Compliance Manager

Site Review Observations:

1. Observations during on-site review of physical plant

115.21 (a) The CCLEC is responsible for investigating allegations of sexual abuse and does follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence however all criminal investigations are referred to the Cloud County Sheriff's Office (CCSO) to investigate. The CCLEC and CCSO work together but the agency responsible for the criminal investigation is CCSO. The CCLEC is responsible for the administrative proceedings. Interviews with random staff demonstrated that they have been trained in their responsibilities to preserve evidence, the collection of evidence and the chain of custody.

115.21 (b) The protocol developed is appropriate for youth; however the CCLEC does not house youthful offenders therefore this provision is Not Applicable.

115.21 (c) The CCLEC offers all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiary or medically appropriate. Interviews with the PREA Coordinator and Medical/Mental staff reiterated that all victims of sexual abuse are offered access to forensic examinations. The forensic medical examinations, are referred to the Salina Regional Health Center. The examinations are performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) and the CCLEC inform the hospital prior to the inmates arrival of the services required.

115.21 (d) The CCLEC has an agreement with Domestic Violence Association of Central Kansas (DVACK) and they will provide the victim with a victim advocate.

115.21 (e) Interviews conducted with the PREA Coordinator and Medical/Mental Health staff reiterated, "That as requested by the victim, the victim advocate, qualified agency staff member, or qualified community-based organization staff member does support the victim through the forensic medical examination process and investigatory interviews". The victim advocate will also provide emotional support, crisis intervention, information, and referrals. The DVACK staff will also provide emotional support and crisis intervention.

115.21 (f) This provision is Not Applicable, the CCLEC is responsible for administrative investigations and refers all criminal matters to the Cloud County Sheriff's Office.

115.21 (g) The auditor is not required to audit this provision

115.22 (h) This provision is Not Applicable, the agency refers these services to Domestic Violence Association of Central Kansas (DVACK) for access to a victim advocate.

Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard. No corrective action is required.

Standard 115.22: Policies to ensure referrals of allegations for investigations

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

115.22 (a)

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

115.22 (b)

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

115.22 (c)

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

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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 following evidence was analyzed in making the compliance determination:

Documents:

1. Cloud County Sheriff's Office Pre-Audit Questionnaire
2. Cloud County Sheriff's PREA Policy 9.10
3. Cloud County Sheriff's Office Investigation

Interviews:

1. Agency Head
2. Investigator

Site Review Observations:

1. Observations during the on-site review of physical plant

115.22(a): The CCLEC details in PREA Policy 9.10 that the agency will ensure an administrative or criminal investigation is completed on all allegations of sexual abuse and sexual harassment. If the allegation is criminal in nature then it will be referred to the Cloud County Sheriff's Office for investigation. The referrals to the Cloud County Sheriff's Office will be documented in an investigative report by the CCLEC PREA Coordinator and Jail Administrator. The allegations that do not involve potentially criminal behavior will be investigated internally (Administrative Investigation) by the CCLEC PREA coordinator, Jail Administrator, Investigator or designee. The CCLEC PAQ indicated one allegation of sexual abuse and/or sexual harassment in the last 12 months, which was referred for an administrative investigation. Interviews conducted with the Agency Head and Investigator reaffirmed the process of how allegations of sexual abuse and sexual harassment are referred for investigations.

115.22(b): The CCLEC's PREA Policy 9.10 indicated that the agency has in place a policy 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. The CCLEC PREA Policy has stated that the Cloud County Sheriff's Office will handle the criminal investigations if appropriate and will document all referrals. The Cloud County Sheriff's Office (<http://www.cloudcountys.org>) does publish this policy on their website.

115.22(c): This provision is Not Applicable; the CCLEC is responsible for the criminal investigations. The interview with the Agency Head and Investigator reiterated the referral process and responsibilities of the criminal investigators.

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

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

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this standard. No corrective action is required.

TRAINING AND EDUCATION

Standard 115.31: Employee training

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

115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? Yes No

- Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? Yes No
- Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment Yes No
- Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement? Yes No
- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims? Yes No
- Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse? Yes No
- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates? Yes No
- Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates? Yes No
- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? Yes No

115.31 (b)

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

115.31 (c)

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

115.31 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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.

1. Cloud County Sheriff's Office PREA Policy 9.10
2. Staff Training Records
3. Training Lesson Plan – "Making PREA victim services accessible for incarcerated people with disabilities: An implementation guide for practitioners on the adult and juvenile standards".
4. Coordinated Response posters

Interviews:

1. Random Staff

Site Review Observations:

1. Observations during on-site review of physical plant

115.31 (a) The CCLEC trains staff in the following areas; Prevent, Detect and Respond, Dynamics of Sexual Abuse and Sexual Harassment in Correctional Systems, Detecting Signs of Sexual Abuse, Communicating Effectively and Professionally with Inmates/Detainees, including those identifying as LGBTI and Avoiding Inappropriate Relationships with Inmates. With those categories of the training are sub categories that include topics such as; Characteristics of vulnerable populations and common reactions of victims. During the random staff interviews, staff appeared knowledgeable about their training, the frequency in which they must attend training and were able to articulate what they learn from this training and how and why it is important. A review of all of the staff training files confirmed that staff receive the training, electronically sign in for the training and take a quiz upon completion to confirm that they understand the training.

115.31 (b) The training that CCLEC staff receives is tailored to the gender of the inmates, the facility houses male and female inmates and training records reviewed demonstrated a distinction in the training. All staff receive this training, regardless of whether or not they are reassigned from another facility.

115.31 (c) All current employees who have contact with inmates have received training and the information was verified through the auditors review of all of the staff training records from 2016-2019.

115.31 (d) The CCLEC has demonstrated that staff verify electronically that they have received the training and understand the training that they have received. Upon completion of the lesson plan, staff are required to take a quiz to determine the understanding of the material. The staff interviews reiterated this process as well.

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this standard. No corrective action is required.

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.

1. Cloud County Sheriff's Office PREA Policy 9.10
2. CCLEC Contractor Training Records
3. CCLEC Volunteer Training Records
4. Orientation Booklet Acknowledgement Form

Interviews:

1. Volunteers
2. Contractors

Site Review Observations:

1. Observations during on-site review of physical plant

115.32 (a) The CCLEC has 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. All staff must attend orientation prior to coming and the level and type of training will be based on the level of services they provide and the level of contact that they will have with the inmates. Interviews conducted with all of the volunteers and contractors confirmed that volunteers and contractors received this training prior to entering the facility.

