

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

Interim     Final

Date of Report    10-6-2021

## Auditor Information

Name:    Lori Fadorick

Email:    lfadorick@gmail.com

Company Name:    Click or tap here to enter text.

Mailing Address:    P.O. Box 2634

City, State, Zip:    Salem, Virginia 24153

Telephone:    540-206-9389

Date of Facility Visit:    May 18-19, 2021

## Agency Information

Name of Agency:

Montgomery County Sheriff's Office

Governing Authority or Parent Agency (If Applicable):

N/A

Physical Address:    1 East Main Street

City, State, Zip:    Christiansburg, Virginia 24073

Mailing Address:    1 East Main Street

City, State, Zip:    Christiansburg, Virginia 24073

The Agency Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

Agency Website with PREA Information:    [www.Montgomerycountysheriffsoffice.org/468/Corrections-Jail](http://www.Montgomerycountysheriffsoffice.org/468/Corrections-Jail)

## Agency Chief Executive Officer

Name:    Sheriff Hank Partin

Email:    mcso-info@montgomerycountyva.org

Telephone:    540-382-6915

## Agency-Wide PREA Coordinator

Name:    Deputy Michael Shelor

Email:    shelorml@vamcso.org

Telephone:    540-382-6915

PREA Coordinator Reports to:  
Lt. Buddy Jo Smith Jr.

Number of Compliance Managers who report to the PREA  
Coordinator  
0

## Facility Information

**Name of Facility:** Montgomery County Jail

**Physical Address:** 1 East Main Street

**City, State, Zip:** Christiansburg, VA 24073

**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:** [www.Montgomerycountysheriffsoffice.org/468/Corrections-Jail](http://www.Montgomerycountysheriffsoffice.org/468/Corrections-Jail)

**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: Virginia DOC)

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:** Captain Kimberly Haug, Chief of Corrections

**Email:** [haugkd@vamcso.org](mailto:haugkd@vamcso.org)

**Telephone:** 540-382-6904

### Facility PREA Compliance Manager

**Name:** Click or tap here to enter text.

**Email:** Click or tap here to enter text.

**Telephone:** Click or tap here to enter text.

### Facility Health Service Administrator N/A

**Name:** Wellpath/ Lori Peters/ Regional Director of Operations

**Email:** [LPeters@Wellpath.us](mailto:LPeters@Wellpath.us)

**Telephone:** 804-896-2121

## Facility Characteristics

|   |   |  |
|---|---|--|
| Designated Facility Capacity:   | 115   |  |
| Current Population of Facility:   | 79  |  |
| Average daily population for the past 12 months:  | 74  |  |
| Has the facility been over capacity at any point in the past 12 months?   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |  |
| Which population(s) does the facility hold?   | <input type="checkbox"/> Females <input type="checkbox"/> Males <input checked="" type="checkbox"/> Both Females and Males  |  |
| Age range of population:  | 18-90   |  |
| Average length of stay or time under supervision:   | 38 days   |  |
| Facility security levels/inmate custody levels:   | A-Minimum (Trustee) B- Medium C- Maximum  |  |
| Number of inmates admitted to facility during the past 12 months:   | 2152  |  |
| Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:   | 2152  |  |
| Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:  | 165   |  |
| Does the facility hold youthful inmates?  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No   |  |
| Number of youthful inmates held in the facility during the past 12 months: (N/A if the facility never holds youthful inmates)   | <input type="checkbox"/> N/A    0   |  |
| 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |  |
| <p><b>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):</b></p> | <input type="checkbox"/> Federal Bureau of Prisons<br><input type="checkbox"/> U.S. Marshals Service<br><input type="checkbox"/> U.S. Immigration and Customs Enforcement<br><input type="checkbox"/> Bureau of Indian Affairs<br><input type="checkbox"/> U.S. Military branch<br><input type="checkbox"/> State or Territorial correctional agency<br><input type="checkbox"/> County correctional or detention agency<br><input type="checkbox"/> Judicial district correctional or detention facility<br><input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail)<br><input type="checkbox"/> Private corrections or detention provider<br><input type="checkbox"/> Other - please name or describe: <a href="#">Click or tap here to enter text.</a><br><input checked="" type="checkbox"/> N/A |  |
| Number of staff currently employed by the facility who may have contact with inmates:   | 29  |  |

|   |  |
|---|--|
| Number of staff hired by the facility during the past 12 months who may have contact with inmates:  | 5  |
| Number of contracts in the past 12 months for services with contractors who may have contact with inmates:  | 1  |
| Number of individual contractors who have contact with inmates, currently authorized to enter the facility:   | 2  |
| Number of volunteers who have contact with inmates, currently authorized to enter the facility:   | 4  |
| <b>Physical Plant</b>   |  |
| <p><b>Number of buildings:</b></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><b>Number of inmate housing units:</b></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> | 8  |
| Number of single cell housing units:  | 2  |
| Number of multiple occupancy cell housing units:  | 8  |
| Number of open bay/dorm housing units:  | 2  |
| Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):  | 6  |
| In housing units, does the facility maintain sight and sound separation between youthful inmates and adult inmates? (N/A if the facility never holds youthful inmates)  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                              |

|  |   |
|--|---|
| Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
|--|---|

**Medical and Mental Health Services and Forensic Medical Exams**

|  |   |
|--|---|
| Are medical services provided on-site?   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No   |
| Are mental health services provided on-site?                                     | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No   |
| Where are sexual assault forensic medical exams provided? Select all that apply. | <input type="checkbox"/> On-site<br><input checked="" type="checkbox"/> Local hospital/clinic<br><input type="checkbox"/> Rape Crisis Center<br><input type="checkbox"/> Other (please name or describe: <a href="#">Click or tap here to enter text.</a> ) |

**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 type="checkbox"/> Facility investigators<br><input checked="" type="checkbox"/> Agency investigators<br><input type="checkbox"/> An external investigative entity  |
| Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)                       | <input type="checkbox"/> Local police department<br><input type="checkbox"/> Local sheriff's department<br><input type="checkbox"/> State police<br><input type="checkbox"/> A U.S. Department of Justice component<br><input type="checkbox"/> Other (please name or describe: <a href="#">Click or tap here to enter text.</a> )<br><input checked="" type="checkbox"/> N/A |

**Administrative Investigations**

|  |   |
|--|---|
| Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?           | 0   |
| 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<br><input type="checkbox"/> Agency investigators<br><input type="checkbox"/> An external investigative entity  |
| Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)                | <input type="checkbox"/> Local police department<br><input type="checkbox"/> Local sheriff's department<br><input type="checkbox"/> State police<br><input type="checkbox"/> A U.S. Department of Justice component<br><input type="checkbox"/> Other (please name or describe: <a href="#">Click or tap here to enter text.</a> )<br><input checked="" 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 Montgomery County Sheriff's Office originally contracted with Lori Fadorick, a U.S. Department of Justice Certified PREA Auditor, on January 28, 2021 to conduct a Prison Rape Elimination Act (PREA) Audit of the Montgomery County Jail in February 2021. The purpose of this audit was to determine the Montgomery County Sheriff's Office level of compliance with the standards required by the Prison Rape Elimination Act of 2003. Due to Covid-19 restrictions, the audit was postponed to May 2021. This is the second Prison Rape Elimination Act Audit for the Montgomery County Jail. They were previously audited in February 2018.