115.32(b) All volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment. The volunteers and contractors are informed how to report such incidents (the level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with inmates and their training is tailored during orientation.

115.32(c) The CCLEC does maintain documentation confirming that volunteers and contractors understand the training they have received. This training is conducted by the CCLEC staff and the volunteers and contractors verify electronically that they have received the training and understand the training that they have received. Upon completion of the lesson plan, they are required to take a quiz to determine the understanding of the material.

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this standard. No corrective action is required.

Standard 115.33: Inmate education

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

115.33 (a)

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

115.33 (b)

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

115.33 (c)

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

115.33 (d)

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

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

115.33 (e)

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

115.33 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

Documents:

1. Cloud County Sheriff's Office Pre-Audit Questionnaire
2. Cloud County Sheriff's PREA Policy 9.10
3. Cloud County Jail Prisoner Handbook and acknowledgment receipt
4. Cloud County Law Enforcement Center – PREA Zero Tolerance pamphlet
5. Cloud County Kiosk
6. Orientation Sign In
7. Orientation Video – PREA: What you Need to Know
8. PREA Posters
9. Inmate Files

Interviews:

1. Intake Staff
2. Random Inmates

Site Review Observations:

1. Observations during the on-site review of physical plant

115.33(a): As outlined in Cloud County Sheriff's PREA policy 9.10, during the initial intake meeting with the booking staff, the inmates will receive a copy of the "Zero-tolerance" pamphlet and the inmate handbook. The booking staff will document on the acknowledgment of the receipt that the offender has received the pamphlet. The inmates will then be required once they sign to the Kiosk to acknowledge that they have received information that the Cloud County Law Enforcement Center is a zero-tolerance policy for sexual abuse and sexual harassment. The message reiterates the reporting system and telephone numbers to include third party free calls to report. This message emphasizes the closed caption video developed by the National PREA Resource Center along with Just Detention that was viewed during the booking process and states "by accepting this agreement, you are acknowledging that you have received the inmate education and understand the rules and regulations related to PREA at this facility. It instructs the inmate that if he/she has any questions, they should not log into the kiosk but rather speak to staff about any questions they may have about PREA. This auditor conducted 18 inmate interviews, in which all of the inmates discussed the booking process that included the PREA information and education provided. All inmates were able to provide the auditor with the information about the reporting mechanisms offered at the facility. During the on-site, there were 44 random inmates' files that were reviewed and all of the files contained the acknowledgment forms signed during the booking process as well as kiosk messages were acknowledged.

115.33(b): The Cloud County Sheriff's PREA policy 9.10 outlines that within 3 days of intake, CCLEC will provide comprehensive education to inmates through video ("PREA: What you Need to Know") regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents. The interviews conducted with staff and inmates reiterated the education as well as the time frame in which the education was provided. The 44 random inmate files reviewed confirmed that the date of orientation was conducted within 3 days of intake.

115.33(c): The Cloud County Sheriff's Office PREA policy 9.10 states that "current inmates who have not received such education shall be educated within 90 days of the effective date of this policy, and shall receive education upon transfer to our facility to the extent that the policies and procedures of the inmate's new facility (CCLEL) differ from those of the previous facility". An interview with Intake staff stated that all current inmates have received the education within 3 days of their intake. The random inmate interviews conducted reiterated this process.

115.33(d): The Cloud County Sheriff's Office PREA policy 9.10 states that the "CCLEC will 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. For the deaf or hearing impaired inmates the training is available through print or close captioning. The visually impaired inmates receive the training through audio materials. There are translation services offered for those inmates that are limited English proficient. Lastly for those inmates that are otherwise disabled or limited reading abilities, the education is available through staff and cartoons.

115.33(e): The Cloud County Sheriff's PREA policy 9.10 references that the CCLEC will maintain documentation of inmate participation in this education session. The CCLEC will have inmates sign an acknowledgement that they have been oriented to PREA, which is kept in the inmate's file. A random

review of 44 inmate files confirmed that the inmates received the education and signed the acknowledgment form.

115.33(f): The CCLEC also maintains key PREA (reporting options and the zero-tolerance policy) information that is readily available to inmates through the use of posters placed in inmate living areas as well as on their kiosk systems located within the housing units. These posters were visible during the on-site review.

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this standard. No corrective action is required.

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.

The following evidence was analyzed in making the compliance determination:

1. Cloud County Sheriff's PREA Policy 9.10
2. Investigators Training Records

Interviews:

1. Investigative Staff

Site Review Observations:

1. Observations during on-site review of physical plant

115.34 (a) The CCLEC does ensure that its investigators have received training in conducting sexual abuse investigations in confinement settings; the PREA Coordinator is responsible for receiving all allegations of sexual abuse and sexual harassment. Based on the allegation, the PREA Coordinator will refer any criminal investigations to the CCSO to investigate. A review of the training records reflect that this training was completed.

115.34 (b) The specialized training that the CCSO attends includes techniques for interviewing sexual abuse victims, the proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. The staff were knowledgeable about the training that they have received .

115.34 (c) The CCLEC does maintain documentation in the training files that the investigators have completed the required specialized training in conducting sexual abuse investigations.

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

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this standard. No corrective action is required.

Standard 115.35: Specialized training: Medical and mental health care

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

115.35 (a)

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

115.35 (b)

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

115.35 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if

the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA

115.35 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

1. Cloud County Sheriff's PREA Policy 9.10
2. PREA Training Records - Medical

Interviews:

1. Medical Staff

Site Review Observations:

1. Observations during on-site review of physical plant

115.35 (a) The CCLEC ensures that the full-time medical staff member who works regularly in the facility has been trained in how to detect and assess signs of sexual abuse and sexual harassment. The training also includes; how to preserve physical evidence of sexual abuse, how

to respond effectively and professionally to victims of sexual abuse and sexual harassment and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment. The staff during the interviews were able to discuss in detail the training that they receive from CCLEC.

115.35 (b) The standard is Not Applicable as all forensic exams are conducted at the Salina Regional Health System. This auditor reviewed the MOU with Salina Regional Health Center as well as the Domestic Violence Association of Central Kansas. The interview medical staff confirmed this is the designated facility.

115.35 (c) The CCLEC maintains documentation that medical staff have received the training referenced in this standard either from the agency. The training record was reviewed and compliance has been met.

115.36 (d) The CCLEC ensures that all medical staff employed by the agency also receive training mandated for employees by §115.31. All staff are mandated to attend employee orientation prior to entering the facility.

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this standard. No corrective action is required.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

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

115.41 (a)

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

115.41 (b)

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

115.41 (c)

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

115.41 (d)

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

115.41 (e)

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

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

115.41 (f)

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

115.41 (g)

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

115.41 (h)

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

115.41 (i)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

1. Cloud County Sheriff's PREA Policy 9.10
2. Cloud County Law Enforcement Center - Intake PREA Screening Form
3. Inmate Files

Interviews:

1. Staff responsible for risk screening
2. Random Inmates

Site Review Observations:

1. Observations during on-site review of physical plant

115.41(a) It is the policy of CCLEC that all inmates are assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates. The auditor observed this process during the onsite review that this is completed in Intake. A random review of 44 inmate files included the PREA screening tool that coincided with their booking date.

115.41 (b)The interviews conducted with staff that are responsible for the risk screening indicated the intake screenings are typically completed within a few minutes of admission but definitely would take place within 72 hours of arrival at the facility. There were 16 inmate interviews and all of the inmates indicated that they were asked about sexual orientation, prior sexual abuse and their own perception of their safety.

115.41 (c) The PREA screening assessments are conducted using an objective screening tool which was verified by the auditor during the on-site review.

115.41 (d)The intake screening tool at the CCLEC considers the following criteria to assess inmates for risk of sexual victimization: whether the inmate has a mental, physical, or developmental disability, assess inmates for risk of sexual victimization, the age of the inmate, the physical build of the inmate, whether the inmate has previously been incarcerated, whether the inmate's criminal history is exclusively nonviolent, whether the inmate has prior convictions for sex offenses against an adult or child, whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming, has previously experienced sexual victimization, the inmate's own perception of vulnerability and whether the inmate is detained

solely for civil immigration purposes. Staff reaffirmed that this information is asked of all inmates during Intake.

115.41 (e) When assessing inmates for risk of being sexually abusive, the CCLEC initial PREA risk screening considers the following, prior acts of sexual abuse, prior convictions for violent offenses, history of prior institutional violence or sexual abuse. The staff reaffirmed that this information is gathered during the intake process.

115.41 (f) Within a set time period not more than 30 days from the inmate's arrival at the facility, CCLEC PREA Policy 9.10, the facility will reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening.

115.41 (g) The CCLEC will reassess an inmate's risk level when warranted due to a: referral, request, incident of sexual abuse and receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness.

115.41 (h) The CCLEC PREA Policy 9.10 states that inmates may not be disciplined for refusing to answer, or for not disclosing complete information in response to the risk screening questions. Interviews conducted with staff reiterated that inmates would be not disciplined for refusing to answer the screening questions.

115.41 (i) The CCLEC has 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. That information is kept in a restricted area and only authorized staff can access the information.

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this standard. No corrective action is required.

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 following evidence was analyzed in making the compliance determination:

1. Cloud County Sheriff's PREA Policy 9.10
2. Cloud County Sheriff's Pre-Audit Questionnaire
3. Intake PREA Screening Form
4. Inmate Files

Interviews:

1. PREA Coordinator
2. Staff Responsible for Risk Screening

Site Review Observations:

1. Observations during on-site review of physical plant

115.42 (a) The CCLEC 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, bed assignments, work assignments, education assignments and program assignments. The interview with the PREA Coordinator and staff responsible for risk screening confirmed how the information that is gathered from the risk screening is utilized.

115.42 (b) The CCLEC does make individualized determinations about how to ensure the safety of each inmate based on information that is gathered the risk screening. The staff interviewed reiterated that all information gathered is used to ensure the safety of each inmate.

115.43 (c) When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, the CCLEC will review and determine the transgender inmates housing assignment after review of the inmate records, assessments and an interview with the inmate. Interviews conducted with transgender inmates confirmed that they have met with the staff and discussed their housing options.

115.43 (d) The CCLEC PREA policy 9.10 indicates “placement and programming assignments for each transgender or intersex inmate shall be reassessed at least twice each year to review any threats to safety experienced by the inmate”. The PAQ indicated that there were zero transgender or intersex inmates that were housed in the last 12 months.

115.43 (e) The CCLEC PREA Coordinator will meet with each transgender or intersex and discuss the inmate’s own views with respect to his or her own safety and will give serious consideration when making facility and housing placement decisions and programming assignments.

115.43(f) Transgender inmates at the CCLEC are given the opportunity to shower separately from other inmates. Interviews conducted with random staff as well as the PREA Coordinator confirmed that the CCLEC has not housed a transgender or intersex inmate in the last 12 months.

115.43(g) The CCLEC does not place lesbian, gay, bisexual, transgender, or intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status, unless such 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 such inmates. The CCLEC does not have a dedicated unit or wing solely on the basis of identification or status.

Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard. No corrective action required.

Standard 115.43: Protective Custody

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

115.43 (a)

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

115.43 (b)

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

115.43 (c)

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

115.43 (d)

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

115.43 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

1. Cloud County Sheriff's PREA Policy 9.10
2. Cloud County Sheriff's Pre-Audit Questionnaire

Interviews:

1. Jail Administrator
2. Random Staff

Site Review Observations:

1. Observations during on-site review of physical plant

115.43(a) the CCLEC reported that there were no inmates placed in involuntary segregation pursuant to sexual victimization. If an inmate risk screening identifies that they are high risk, there is an immediate review by the shift supervisor with the assistance of the Jail Administrator. Per the policy, an inmate can request to be housed in Protective Custody (PC) and staff will conduct an assessment. In completing this assessment an inmate can be housed in protective custody for no longer than 24 hours and will then be reassessed. The PAQ indicates that there have been zero requests for Protective Custody in the last 12 months.

115.43(b) The Inmates placed in protective custody housing have access to programs, privileges, education, and work opportunities which is primarily conducted on the unit. Due to safety concerns expressed by the inmates, they are kept away from the general population inmates. The inmates housed in these units, have requested through Classification to be housed in this unit.

115.43(c) The CCLEC does not assign inmates at high risk of sexual victimization to involuntary segregated housing, once information is gathered from the risk screening tool and immediate referral is made to assess the inmates housing as an alternative means of separation from likely abusers. The Jail Administrator reiterated this statement during the interview.