On January 28, 2021, I spoke with Deputy Michael Shelor, PREA Coordinator, and informed him that I had spoken with the agency administrator and been given his information to schedule and proceed with their re-recertification audit. I informed him I would be sending a document request which would include a request for the pre-audit questionnaire.

On February 4, 2021, the auditor emailed Deputy Shelor a number of documents, which included, the PREA Audit notices in both English and Spanish, which is the prevalent non-English language spoken in their area. The Auditor also sent him the contract documents, the PREA Audit Process Map, the PREA Audit Checklist of Documentation, the fillable PREA Compliance Tool, the PREA Standards for Prisons and Jails, the fillable version of the most recent iteration of the Pre-Audit Questionnaire, a document outlining my expectation for identifying inmates and staff who, if available, should be available for targeted interviews. The auditor also included an introductory letter that outlined the agenda for the on-site portion of the audit. During the month of February, the auditor spoke with the PREA Coordinator several times regarding the feasibility of conducting the audit amidst Covid-19 related concerns and restrictions. The decision was made to reschedule the audit until May 18-19, 2021. The Auditor spoke with the PREA Coordinator several times by phone and email. We discussed the documents that will be required for review and outlined the agenda for the on-site audit. The auditor answered questions regarding the documents that needed to be provided along with the PAQ.

The Auditor requested for the PREA Coordinator to identify and, if possible, make the following available for targeted staff and inmate interviews during the on-site portion of the audit:

### INMATES:

- Inmates with a physical or cognitive disability
- Inmates who are Limited English Proficient
- Transgender and intersex inmates
- Lesbian, gay, and bisexual inmates

- Inmates placed in segregated housing for their own protection from sexual victimization
- Inmates who reported sexual abuse that occurred in the facility
- Inmates who reported prior sexual victimization during risk screening

**STAFF:**

- Agency contract administrator
- Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds
- Medical and mental health staff
- Non-medical staff involved in cross-gender strip or visual searches
- Administrative (human resources) staff
- Sexual Assault Forensic Examiner (SAFE) and Sexual Assault Nurse Examiner (SANE) staff
- Volunteers and contractors who have contact with inmates
- Investigative staff
- Staff who perform screening for risk of victimization and abusiveness
- Staff who supervise inmates in segregated housing
- Staff on the sexual abuse incident review team
- Designated staff member charged with monitoring retaliation
- First responders, both security and non-security staff
- Intake staff
- Sheriff or designee
- PREA Coordinator

The Auditor requested that all documents be provided electronically, if at all possible, and that the PAQ and associated documents be provided on a removable storage device, that the device be password protected and sent as soon as possible via certified mail.

The Auditor sent an Audit Notice via email to the facility's PREA Coordinator on March 15, 2021. The Audit Notices contained contact information for the Auditor and information on how offenders could confidentially contact the Auditor prior to the onsite portion of the audit, as well as limits of confidentiality of the auditors in accordance with the law. Audit notices were posted on April 16, 2021 in all inmate living areas, as well as public areas, including the lobby and visitation areas announcing the upcoming audit and containing the Auditor's contact information. Photographic evidence was submitted to the Auditor demonstrating the timely posting of the audit notices. Audit notices were present and observed at the time of the on-site audit. The facility was requested and agreed to keep all notices posted for four weeks following the on-site audit. As of the date of this report, this Auditor has not received any letter or written communication from an offender at the PREA Audit Post Office Box.

On May 5, 2021, the Auditor received a removable storage device from Deputy Shelor containing the Pre-Audit Questionnaire (PAQ), as well as supporting documentation and policies, including investigative reports, forms, staffing plan, annual reports, audit reports, floor plans, training outlines, and assessments. In the weeks leading up to the on-site evaluation, the Auditor performed a comprehensive review of the agency policies, operational procedures, forms, training materials and other related supporting documentation submitted by the agency to demonstrate compliance with the standards. During and after this review, the Auditor had several follow-up conversations with the agency and made multiple requests for additional



documentation. All requests for additional documentation and clarification were provided promptly and reviewed by the Auditor.

During the review of the material submitted by the facility, the Auditor identified several standards that appeared to be out of compliance based upon the provided documentation, or lack thereof. The Auditor communicated with the facility through the PREA Coordinator regarding these concerns. Details of these deficiencies and the resulting determination of compliance are listed under standards 115.13, 115.17, 115.34, 115.41, 115.42, 115.86 and 115.88. During the review of the facility policy, the Auditor determined that the policy was written in accordance with the standards and did not make any recommendations for updates to the policy itself. The facility immediately began making changes to operational practice to include recommendations from the Auditor in order to be in full compliance with the standards.

The Auditor reviewed the Montgomery County Sheriff's Office website. The website includes a link to access information on PREA, including the facility's zero tolerance policy, resources for counseling, reporting information, a reporting form, the annual report and the previous audit report. The most recent annual report available was 2019, which was discussed with the facility at the time of the on-site audit. This was updated and now reflects the annual report for 2020.

During the Pre-Audit phase, the Auditor did not identify any current pending litigation or federal consent decrees related to sexual misconduct.

### **Onsite Audit Phase:**

The Prison Rape Elimination Act (PREA) on-site audit of the Montgomery County Jail in Christiansburg, Virginia was conducted on May 18-19, 2021 by Lori Fadorick, a U.S. Department of Justice Certified PREA Auditor for Adult Facilities from Salem, Virginia.

A brief entrance conference was conducted with facility administration on the morning of May 18th. Present were Auditor Lori Fadorick, PREA Coordinator, Deputy Michael Shelor, Lieutenant Buddy Smith Jr., and Captain Kim Haug. After an overview and opening remarks by both the Auditor and staff, the auditor reviewed the schedule for the audit, as well as the audit process. The Auditor asked if there were any questions regarding the on-site portion before proceeding.