115.43(d) Per the policy, if an inmate is requesting PC the shift supervisor will notify the Jail Administrator. The inmate will be interviewed by shift supervisor and their request will be documented and forwarded to the Jail Administrator.

115.43(e) The CCLEC has reported that there are no cases of an inmate being placed in involuntary segregation because he/she is at high risk of sexual victimization.

Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard. No corrective action required.

REPORTING

Standard 115.51: Inmate reporting

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

115.51 (a)

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

115.51 (b)

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

115.51 (c)

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

115.51 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

1. Cloud County Sheriff's PREA Policy 9.10
2. Cloud County Jail Prisoner Handbook and acknowledgment receipt
3. Cloud County Law Enforcement Center – PREA Zero Tolerance pamphlet
4. Cloud County Kiosk
5. Orientation Sign In
6. Orientation Video – PREA: What you Need to Know
7. PREA Posters
8. Inmate Files

Interviews:

1. Random Sample of Staff
2. Random Sample of Inmates

Site Review Observations:

1. Observations during on-site review of physical plant

115.51(a) The CCLEC provides numerous channels for how to report sexual abuse and sexual harassment and retaliation by other inmates or staff for reporting sexual abuse or sexual harassment. Those methods are; verbal, written, third party, inmate request forms, emergency grievance by utilizing the kiosk system, DVACK Crisis Hotline or by calling Crime Stoppers hotline.

115.51(b) The CCLEC utilizes the DVACK Crisis Hotline or Crime Stoppers hotline that is not part of the agency to report sexual abuse or sexual harassment. The CCLEC does not house inmates detained solely for civil immigration purposes.

115.51(c) The CCLEC staff does accept reports of sexual abuse and sexual harassment that have been made verbally, in writing, anonymously and from third parties. The staff were able to articulate in their interviews, the different reporting mechanism.

115.51(d) The CCLEC utilizes the Cloud County Sheriff's Office as the method for staff to privately report sexual abuse and sexual harassment of inmates.

Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard. No corrective action required.

Standard 115.52: Exhaustion of administrative remedies

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

115.52 (a)

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

115.52 (b)

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

115.52 (c)

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

115.52 (d)

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

115.52 (e)

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

115.52 (f)

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

115.52 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

Documents:

1. Cloud County Sheriff's Office Pre-Audit Questionnaire
2. Cloud County Sheriff's PREA Policy 9.10

Interviews:

1. PREA Coordinator

Site Review Observations:

1. Observations during on-site review of physical plant

115.52(a) The CCLEC has an administrative procedure to address inmate grievances regarding sexual abuse which is addressed in PREA policy 9.10.

115.52(b) The CCLEC addresses that there is no limit on when an inmate submit a report regarding an allegation of sexual abuse. The inmates housed at CCLEC are not required to use an informal report process or to otherwise attempt to resolve with staff an alleged incident of sexual abuse.

115.52(c) The CCLEC ensures that an inmate who alleges sexual abuse may submit a report without submitting it to a staff member who is the subject of the complaint. The CCLEC inmates can use the Kiosk system to file a PREA related grievance. That grievance will go directly to the Jail Administrator for review.

115.52(d) The CCLEC Jail Administrator will issue a final decision on the merits of any portion or a report alleging sexual abuse within 90 days of the initial filing of the report. An extension to the normal reporting period time period may exist if 90 days is not sufficient to make an appropriate decision. The Jail Administrator will notify the inmate of the extension and provide a date by which the decision is made.

115.52(e) The CLLEC will accept 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. The CCLEC will document if an inmate declines to have third-party assistance in filing a grievance alleging sexual abuse.

115.52(f) The CCLEC has established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse. Once a report has been received the shift supervisor will contact the Jail Administrator for assistance.

115.52(g) The CCLEC does not discipline an inmate for filing a grievance related to alleged sexual unless the agency can demonstrate that the inmate has filed the grievance in bad faith.

Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard. No corrective action required.

Standard 115.53: Inmate access to outside confidential support services

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

115.53 (a)

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

115.53 (b)

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

115.53 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

Documents:

1. Cloud County Sheriff's Office Pre-Audit Questionnaire
2. Cloud County Sheriff's PREA Policy 9.10
3. Memorandum of Understanding – Cloud County Sheriff's Department and Domestic Violence Association of Central Kansas (DVACK)
4. Cloud County Sheriff's Office – Inmate Handbook

Interviews:

1. Community Advocate
2. Random Inmates
3. Inmates that Reported Sexual Abuse

Site Review Observations:

1. Observations during the on-site review of physical plant

115.53(a): As stated in the Cloud County Sheriff's PREA policy 9.10 the inmates are provided with access to outside victim advocates for emotional support services related to sexual abuse through mailing addresses and telephone numbers, including toll-free hotline numbers to the Domestic Violence Association of Central Kansas (DVACK). The communication to these outside support services will be as confidential as possible in relation to security needs. The interview with the Community Advocate discussed the Memorandum of Understanding that provides advocacy services to accompany and support inmate victim through the forensic medical examination process and investigatory interviews. The DVACK advocates shall provide emotional support, crisis intervention, information and referrals

upon request from the Cloud County Sheriff's Department. The DVACK staff respond to notifications by 24-hour Crisis Line, email, mail or in person. If a face-to-face service is deemed necessary, two DVACK advocates will respond to the request. The auditor conducted 18 inmate interviews and all of the inmates discussed and referenced the DVACK services.

115.53(b): The staff at the Cloud County Sheriff's Office will inform inmates, prior to giving them access to outside services, of the extent in 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. The MOU discusses that DVACK advocacy work is confidential and the agency follows confidentiality regulations under the Violence Against Women Act. The interview with the Community Advocate reaffirms the language in the MOU referencing confidentiality.

115.53(c): The Cloud County Sheriff's Office PREA policy 9.10 references that they have entered into a memorandum of agreement with the community service provider; the Domestic Violence Association of Central Kansas (DVACK). A copy of this agreement is maintained with the Jail Administrator.

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this standard. No corrective action is required.

Standard 115.54: Third-party reporting

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

115.54 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

Documents:

1. Cloud County Sheriff's PREA Policy 9.10
2. Cloud County Sheriff's Office Website

Site Review Observations:

1. Observations during on-site review of physical plant

115.54 (a) The CCLEC webpage states "Inmates are encouraged to immediately report allegations of sexually abusive behavior to custody staff, or via the grievance process. All allegations including third-party reports, are confidential and will thoroughly investigated. Third party allegations on behalf of an inmate can be initiated by contacting the Cloud County Sheriff's Office. Allegations which may result in criminal charges will be investigated by the Cloud County Sheriff's Department". The information regarding reporting is readily available on the CCLEC website.