The Auditor was given a secure area in the jail in which to work and perform confidential staff interviews. The population on the morning of the first day of the audit was 75. The auditor briefed the PREA Coordinator on the audit methodology, the proposed audit schedule and provided him with a list of documents that would be reviewed during the audit. In addition, the auditor informed the PREA Coordinator that there may be additional documents requested depending on any findings during the on-site portion of the audit.

The PREA Coordinator provided the auditor with a roster of all inmates currently housed in the facility alphabetically and by housing unit, as well as staff rosters by shift for the two days of the onsite portion of the audit. The auditor was informed that there had been no PREA related investigations conducted during the audit period.



Following the entrance conference, the Auditor toured the facility escorted by Deputy Michael Shelor, PREA Coordinator. The Auditor toured all areas of the facility, including the offender housing areas, kitchen, laundry, medical, docket, records and the program area. Due to COVID related precautions, housing units on lockdown due to COVID related safety precautions were not toured (Quarantine Areas). In addition, inmates from these housing areas were not selected to be interviewed due to the inability to remove them from the housing unit.

The Auditor had full, unimpeded access to all areas of the Montgomery County Jail. Throughout the facility tour, the Auditor spoke informally with both offenders and staff. Some of the informal questions asked of the offenders included their perception of the safety of the facility, information they had received at booking, if they knew the various reporting methods, and whether or not they had seen the PREA orientation video. Some of the informal questions asked of staff included their perception of the safety of the facility, their awareness of the first responder duties and their awareness of the various reporting methods. The Auditor observed and made note of the video monitoring system and camera placement throughout the facility, including reviewing the monitors in the control room. The Jail recently updated the DVR camera system. The auditor was provided a list of cameras and reviewed the camera placements.

During the review of the physical plant, the Auditor observed the facility layout, staff supervision of offenders, security rounds, interaction between staff and offenders, shower and toilet areas, placement of PREA posters, observation of availability of PREA information on bulletin boards located adjacent to the inmate housing areas, observation of communication in general population housing areas, as well as restrictive housing cells, search procedures, and availability and access of medical and mental health services. The Auditor noted that the offender housing areas have shower areas that allow offenders to shower separately and privately and all showers have shower curtains. Throughout the tour, the Auditor was observing for blind spots in the facility and the overall level of offender supervision. Due to COVID related restrictions, most programs were not being conducted in order to minimize movement and help minimize the spread of the virus.

After the completion of the physical plant review and tour, the Auditor began interviewing random and specialized staff, as well as reviewing additional documentation on site. The Auditor observed and spoke with staff on all shifts during the two days of the on-site review. On day two, the Auditor conducted additional specialized staff interviews and completed the random and specialized inmate interviews. Final document and file review were also conducted on day two, including training, personnel and offender files. A brief exit conference was conducted at the end of the day on day two with Captain Kim Haug, Jail Administrator and Deputy Michael Shelor, PREA Coordinator.

### **Staff Interviews:**

The Auditor began conducting random and specialized staff interviews on day one of the onsite audit. The Auditor was provided private space to conduct the confidential interviews. All staff were made available in a timely manner. No staff refused to be interviewed when requested by the Auditor. Overall, a total of 22 staff were interviewed during the on-site

review. Included in the interviews was 12 random staff representing the shifts working over the two days. The Auditor was provided a roster for each shift working the days the interviews were conducted, as well as a roster for daylight staff not included on the shifts. All available staff on the shifts were interviewed. Specialty staff interviewed included the medical officer, Forensic Nurse, Investigator, intermediate level supervisors, staff who perform risk assessments, Human Resources/Professional Standards and intake staff. Since the facility is so small, many of the staff performs all these duties. Also interviewed were the Facility Administrator (Captain), The Jail Lieutenant and The PREA Coordinator. Due to Covid related protocols, most programming was not being held at the time of time on-site audit and some staff, including volunteers were not available to interview. All interviews were conducted using appropriate social distancing and masks by both the auditor and interviewee. All staff interviews were conducted using the established DOJ interview protocols.

| Category of Staff                                       | Interviews Conducted |
|---|----------------------|
| Random Staff (Total)                                    | 12                   |
| Targeted Staff (Total)                                  | 10                   |
| Total Staff Interviewed                                 | 22                   |
| Breakdown of Targeted Staff Interviews                  |                      |
| • Supervisors   | 2                    |
| • Medical and Mental Health Staff                       | 2                    |
| • Non-Medical Staff involved with cross-gender searches | 0                    |
| • Human Resources Director                              | 1 (Captain)          |
| • Volunteer Personnel                                   | 1                    |
| • Investigator  | 1                    |
| • Staff who perform screening for risk of victimization | 1                    |
| • Staff who supervise prisoners in restrictive housing  | 0                    |
| • Member of Incident Review Team                        | 1                    |
| • Staff who Monitor Retaliation                         | 1                    |
| • First Responders (non-Security)                       | 1                    |
| • Booking Staff   | 1                    |
| • Food Service Staff (contract)                         | 1                    |
| • Staff Responsible for supervising youthful offenders  | 0                    |
| • Training Coordinator                                  | 1                    |

### Inmate Interviews:

The Auditor began conducting inmate interviews on day one of the on-site portion of the audit. Based upon the inmate population on day one of the audit (74), the PREA Auditor Handbook required that the auditor interview a minimum of 16 prisoners, 8 random and 8 targeted. All

interviews with inmates occurred in a room away from the inmate housing units to ensure privacy. All interviews were conducted using appropriate social distancing and masks by both the auditor and interviewee.

There were 75 offenders housed in the facility (0 Females and 75 Males) during the on-site review. The Auditor was provided an offender roster and randomly selected offenders from each housing area to be interviewed. A total of 16 offenders was interviewed, representing roughly twenty-one percent of the offender population. The facility did not identify any offenders that fell into the categories for specialized interviews (Limited English Speaking, LGBTI, Inmates Who Reported a Sexual Abuse, Inmates Who Disclosed Victimization). The facility can hold Youthful Offenders, and has policy reflective of this, but has not held a youthful inmate in quite some time. On the morning of the first day of the on-site portion of the audit, the PREA Coordinator provided the Auditor a list of inmates arranged by housing unit. Facility staff reviewed the records of all 75 inmates to ensure there were no inmates identified in the specialized categories. While the facility will temporarily hold female offenders, there were none incarcerated during the time of the onsite audit.