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this standard. No corrective action is required.

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

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

115.61 (a)

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

115.61 (b)

- Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent

necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? Yes No

115.61 (c)

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

115.61 (d)

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

115.61 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

Documents:

1. Cloud County Sheriff's PREA Policy 9.10

Interviews:

1. Director
2. PREA Coordinator
3. Random Staff

Site Review Observations:

1. Observations during on-site review of physical plant

115.61(a) The CCLEC requires all staff per the PREA policy “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”. It also requires 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”. Lastly, staff “must report immediately and according to 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”. Interviews conducted with random staff demonstrated their duty to report any instances or suspected instances of sexual abuse. Staff interviewed were aware of their duty not to discuss the allegations.

115.61(b) Apart from reporting to designated supervisors or officials, the CCLEC staff does 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. The staff were able to clearly articulate during the interviews the importance of keeping the information confidential.

115.61(c) The CCLEC medical practitioners are required to inform inmates of the practitioner’s duty to report, and the limitations of confidentiality, at the initiation of services.

115.61(d) Medical and Mental Health staff are mandated reports and although the CCLEC does not house inmates under the age of 18, if the victim is considered a vulnerable adult under a State or local vulnerable person’s statute, they must report the allegation to the designated State or local services agency under applicable mandatory reporting laws

115.61(e) The CCLEC staff report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility’s investigator. Staff interviewed are aware of their reporting responsibilities.

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this standard. No corrective action is required.

Standard 115.62: Agency protection duties

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

115.62 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

Documents:

1. Cloud County Sheriff’s PREA Policy 9.10

Interviews:

1. Director
2. Random Staff

Site Review Observations:

1. Observations during on-site review of physical plant

115.62(a) Per the DCDC PREA policy 9.10 “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”. This policy statement was echoed by interviews with the Director and random staff as to their responsibility for the inmate’s safety.

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this standard. No corrective action is required.

Standard 115.63: Reporting to other confinement facilities

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

115.63 (a)

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

115.63 (b)

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

115.63 (c)

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

115.63 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

Documents:

1. Cloud County Sheriff's PREA Policy 9.10

Interviews:

1. Director

Site Review Observations:

1. Observations during on-site review of physical plant

115.63(a) The CCLEC PREA policy indicated that "upon receiving an allegation that an inmate was sexually abused while confined at another facility, the head of the facility that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred". The PAQ indicated there have not been any allegations received in the 12-month reporting period of the audit. This practice was echoed by the Jail Administrator interview.

115.63(b) Per the Jail Administrator, the notification is provided as soon as possible, but no later than 72 hours after receiving the allegation.

115.63(c) The CCLEC does document that it has provided such notification.

115.63 (d) The CCLEC Jail Administrator will forward any notifications that he receives that an allegation was made and needs to be investigated to the Cloud County Sheriff's Office Investigator.

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this standard. No corrective action is required.

Standard 115.64: Staff first responder duties

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

115.64 (a)

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

115.64 (b)

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

Auditor Overall Compliance Determination

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

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

Documents:

1. Cloud County Sheriff's PREA Policy 9.10

Interviews:

1. Security Staff and Non-Security Staff First Responders

Site Review Observations:

1. Observations during on-site review of physical plant

115.64(a) The CCLEC staff upon learning of an allegation that an inmate was sexually abused, and is the first security staff member to respond to the report is required to separate the alleged victim and abuser, preserve and protect any crime scene until appropriate steps can be taken to collect any evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence and 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. All the staff that were interviewed had a good knowledge of their duties and detailed how to respond effectively and professionally.

115.64(b) All staff were able to articulate their requirements as a responder if they receive the information first. Staff informed would inform the alleged victim not take any actions that could destroy physical evidence, and then notify security staff.

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this standard. No corrective action is required.

Standard 115.65: Coordinated response

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

115.65 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

Documents:

1. Cloud County Sheriff's PREA Policy 9.10
2. Cloud County Sheriff's Office Coordinated Response Plan

Interviews:

1. Jail Administrator

Site Review Observations:

1. Observations during on-site review of physical plant

115.65(a)The CCLEC has developed a written institutional plan according to the policy 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. The auditor reviewed the coordinated response plan that meets the requirements of this standard. The interview with the Jail Administrator reiterated the training the staff have received on the coordinated response plan.

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this standard. No corrective action is required.

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

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

115.66 (a)

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

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

Documents:

- Cloud County Sheriff's PREA Policy 9.10

Interviews:

- Jail Administrator

Site Review Observations:

1. Observations during on-site review of physical plant

- (a) The CCLEC staff are not part of any bargaining agreements or departmental policy therefore it would not limit the Cloud County Sheriff's Office in its ability to protect victims or potential victims of sexual abuse. This information was reviewed and reiterated during the interview with the Jail Administrator.

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this standard. No corrective action is required.

Standard 115.67: Agency protection against retaliation

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

115.67 (a)

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

115.67 (b)

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

115.67 (c)

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

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

115.67 (d)

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

115.67 (e)

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

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

Documents:

1. Cloud County Sheriff's PREA Policy 9.10
2. Cloud County Sheriff's Office Pre-Audit Questionnaire

Interviews:

1. Jail Administrator
2. Designated Staff Member Charged with Monitoring Retaliation

Site Review Observations:

1. Observations during on-site review of physical plant

115.67(a)The CCLEC has establish the PREA policy 9.10 to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff, and shall designate which staff members or departments are charged with monitoring retaliation. The CCLEC has designated the PREA Review Team to conduct the monitoring.

115.67(b) The CCLEC has 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. These measures were discussed in the interview with the PREA Coordinator.

115.67(c)The CCLEC PREA Review Team will for at least 90 days following a report of sexual abuse, 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. The CCLEC PREA Review Team will also monitor any inmate disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The CCLEC PREA Review Team will continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need. This monitoring process was reiterated by the Director and PREA Coordinator during their interviews.

115.67(d)The CCLEC PREA Review Team does conduct status checks and that information is documented.