Due to COVID related precautions and protocols, inmates from quarantine areas were not selected to be interviewed. These inmates were not able to be moved out of the housing area at the time. No inmates selected refused to be interviewed.

Offender interviews were conducted using the established DOJ interview protocols. Offenders were also asked about their perceptions of the sexual safety of the facility and whether they felt the staff would take reported allegations seriously. The offenders felt that the facility staff took their sexual safety seriously and made PREA compliance a priority. The staff, including administrators, is well-respected by the offenders and most all offenders interviewed indicated that the staff genuinely care about their safety and well-being. The offenders stated they felt they could go to any staff member to report an incident.

| Category of Inmates   | Interviews Conducted |
|---|----------------------|
| Random Inmates (Total)  | 16                   |
| Targeted Inmates (Total)  | 0                    |
| Total Inmates Interviewed   | 16                   |
| Breakdown of Targeted Inmate Interviews                               |                      |
| • Youthful Inmates  | 0                    |
| • Inmates With Physical Disability                                    | 0                    |
| • Inmates Who Are Blind, Deaf, Hard of Hearing                        | 0                    |
| • Inmates Who Are LEP   | 0                    |
| • Inmates With a Cognitive Disability                                 | 0                    |
| • Inmates Who Identify as Lesbian, Gay or Bisexual                    | 0                    |
| • Inmates Who Identify as Transgender or Intersex                     | 0                    |
| • Inmates in Segregated Housing for High Risk of Sexual Victimization | 0                    |

|   |   |
|---|---|
| • Inmates Who Reported Sexual Abuse                               | 0 |
| • Inmates Who Reported Sexual Victimization During Risk Screening |   |
| Total Number of Targeted Inmate Interviews                        | 0 |

**On-Site Document Review:**

On both days of the on-site portion of the audit, the Auditor conducted a document review of employee and inmate files, and a spot check of documents that were previously provided to the auditors along with the PAQ. The Auditor reviewed a random sampling of personnel files to determine compliance related to standards on hiring and promotion and background check procedures for deputies and contract staff.

The Auditor reviewed a random sampling of staff training files to determine compliance with training standards. The training staff explained the process for relaying the mandated PREA information to new hires, as well as the procedure for annual refresher training. Random offender case files were reviewed to evaluate intake procedures, including screening and subsequent housing decisions, and verify offender PREA education. In addition, the intake and booking procedures were observed and intake screenings are conducted in private.

**Employee Files:** The Auditor reviewed a random sampling of personnel files to determine compliance related to standards on hiring and promotion and background check procedures for deputies. The Montgomery County Jail just recently began using Wellpath for medical services, which is the only contractor that they employ.

**Inmate Files:** The Auditor selected 10 inmate classification files without regard or notice of housing type, housing location, conviction status or time of incarceration. Inmate files were kept in a central location inside locked cabinets and behind a locked door. Random offender case files were reviewed to evaluate intake procedures, including screening and subsequent housing decisions, and verify offender PREA education. In addition, the intake and booking procedures were observed and intake screenings are conducted in private. There are a limited number of staff, including selected supervisors, and jail administration that have access to the records. In addition, all medical records are maintained electronically, and paper files are maintained in the medical office where only medical personnel and jail administration have access.

**Training Rosters:** The auditor reviewed the annual PREA training rosters maintained by the PREA Coordinator and cross referenced the staff files with the training rosters to ensure training was verified.

**Investigative Files:** The Auditor did not review investigative files as there had not been any allegations of PREA related misconduct during the previous 12 months.

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

## **Exit Interview:**

The Auditor was treated with great hospitality during the entirety of the visit and was given unimpeded access to all areas of the facility during the review. The Auditor conducted the exit conference on the evening of the second day, May 19, 2021. Present were Auditor Lori Fadorick, Captain Kim Haug, Chief of Corrections, and Deputy Mike Shelor, PREA Coordinator. The facility administration was open in the discussion of the PREA program at the facility and receptive to the feedback received from the Auditor. The Auditor highlighted the success of the audit and outlined a plan to move forward with the minimal corrective action in areas that were found in non-compliance.

## **Post On-site Phase:**

The Interim report has been completed and the Auditor continues to collaborate with the MCSO for finalizing the compliance efforts.

Documentation related to corrective action measures has been received by the Auditor.

## **Facility Characteristics**

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

The Montgomery County Jail is a 20,502 square foot, three floor, adult local detention facility serving the County of Montgomery, the Towns of Blacksburg and Christiansburg and the campus of Virginia Tech. The facility has a rated capacity of 60 inmates but generally houses around 80 adult male inmates. The facility was constructed in 1953 and was rated at 40 inmates. Additional construction was completed between 1987 and 1989 at a cost of 1.5 million dollars. After completion of the construction, the State of Virginia rating increased to 60. The facility provides an indirect linear observation model of inmate supervision. The facility has two open dormitories, eight multiple occupancy (10 person) cell blocks, and 6 individual cells that are designated as classification holding, or special management/restrictive housing. There are also two holding cells in the docket area. The Sheriff's Office has 33 positions in the jail, 30 sworn deputies and 3 civilians, who may regularly encounter inmates. The jail, as it is currently configured, holds minimum and medium security special management, minimum security general population, and medium security general population male inmates. Maximum security inmates are usually designated to a larger regional correctional facility. Female inmates are held for short periods of time for pre-trial detention (one day), while awaiting transfer to a larger regional correctional facility for long term pre- and post-trial detention, or they are held for short non-consecutive terms of confinement, such as weekends (generally no more than two days). In the case where female inmates are detained in the jail, they are searched and supervised by female correctional deputies. The jail provides programming to inmates outside of their

housing units in a common area supervised by both deputies, as well as recording CCTV devices.

Food services is provided in-house by two full-time and one part-time kitchen staff (cooks), who are civilian. Inmates do not assist with the food preparation or work in the kitchen with the exception of collecting trash and minimal cleaning. Inmates are fed inside their respective housing areas. Recreation occurs in a common area and in a specified outside recreation area under the supervision of detention staff as well as recording CCTV devices. There are inmate work programs such as laundry services, maintenance, and housekeeping for approved inmates. The facility also has a Home Electronic Monitoring Program (HEM), for which they typically have 5-10 inmates on at any given time. At the time of the onsite audit there were two inmates on HEM. The working conditions consist of detention deputy supervision and monitoring by recording CCTV devices. Inmates in work programs are supervised by detention deputies of the same gender and pat searches are conducted by officers of the same gender. There are private areas provided for conducting strip searches. The auditor conducted a thorough inspection of the physical plant and observed that there is an adequate number of recording CCTV cameras in place throughout the facility. Their presence provided safety and security while still allowing for adequate privacy for inmates to perform bodily functions and change clothes. While there are no cameras in the two open dorms, deputies make regular, frequent and irregular rounds through the housing areas to prevent, detect and respond to any potential sexual safety issues. The auditor verified this through staff and inmate interviews and logs.

The elevators are controlled by keys, which only sworn staff have access to and monitor. There are call boxes for the gates in the facility that are monitored and controlled by Central Control. The shower areas were appropriately private, but not so secluded as to create an area for potential abuse. All showers were single unit and would allow an inmate the opportunity to shower in private. The special purpose housing cells had external window coverings that allowed staff to observe inmates at the necessary intervals, but allowed the inmates to maintain their dignity while performing bodily functions or changing clothing. The lighting around the facility was bright and there were no obvious blind spots. There was a cooperative atmosphere between staff and inmates and there appeared to be an attitude of mutual respect. There were very few areas where staff and inmates would be isolated and in those areas, there was recorded CCTV coverage. Overall, despite the older design elements of the jail, the administration has taken steps to assure that the sexual safety of both staff and inmates is a priority.

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

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

Program/Recreation Area – The Program/Recreation Area is a large open room with no visible blind spots and this area is used for programs, as well as indoor recreation. This area is monitored by 1 camera, which is a moving camera. In addition, the Program Deputy makes



rounds in the area when there are inmates present. His office is adjacent to this room. Classes such as AA, Special Education and others are held in this area, as well as bible study and religious services. The facility currently has 4 active volunteers that have all been through a background process and received PREA training. The Program area is interchangeable depending on the population and the needs of the facility. The indoor gym is in this area and there is a variety of equipment for the inmates to use. The Program Deputy also holds PREA orientation in this area. Due to Covid related restrictions the past year, the facility has not yet restarted programs or allowing volunteers to enter the facility, but will begin doing this in the near future.

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

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

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

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

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

Kitchen – The Kitchen is staffed by two full-time and one part-time kitchen staff (cooks), who are civilian. The Auditor was informed that there are no trustees that work in the kitchen.



Inmates do not assist with the food preparation or do any work in the kitchen with the exception of collecting trash and minimal cleaning. There is one camera monitoring the kitchen, which also covers the back stock room area as well. The Auditor observed no blind spots in the kitchen. There is an additional camera outside the kitchen, which monitors the door and parking lot.

Medical – There is one private exam room. There are no cameras inside the medical area, as this is a private exam room area, however there is a camera outside the door so that staff can monitor who is coming and going from the medical area. Medical services are provided by Wellpath. Medical staff is available on-site Monday through Friday 8:00 a.m. until 11:00 p.m. and is on-call twenty-four hours a day, seven days a week, as is a doctor for emergent medical needs.

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

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

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

Overall, the Jail was sanitary and orderly. The atmosphere was relaxed and without tension or frustration on behalf of the staff or inmates. The interactions between the staff and inmates were generally positive and mutually respectful. The administration and staff members were friendly, helpful and highly professional.

In the past 12 months, the Montgomery County Jail reported no allegations of sexual assault, harassment or abuse by offenders at the facility. On site, the Auditor confirmed with the administration and PREA Coordinator that there had been no additional allegations since the submission of the PAQ. The agency's dedication to compliance with the PREA standards and this process have been demonstrated to the Auditor through their frequency of communication, timeliness of their submission of the Pre-Audit Questionnaire and all requested follow-up documentation, being open to suggestions for improvement and immediately implementing the considerations for enhancement suggested by the Auditor, and the corrective action discussed with the PREA Coordinator.

One of the facility's key accomplishments during this audit period is the recent update of their CCTV system.

Interviews conducted with the offenders reflected that they are aware of the facility's zero tolerance policy and understand the protections afforded to them under the PREA standards. They are given information to review at the time of intake, which includes multiple ways to report sexual abuse and harassment, as well as how to protect themselves. Laminated informational posters are present and were observed in the housing areas containing this information as well. Within 30 days of intake, offenders are provided more comprehensive education on PREA through the use of the PREA orientation video. The PREA Coordinator meets with each inmate individually at this time to answer any questions and review the PREA intake assessment. Through the Auditor offender interviews, the Agency has demonstrated that offenders have an awareness and understanding of PREA. Offenders indicated that they understand the various ways they can report sexual assault or harassment and were able to articulate how and to whom they would report. Offenders consistently indicated that they felt safe in the facility and felt that the staff would immediately respond and take any reported allegation seriously. This was a very positive indicator to the Auditor of a sexually safe environment and a staff culture that takes PREA compliance seriously.

Staff interviews indicated that the staff have been trained and understand the meaning of the agency's zero tolerance policy. The staff was also able to articulate the steps to take if they were the first responder to a reported allegation of sexual assault. Based on interviews with staff, as well as a review of training records and interviews with the training officers, the staff have a basic knowledge and understanding of PREA, as well as their roles and obligations. Overall, most staff are also aware of the variety of reporting avenues for inmates, as well as staff. As PREA related allegations are not something that the staff deal with on a regular basis, the staff could likely benefit from more frequent refresher training.

Staff indicated that they felt the facility was a safe place and that the administration took PREA seriously and made sure it was a priority. After reviewing all relevant information submitted by the facility, as well as additional documentation reviewed on site, and conducting the on-site review and offender and staff interviews, the Auditor found that the administration have made PREA compliance a priority for the facility. Discussions with administrators reinforced their commitment and dedication to this process. They were very open to suggestions for improvement, even if the process they have in place met the standard. It is evident to the Auditor through staff and offender interviews, as well as direct observation that the culture at the facility is one of mutual respect between staff and inmates and there is a commitment to the sexual safety of the offenders and staff. As a result of their efforts and commitment, the facility has achieved full compliance with the PREA Standards for Adult Prisons and Jails. The final status of the standards that were exceeded, met, not met is shown below. The facility must achieve compliance in all areas and subsections of the standard to reach full compliance with that standard. An explanation of the findings related to each standard are provided and detailed in each standard. The Pre-Audit Questionnaire, documents submitted during the pre-audit period, additional requested documentation, interviews, observations and additional documents reviewed on site all verified that practices and procedures at the Montgomery County Jail are consistent with the agency policy and are in compliance with the PREA standards.