115.67(e) The CCLEC PREA Review team will monitor any individual who cooperates with an investigation and who expresses a fear of retaliation, and they will take appropriate measures to protect that individual against retaliation. This practice was discussed with the PREA Coordinator and Jail Administrator.

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this standard. No corrective action is required.

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 following evidence was analyzed in making the compliance determination:

Documents:

1. Cloud County Sheriff's PREA Policy 9.10

Interviews:

1. Jail Administrator

Site Review Observations:

1. Observations during on-site review of physical plant

115.68(a) The CCLEC PREA policy 9.10 states that “the inmate will meet with the shift supervisor and discuss other available housing options prior to be assigned into protective custody. Interviews conducted reiterated this facility process.

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this standard. No corrective action is required.

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

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

115.71 (a)

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

115.71 (b)

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

115.71 (c)

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

115.71 (d)

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

115.71 (e)

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

115.71 (f)

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

115.71 (g)

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

115.71 (h)

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

115.71 (i)

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

115.71 (j)

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

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (l)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

Documents:

1. Cloud County Sheriff's Office Pre-Audit Questionnaire
2. Cloud County Sheriff's PREA Policy 9.10
3. Investigative File

Interviews:

1. Investigative Staff

Site Review Observations:

1. Observations during the on-site review of physical plant

115.71(a): According to the Cloud County Sheriff's PREA policy 9.10, when the CCLEC conducts its own investigations into allegations of sexual abuse and sexual harassment, it will initiate a thorough and objective investigation for all allegations within 24 hours or as circumstances dictate, including the third-party and anonymous reports. The PAQ indicated there was one criminal and/or administrative investigation completed in the past 12 months. The interview with the investigator reiterated that once the allegation was received the investigation began immediately. A review of the investigation was completed and confirmed the date of the allegation and the date the investigation began was the same day it was received.

115.71(b): The CCLEC shall utilize investigators who have received specialized training in sexual abuse investigations pursuant to 115.34 when sexual abuse is alleged. Although the PAQ has not indicated that there has been an allegation of sexual abuse, the investigator confirmed in his interview that he has received the specialized training to conduct this investigation if applicable.

115.71(c): The Cloud County Sheriff's PREA policy 9.10 indicates that the investigators shall: gather and preserve direct and circumstantial evidence, including available physical and DNA evidence and available electronic data. They will also interview the alleged victims, suspected perpetrators and witnesses. Other responsibilities include reviewing prior complaints and reports of sexual abuse involving the alleged perpetrator. The investigative file reviewed detailed the evidence that was reviewed as well as the interviews conducted.

115.71(d): The Cloud County Sheriff's PREA policy 9.10 directs the staff that when the quality of evidence appears to support criminal prosecution, the CCLEC will cease any administrative investigation while the criminal investigation is being conducted. Although there has not been an allegation in which the evidence supports criminal prosecution, the investigator detailed the process during the interview.

115.71(e): The interview conducted with the investigator reiterated that the credibility of an alleged victim, suspect or witness shall be assessed on an individual basis and shall not be determined by the person's status as an inmate or staff. The CCLEC will not require an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such allegations.

115.71(f): In reference to Administrative investigations, the Cloud County Sheriff's PREA policy states the investigation must include an effort to determine whether staff actions or failures to act contributed to the abuse and it must be documented in written reports that include the description of the physical and testimonial evidence, the reasoning behind credibility assessments and investigative facts and findings. The investigator confirmed this process during the interview.

115.71(g): The criminal investigations must be documented in a written report that contains a thorough description of physical, testimonial and documentary evidence and attaches copies of all documentary evidence where feasible. Although there were no reported criminal investigations, the investigator discussed the processes that would take place if applicable.

115.71(h): The Cloud County Sheriff's PREA policy states that substantiated allegations of conduct that appears criminal shall be referred for prosecution. Per the PAQ, there have not been any substantiated allegations within the last 12 months. A review of the investigative files confirms this information.

115.71(i): The CCLEC does retain all administrative and criminal written reports referenced for as long as the alleged abuse is incarcerated or employed by the agency, plus 5 years. During a review of the investigative file, all reports appeared to be in the file.

115.71(j) Per the PREA policy 9.10, the investigations are completed regardless of employee status or inmate status. This auditor reviewed the investigative file that corroborated this provision.

115.71(k) Auditor is not required to audit this provision.

115.71(l): Per PREA policy 9.10, when the Cloud County Sheriff's Office investigates sexual abuse, CCLEC staff shall cooperate with outside investigators and shall remain informed about the progress of the investigation. The interview with the investigator did discuss that there have not been any allegations of sexual abuse but that the agency would cooperate with outside investigators if need be.

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this standard. No corrective action is required.

Standard 115.72: Evidentiary standard for administrative investigations

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

115.72 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

Documents:

1. Cloud County Sheriff's PREA Policy 9.10
2. Investigative Files

Site Review Observations:

1. Observations during on-site review of physical plant

115.72(a) In accordance with CCLEC PREA policy 9.10 "the agency shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. Interviews with the investigative staff confirmed this statement".

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this standard. No corrective action is required.

Standard 115.73: Reporting to inmates

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

115.73 (a)

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

115.73 (b)

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

115.73 (c)

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

115.73 (d)

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

115.73 (e)

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

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

Documents:

1. Cloud County Sheriff's PREA Policy 9.10
2. Investigative Files

Interviews:

1. Director
2. Investigative Staff

Site Review Observations:

1. Observations during on-site review of physical plant

115.73(a) Following an investigation into an inmate's allegation that he or she suffered sexual abuse the CCLEC does inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. The notification is in the form of writing regardless of the outcome of the investigation. Investigative files reviewed and all notifications made on the completed investigations.

115.73(b) The CCLEC will request the relevant information from the CCSO who is responsible for conducting the criminal investigation in order to inform the inmate.

115.73(c) Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, the CCLEC will subsequently inform the inmate (unless the agency has determined that the allegation is unfounded) whenever: the staff member is no longer posted within the inmate's unit, the staff member is no longer employed at the facility, the agency learns that the staff member has been

indicted on a charge related to sexual abuse within the facility or the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

115.73(d) Following an inmate's allegation that he or she has been sexually abused by another inmate, the CCLEC will 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 or the CCLEC learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

115.73(e) All such notifications or attempted notifications are documented by the CCLEC and the notifications are kept in the investigative files. Investigative files were reviewed all notifications were made.

115.73 (f) Auditor is not required to audit this provision

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this standard. No corrective action is 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.