## 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:** 0

**List of Standards Exceeded:** 0

### Standards Met

**Number of Standards Met:** 34

**List of Standards Met:**

115.11, 115.12, 115.14, 115.16, 115.18  
115.21, 115.22  
115.31, 115.32, 115.35  
115.42, 115.43  
115.51, 115.52, 115.54  
115.61, 115.62, 115.63, 115.64, 115.66, 115.67, 115.68  
115.71, 115.72, 115.73  
115.76, 115.77, 115.78  
115.81, 115.82, 115.83  
115.86  
115.401, 115.403

### Standards Not Met

**Number of Standards Not Met:** 11

**List of Standards Not Met:** 115.13, 115.15, 115.17, 115.33, 115.34, 115.41, 115.53, 115.65, 115.87, 115.88, 115.89

115.13 – The MCSO needs to update and review the staffing plan

115.15 – The MCSO needs to ensure that female staff members are making announcements on a consistent basis when entering male housing units.

115.17 – The MCSO needs to ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of the standard in interviews promotions.

115.33 – The MCSO needs to ensure that inmates shall receive information explaining the agency’s zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment during the intake process and that this information is continuously and readily available.

115.34 – The MCSO does not currently have any staff with specialized training in conducting investigations in confinement settings.

115.41 – The MCSO needs to add a question on the screening instrument regarding prior victimization.

115.53 – The MCSO needs to provide the mailing address of the victim advocacy center.

115.65 – The MCSO needs to distribute the coordinated response plan

115.87 – The MCSO needs to complete the annual report for 2020 and post to the agency's website.

115.88 – The MCSO needs to complete the annual report for 2020 and post to the agency's website.

115.89 – The MCSO needs to complete the annual report for 2020 and post to the agency's website.

### **OCTOBER 2021 UPDATE SINCE ONSITE AUDIT: CORRECTIVE ACTION TAKEN TO ACHIEVE FULL COMPLIANCE**

The Interim Audit Report reflected that there were 10 standards that were in non-compliance at the Montgomery County Sheriff's Office (MCSO). Therefore, a required corrective action period, not to exceed 180 days began on May 20, 2021. The Auditor recommended corrective actions for the facility and administration agreed and began immediate corrections of those standards found to be in non-compliance. The MCSO completed the required corrective actions requested by the Auditor to bring the facility into full compliance with the PREA standards. Documentation of the corrective action was received by the Auditor by email on June 4, 2021, July 8, 2021 and September 30, 2021. Final documentation was received by the auditor via email on October 6, 2021. The Auditor reviewed the submitted documentation to determine if full compliance was achieved. A summary of the evidentiary basis for determining full compliance is discussed within each standard that was originally noncompliant. As a result of successful corrective action, the Auditor determined that the MCSO has achieved full compliance with the PREA standards as of the date of this final report. The summary of compliance based upon this final report is found below.

### **PREA Standards Compliance Overview – Final Audit Report**

#### **Standards Exceeded**

**Number of Standards Exceeded:** 0

**List of Standards Exceeded:** 0

#### **Standards Met**

**Number of Standards Met:** 45

**List of Standards Met:**

115.11, 115.12, 115.13, 115.14, 115.15, 115.16, 115.17, 115.18  
115.21, 115.22  
115.31, 115.32, 115.33, 115.34, 115.35  
115.41, 115.42, 115.43  
115.51, 115.52, 115.53, 115.54  
115.61, 115.62, 115.63, 115.64, 115.65, 115.66, 115.67, 115.68  
115.71, 115.72, 115.73,  
115.76, 115.77, 115.78  
115.81, 115.82, 115.83  
115.86, 115.87, 115.88, 115.89  
115.401, 115.403

### Standards Not Met

Number of Standards Not Met: 0

List of Standards Not Met: 0

## PREVENTION PLANNING

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

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

#### 115.11 (a)

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

#### 115.11 (b)

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

#### 115.11 (c)

- If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)  Yes  No  NA

- Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)  
 Yes  No  NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### Evidence Relied upon to make Compliance Determination:

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

### Findings:

The Auditor reviewed the Montgomery County Sheriff's Office Policy. The MCSO has a comprehensive PREA policy which clearly mandates a zero-tolerance policy on all forms of sexual abuse and harassment. The language in the policy provides definitions of prohibited behaviors in accordance with the standard and includes notice of sanctions for those who have been found to have participated in prohibited behaviors. The definitions contained in the policy are consistent and in compliance with PREA definitions. The policy details the facility's overall approach to preventing, detecting and responding to sexual abuse and harassment. The culture of "zero tolerance" is apparent throughout the facility as evidenced by informational posters, and interactions and interviews with both offenders and staff. The zero-tolerance mandate is clearly taken seriously by the staff at the facility and this is reflected in the offender interviews.

The MCSO has designated Deputy Mike Shelor as the PREA Coordinator. Deputy Shelor reports to the Jail Lieutenant. A review of the organizational chart reflects this position in organizational structure. Deputy Shelor is new to the position of PREA Coordinator and did not get an opportunity to train with

the agency's previous PREA Coordinator. However, he has been diligent in his duties and taken the initiative to reach out to the auditor to ask questions and seek assistance when needed.

Deputy Shelor reports that he has sufficient time and by virtue of his position, the authority to develop, implement and oversee the facility's efforts to comply with PREA standards. He and the agency command staff work closely to ensure the facility's compliance efforts and the sexual safety of the offenders. There appears to be an open line of communication between all levels of staff at the facility and Deputy Shelor stated he is involved in the implementation efforts, as well as handling and reviewing individual offender issues.

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

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

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

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

**Corrective Action:** None

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

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

#### 115.12 (a)

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

#### 115.12 (b)

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

### Auditor Overall Compliance Determination



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

### Instructions for Overall Compliance Determination Narrative

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

### Evidence Relied upon to make Compliance Determination:

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

### Findings:

The Montgomery County Sheriff's Office has a service level agreement with the Western Virginia Regional Jail to house both pretrial detainees, locally sentenced inmates and those inmates awaiting transfer to the Department of Corrections for long-term housing. This agreement was established in 2008. There has not been an updated agreement, however, the Western Virginia Regional Jail is certified PREA compliant. In accordance with the standard, the Western Virginia Regional Jail is in compliance with the PREA standards, and it is the policy of the Montgomery County Sheriff's Office not to house or contract to house inmates in facilities unless they comply with the PREA standards. Based upon the Auditor's review of the MCSO PAQ and the applicable policies, the MCSO does not contract with any other agency to house their inmates; and thus, are in full compliance with the standard.

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

**Corrective Action:** None

## Standard 115.13: Supervision and monitoring

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

#### 115.13 (a)

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?

- In calculating adequate staffing levels and determining the need for video monitoring, 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.*

#### Evidence Relied upon to make Compliance Determination:

1. MCSO Completed PAQ
2. MCSO PREA Policy
3. Staffing Plan Report Dated and Approved May 20, 2021
4. Supervisory Walk-thru Inspection Reports
5. Interviews with Staff
6. Interviews with Inmates
7. Observations during on-site review

**Interviews with the following:**

- **PREA Coordinator**
- **Agency Administrator (Captain)**
- **Random Staff**
- **Supervisors Responsible for Conducting Unannounced Rounds**

**Observation of the following:**

- **Observation of unannounced rounds by supervisors as well as auditors during the site review**
- **Observation of supervisors documenting rounds in the daily logbooks on the duty post during the site review**

**Findings:**

The MCSO has a comprehensive staffing plan that addresses all required elements of the standard. The staffing plan addresses staffing in each area, staffing ratios, programming, facility layout, composition of the inmate population, video monitoring and other relevant factors. At the time of the on-site audit, the staffing plan had not been reviewed and/or updated for 2021 and was dated January 10, 2020. The most recent review of the staffing analysis was completed on May 20, 2021 and provided to the Auditor on June 4, 2021. The facility staffing is based upon the formula dictated by the Virginia Compensation Board to determine the number of staff needed for essential positions. The formula is based upon the number of beds the facility is rated for and provides one deputy position for every three inmates housed. The staffing plan provides for administrative, civilian and sworn staff in all areas of the jail, and on all shifts.

According to the MCSO staffing plan, the Jail shall be manned by a minimum of four staff members at any time. This is the minimum requirement in order to properly provide for the safety and security of both the inmates and staff within the facility. If there are any deviations from the Jail Staffing plan that allows for an inadequacy in the safety, security and monitoring of the facility, the shift supervisor and/or Jail Lieutenant are able to issue a "call out for coverage" to the staff that are scheduled to be off so that someone will fill that void. This shall provide coverage so that the staffing plan remains in compliance. Each shift is designed to contain a Lieutenant, a Sergeant, and two deputies. These positions are the primary essential staff for 24-hour operation. There are four rotating shifts that have four positions on each shift, with each shift having its own supervisor. These shifts work 0600 to 1800, or 1800 to 0600, and rotate daylight to nightshift every two weeks. Along with the rotating shifts, the Jail has fifteen daylight positions that typically work Monday through Friday, 0800 to 1700. These positions (Chief of Corrections (Captain), Assistant Chief of Corrections (Lieutenant), 1 Medical Sergeant, 1 Medical Deputy, 2 Home Electronic Monitoring deputies, 1 Control Room operator, 1 Maintenance Deputy, 1 Classification Deputy, 1 Records Deputy, 1 Lids Technician Deputy, 2 Transportation Deputies, 1 Programs Director/PREA coordinator) assist in the daily functions of the facility.

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

The auditor reviewed the facility's current staffing plan as well as the most recent staffing plan review. In that review, they have documented that they have considered all of the elements from standard 115.13 (a) (1-15) as part of the review. In addition, each review was approved by the Jail

Administrator. During interviews with the PREA Coordinator and the Jail Administrator, the auditor verified that he reviews and approves the annual staffing plan. In addition, the Jail Administrator does consider the use of CCTV and both the Captain and the PREA Coordinator told the auditor that there was a significant CCTV upgrade within the last year. The Jail Administrator told the auditor during the targeted interview that if there were an instance where the facility did not comply with their staffing plan, that instance would be reported to her and it would be reviewed. However, according to the PREA Coordinator, the Jail Administrator, and the PAQ there were no instances where they were out of compliance with the staffing plan. During the on-site portion of the audit and review of the on-duty personnel, the auditor found them to be following the staffing plan.

The auditor reviewed the most recent annual review, and the jail's review was in compliance with the elements of 115.13(a). In addition, during the on-site review, the auditor reviewed the deployment of CCTV monitoring. The facility has a camera surveillance system comprised of multiple monitors located in the control room. These screens are monitored by staff at all times. The most recent review of the staffing plan indicted the video monitoring system and placement of cameras were reviewed and the staffing plan was revised to notate changes to the camera system. The system was just recently upgraded and the staff indicated that PREA was definitely a consideration with regard to the upgrade.

The staffing plan appears satisfactory in the agency's efforts to provide protection against sexual abuse and harassment. The Auditor observed cameras in all areas of the facility. There appeared to be open communication between staff and inmates. Inmates seemed to comfortable approaching staff with questions and Auditor observed formal and informal interactions between staff and inmates.

In the PAQ, the agency reports that they conduct unannounced rounds on all shifts. A review of the MCSO policies indicated that policy requires that supervisors will conduct and document unannounced rounds each shift, and that there is a prohibition against staff altering other staff of the rounds. During the pre-audit phase, the jail provided the auditor a sample of log books with record of unannounced rounds. This documentation sampling verified that unannounced rounds were conducted during all shifts. During the on-site portion of the audit, the auditor reviewed logbooks that verified that unannounced rounds were recorded on the officer's duty posts. The Auditor reviewed log books indicating rounds made. It is clear through observation that supervisors and administrators are conducting unannounced rounds and that the offenders are comfortable approaching and speaking with them. Interviews with shift supervisors, facility administrators, as well as line staff and inmates indicate that the rounds are unannounced and random and that there's no way for the staff to alert each other when the supervisors are coming through because there is no pattern or routine to the rounds. In addition, the supervisors on the shifts are working supervisors, so they are on the duty posts frequently during their shifts.

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

**Corrective Action:** The MCSO will need to review and update as needed the staffing plan for 2021 and ensure that this is completed on an annual basis.

**Verification of Corrective Action:**

The Auditor was provided supplemental documentation June 4, 2021 to demonstrate corrective actions taken by the MCSO administration regarding this standard.

**Additional Documentation Reviewed:**

- Staffing Plan

The staffing plan received by the Auditor meets the requirements of the standard. It addresses staffing in each area, staffing ratios, programming, facility layout, composition of the inmate population, video monitoring and other relevant factors. A review of the video monitoring system and placement of cameras were reviewed and found to be adequate.