The following evidence was analyzed in making the compliance determination:

Documents:

1. Cloud County Sheriff's PREA Policy 9.10

Site Review Observations:

1. Observations during on-site review of physical plant

115.76(a) The CCLEC PREA policy 9.10 states that "staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse and sexual harassment policies".

115.76(b) The policy states "termination shall be presumptive disciplinary sanction for staff who have engaged in sexual touching".

115.76(c) The policy addresses the sanctions for violations of agency policies relating to sexual abuse and sexual harassment shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.

115.76(d) The terminations for violations of agency sexual abuse, sexual harassment or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this standard. No corrective action is required.

Standard 115.77: Corrective action for contractors and volunteers

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

115.77 (a)

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

115.77 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

Documents:

1. Cloud County Sheriff's PREA Policy 9.10
2. Volunteer Orientation Acknowledgement Form

Interviews:

1. Jail Administrator

Site Review Observations:

1. Observations during on-site review of physical plant

115.77(a)The CCLEC PREA policy states “Any contractor or volunteer who engages in sexual abuse is prohibited from contact with inmates and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies”. The interview with the Jail Administrator reaffirmed this policy.

115.77(b)The CCLEC PREA policy states “Any contractor or volunteer who engages in sexual abuse is prohibited from contact with inmates and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies”. The interview with the Jail Administrator reaffirmed this policy and there will be no remedial measures taken, the contractor or volunteer would be terminated.

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this standard. No corrective action is required.

Standard 115.78: Disciplinary sanctions for inmates

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

115.78 (a)

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

115.78 (b)

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

115.78 (c)

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

115.78 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require

the offending inmate to participate in such interventions as a condition of access to programming and other benefits? Yes No

115.78 (e)

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

115.78 (f)

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

115.78 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

Documents:

1. Cloud County Sheriff's PREA Policy 9.10
2. Cloud County Sheriff's Office Inmate Handbook

Interviews:

1. Jail Administrator
2. Medical Staff

Site Review Observations:

1. Observations during on-site review of physical plant

115.78(a) Inmates at the CCLEC shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse or following a criminal finding of guilt for inmate-on-inmate sexual abuse. Inmates are made aware of the disciplinary process which is located in the inmate handbook. This handbook is given out at intake.

115.78(b) The CCLEC handbooks reflects that sanctions shall be 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.

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

115.78(d) The CCLEC does not offer programming such as therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse. The Medical and Mental Health may consider a one on one counselling if appropriate.

115.78(e) The CCLEC will discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact.

115.78(f) For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation. The interview with the Jail Administrator reaffirmed that disciplinary action would not be taken. The CCLEC has a zero tolerance policy concerning sexual contact.

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this standard. No corrective action is required.

MEDICAL AND MENTAL CARE

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

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

115.81 (a)

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

115.81 (b)

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

115.81 (c)

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

115.81 (d)

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

115.81 (e)

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

Auditor Overall Compliance Determination

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

Meets Standard (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

Documents:

1. Cloud County Sheriff's PREA Policy 9.10
2. Intake Medical Screening
3. Medical and mental health screening

Interviews:

1. Staff Responsible for Risk Screening

Site Review Observations:

1. Observations during on-site review of physical plant

115.81(a) This provision is Not Applicable, this facility is a jail

115.81(b) This provision is Not Applicable, this facility is a jail

115.81(c) If the screening pursuant to § 115.41 indicates that a prison/jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff shall ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. Upon intake, if an inmate discloses prior sexual victimization, a referral is made to Mental Health immediately.

115.81(d) Per the CCLEC PREA policy 9.10 "any information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law". Staff are directed to notify CCLEC security staff immediately upon learning of any information regarding sexual abuse.

115.81(e) The CCLEC does not house inmates under the age of 18 and 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.

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this standard. No corrective action is required.

Standard 115.82: Access to emergency medical and mental health services

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

115.82 (a)

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

115.82 (b)

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

115.82 (c)

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

115.82 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

The following evidence was analyzed in making the compliance determination:

Documents:

1. Cloud County Sheriff's PREA Policy 9.10
2. Intake Medical Screening

Interviews:

1. Medical Staff

Site Review Observations:

1. Observations during on-site review of physical plant

115.82(a) The CCLEC PREA policy 9.10 states inmate victims of sexual abuse shall 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.

115.82(b) The CCLEC staff will act as security staff first responders, if no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, the security staff first responders shall take preliminary steps to protect the victim pursuant to § 115.62 and shall immediately notify the appropriate medical and mental health practitioners.

115.82(c) The CCLEC medical staff reiterated during the interviews that "inmate victims of sexual abuse while incarcerated shall be 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".

115.82(d) Also discussed with medical staff was that treatment services shall be 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.

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this standard. No corrective action is required.

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

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

115.83 (a)

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

115.83 (b)

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

115.83 (c)

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

115.83 (d)

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

115.83 (e)

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

115.83 (f)

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

115.83 (g)

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

115.83 (h)

- If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment

when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)

Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

Documents:

1. Cloud County Sheriff's PREA Policy 9.10

115.83(a) CCLEC states "whenever an employee knows or suspects, or receives an allegation from any source regarding patient sexual abuse, the employee will immediately notify the Facility Administrator.

115.83(b) Prophylactic treatment and follow-up care for sexually transmitted or other communicable diseases (e.g., HIV, Hepatitis B) are offered to all victims, as appropriate. Policy addresses referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody

115.83(c) CCLEC PREA policy states "Victims of sexual abuse will be referred to a community facility or local emergency room for treatment or gathering of forensic evidence.

115.83(d) Inmate victims of sexually abusive vaginal penetration while incarcerated at the CCLEC shall be offered pregnancy tests.

115.83(e) CCLEC PREA policy states "If pregnancy results from conduct specified in paragraph (d) of this section, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy related medical services.

115.83(f) CCLEC PREA policy states Inmate victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate.

115.83(g) CCLEC PREA policy states "Medical co-payment fees are not imposed to inmates for any medical services".

115.83(h) Not Applicable, the facility is a jail

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this standard. No corrective action is required.

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

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

115.86 (a)

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

115.86 (b)

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

115.86 (c)

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

115.86 (d)

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

115.86 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

Documents:

1. Cloud County Sheriff's PREA Policy 9.10
2. Cloud County Sheriff's Office Pre-Audit Questionnaire
3. Investigative Files

115.86(a) The CCLEC conducts 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.

115.86(b) The CCLEC PREA policy states "the review will ordinarily occur within 30 days of the conclusion of the investigation".

115.86(c) The CCLEC review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners. The team includes, the Sheriff, Jail Administrator, PREA Compliance Manager, Lieutenant and Medical staff.

115.86(d) The CCLEC review team will consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse. Also they will 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. They will examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse and assess the adequacy of staffing levels in that area during different shifts. The CCLEC review team will assess whether monitoring technology should be deployed or augmented to supplement supervision by staff and will 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.

115.86(e) The CCLEC will implement the recommendations for improvement, or document its reasons for not doing so.

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this standard. No corrective action is required.

Standard 115.87: Data collection

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

115.87 (a)

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

115.87 (b)

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

115.87 (c)

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

115.87 (d)

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

115.87 (e)

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

115.87 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

Documents:

1. Cloud County Sheriff's PREA Policy 9.10

115.87 (a) The CCLEC does collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions

115.87(b) The CCLEC does aggregate the incident-based sexual abuse data at least annually

115.87(c) The CCLEC uses 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.

115.87 (d) The CCLEC does maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews

115.87 (e) Not Applicable – the CCLEC does not contract for the confinement of its inmates

115.87 (f) Not Applicable - the DOJ has not requested agency data

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this standard. No corrective action is required.

Standard 115.88: Data review for corrective action

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

115.88 (a)

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

115.88 (b)

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

115.88 (c)

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

115.88 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

Documents:

1. Cloud County Sheriff's PREA Policy 9.10

115.88(a) The CCLEC does 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. The review also includes; 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.

115.88(b) The CCLEC'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.

115.88(c) The CCLEC's annual report is approved by the Sheriff and made readily available to the public through its website

115.88(d) The CCLEC would redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility.

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this standard. No corrective action is required.

Standard 115.89: Data storage, publication, and destruction

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

115.89 (a)

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

115.89 (b)

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

115.89 (c)

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

115.89 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

Documents:

1. Cloud County Sheriff's PREA Policy 9.10

115.89(a) The CCLEC ensures that data collected pursuant to § 115.87 are securely retained.

115.89(b) The CCLEC makes all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website.

115.89(c) The CCLEC removes all personal identifiers before making aggregated sexual abuse data publicly available.

115.89(d) The CCLEC will 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.

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this standard. No corrective action is required.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

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

115.401 (a)

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

115.401 (b)

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

115.401 (h)

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

115.401 (i)

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

115.401 (m)

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

115.401 (n)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

(a) During the three-year period starting on August 20, 2013, and during each three-year period thereafter, the agency shall ensure that each facility operated by the agency, or by a private organization on behalf of the agency, is audited at least once.

The audit reports for 2016 are available on the agency website.

(b) During each one-year period starting on August 20, 2013, the agency shall ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, is audited.

The Agency has two operations; they are audited at the same time.

(c) The Department of Justice may send a recommendation to an agency for an expedited audit if the Department has reason to believe that a particular facility may be experiencing problems relating to sexual abuse. The recommendation may also include referrals to resources that may assist the agency with PREA-related issues.

(d) The Department of Justice shall develop and issue an audit instrument that will provide guidance on the conduct of and contents of the audit.

The audit instrument provided by the PREA Resource Center was used to conduct this audit.

(e) The agency shall bear the burden of demonstrating compliance with the standards.

The Agency was required to provide the documentation demonstrating compliance.

(f) The auditor shall review all relevant agency-wide policies, procedures, reports, internal and external audits, and accreditations for each facility type.

The auditor reviewed policies, procedures, reports and the ACA accreditation report.

(g) The audits shall review, at a minimum, a sampling of relevant documents and other records and information for the most recent one-year period.

Sampling size is noted throughout the report.

(h) The auditor shall have access to, and shall observe, all areas of the audited facilities.

The auditor was provided access to, was able to observe all areas of the audited facility.

(i) The auditor shall be permitted to request and receive copies of any relevant documents (including electronically stored information)

The auditor was able to receive copies of any relevant documents requested.

(j) The auditor shall retain and preserve all documentation (including, e.g., video tapes and interview notes) relied upon in making audit determinations. Such documentation shall be provided to the Department of Justice upon request.

All items collected are being retained for up to 18 months after the corrective action period.

(k) The auditor shall interview a representative sample of inmates, residents, and detainees, and of staff, supervisors, and administrators.

Numbers and types of interviews are noted in the narrative section of the report.

(l) The auditor shall review a sampling of any available videotapes and other electronically available data (e.g., Watchtour) that may be relevant to the provisions being audited.

The auditor was able to review electrical surveillance current and past as the system allowed.

(m) The auditor shall be permitted to conduct private interviews with inmates, residents, and detainees.

All interviews conducted were in a private setting.

(n) Inmates, residents, and detainees shall be permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel.

A poster announcing the audit, providing the auditors address was sent to the facility six weeks prior to the audit. They were not viewed in every housing unit. Some of the randomly requested inmates acknowledged they saw them, other indicated they had not.

(o) Auditors shall attempt to communicate with community-based or victim advocates who may have insight into relevant conditions in the facility.

The auditor reached out to Just Detention, Inc. to ascertain if they have any relevant insight into conditions of this facility.

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.

This standard has the following requirements:

- (a) Each audit shall include a certification by the auditor that no conflict of interest exists with respect to his or her ability to conduct an audit of the agency under review.
- (b) Audit reports shall state whether agency-wide policies and procedures comply with relevant PREA standards.
- (c) For each PREA standard, the auditor shall determine whether the audited facility reaches one of the following findings: Exceeds Standard (substantially exceeds requirement of standard); Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period); Does Not Meet Standard (requires corrective action). The audit summary shall indicate, among other things, the number of provisions the facility has achieved at each grade level.
- (d) Audit reports shall describe the methodology, sampling sizes, and basis for the auditor's conclusions with regard to each standard provision for each audited facility, and shall include recommendations for any required corrective action.
- (e) Auditors shall redact any personally identifiable inmate or staff information from their reports, but shall provide such information to the agency upon request, and may provide such information to the Department of Justice.
- (f) The agency shall ensure that the auditor's final report is published on the agency's website if it has one, or is otherwise made readily available to the public.

The report can be viewed on the website at the following address:

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.

Danielle Frane

11-27-19

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.