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

## Standard 115.14: Youthful inmates

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

#### 115.14 (a)

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

#### 115.14 (b)

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

#### 115.14 (c)

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

### Auditor Overall Compliance Determination

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

**Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

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

#### Evidence Relied upon to make Compliance Determination:

1. MCSO Completed PAQ
2. MCSO PREA Policy
3. Review of population report on the day of the audit as well as population reports from the previous 12 months

#### Interviews with the following:

- PREA Coordinator

#### Findings:

The MCSO policy is written in compliance with the standard and has procedures in place if they were to receive an adjudicated offender under 18. This does not occur often and in fact, none of the staff interviewed could recall the last time they had received or held a youthful offender. The PAQ, documentation submitted and interviews with staff confirm that there have been no youthful offenders housed at the MCSO within the audit period. According to the documentation submitted with the PAQ, as well as personal interviews with the PREA Coordinator, and informal discussions with staff, youthful offenders are not routinely housed at the MCSO. However the staff are aware of the procedures to follow if this were to occur.

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

**Corrective Action:** None

## Standard 115.15: Limits to cross-gender viewing and searches

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

#### 115.15 (a)

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

#### 115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, 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.*

### Evidence Relied upon to make Compliance Determination:

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

### Interviews with the following:

- PREA Coordinator
- Random Staff
- Random Inmates

### Observation of the following:

- Observation of inmate housing area with individual showers with modesty curtains
- Observation of CCTV coverage of housing areas and individual protective cells
- Observation of staff announcing the presence of opposite gender staff during site review

### Findings:

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

MCSO policy prohibits the pat down search of female prisoners by male staff members absent exigent circumstances and any such search shall be documented. The facility holds primarily male offenders. There is not a prohibition against female deputies patting down male offenders, however, this does not routinely occur. Female inmates are held for short periods of time for pre-trial detention (one day), or while awaiting transfer to a larger regional correctional facility for long term pre- and post-trial detention.

The facility has no designated female housing areas and if received, are only held for a short period of time before being sent to the Regional Jail. There is usually at least one female officer assigned and on duty for each shift. In the case where female inmates are detained in the jail, they are searched and supervised by female correctional deputies. During the regular, daytime hours, there are also daylight female deputies and supervisory staff available if needed. During the evening and nighttime hours, female patrol officers could be utilized if need be, for searching. Female offenders' access to programming and out of cell opportunities are not limited due to a lack of female staff. Interviews with staff and offenders confirm that cross-gender pat down searches of female inmates do not occur. During the on-site portion of the audit, logs maintained verified that during the audit period, there were no instances where female inmates were pat searched by male staff.

MCSO policy states that inmates are able to shower, change clothes and perform bodily functions without nonmedical staff of the opposite gender viewing their breasts, buttocks or genitalia, except in exigent circumstances or incidental to routine cell checks. The policy states that staff of the opposite gender shall announce their presence when entering an inmate housing unit. Female deputies regularly supervise the male housing units. Informal and formal random inmate interviews indicated that there is not an issue with them being able to change clothes, shower or perform bodily functions without the female deputies seeing them and that there is a mutually respectful relationship between the staff and offenders. Most offenders indicated that announcements are being made when opposite gender staff enter the housing units. Staff interviews also indicate the offenders' privacy from being viewed by opposite gender staff is protected. Shower curtains and partitions afford offenders appropriate privacy while still affording staff the ability to appropriately monitor safety and security. Cameras are placed appropriately so that shower and toilet areas are not in view. There are no cameras inside the dormitory housing areas, which the Auditor made note of, however staff make regular, varied rounds in the area to prevent, deter and detect sexual abuse and harassment. Due to the structure and material of the ceiling, staff explained that it would be cost prohibitive to install cameras in the area.

The policy states that staff of the opposite gender shall announce their presence when entering an inmate housing unit. Informal and formal random inmate interviews indicated that there is not an issue with them being able to change clothes, shower or perform bodily functions without the female deputies seeing them and that there is a mutually respectful relationship between the staff and offenders. Offender and staff interviews indicated that announcements are not routinely being made when opposite gender staff enter the housing units. However, despite the inmates reporting that announcements were not being made, all of the inmates interviewed stated they usually know when a female deputy is working and enters the housing unit. Staff interviews also indicate the offenders' privacy from being viewed by opposite gender staff is protected. Shower curtains and partitions afford offenders appropriate privacy while still affording staff the ability to appropriately monitor safety and security. Cameras are placed appropriately so that shower and toilet areas are not in view. The Auditor discussed with the PREA Coordinator a reminder to the staff to ensure that announcements are being made by female deputies when entering the housing areas.

MCSO policy prohibits searching or physically examining a transgender or intersex offender for the sole purpose of determining the offender's genital status. According to random and targeted and review of logs during the on-site portion of the audit, no inmate has been examined for the purpose of determining gender status. During staff interviews, when asked what they would do if they were unable determine an offender's gender or genital status, all the staff were very clear in their understanding and were able to articulate that they could determine this information other ways, including asking the offender. The MCSO had no transgender or intersex inmates during the past 12 months or during the on-site portion of the audit, therefore none were interviewed.

During the pre-audit portion of the audit, the auditor reviewed the training presentation that is provided to all employees regarding how to conduct cross-gender pat down searches as well as how to properly

search transgendered and intersex inmates in accordance with this standard. According to the PAQ, 100% of all employees hired in the last 12 months received the required training. The PREA Coordinator also provided a sample of training verification files, which the auditor could match to the training roster provided. During the on-site document review of employee files, the auditors verified the documents in the employee files provided during the pre-audit phase. MCSO policies require all deputies to be trained on how to conduct searches, including those of transgender and intersex offenders. Staff indicated that they are trained to do cross-gender searches at the academy and were generally able to articulate to the Auditor how they would accomplish a search of a transgender inmate. The Auditor reviewed the training outline, as well as reviewed random training files. During the random staff interviews, all employees interviewed recalled being provided training on how to perform cross-gender pat down searches as well as how to search transgendered or intersex inmates. While interviews indicate that the deputies have a basic understanding of how to conduct cross-gender searches and searches of transgender and intersex offenders, the staff could benefit from refresher training in this area.

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

**Corrective Action:** The MCSO will need to remind and retrain staff about the necessity of making announcements when entering cross-gender housing units.

**Verification of Corrective Action:**

The Auditor was provided supplemental documentation June 4, 2021 to demonstrate corrective actions taken by the MCSO administration regarding this standard.

**Additional Documentation Reviewed:**

- Email from PREA Coordinator
- Training Records

The Auditor received documentation that the staff had been notified via email and provided training on ensuring that announcements were being made when staff entered cross-gender housing units. The MCSO is now fully compliant with the standard.

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

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

**115.16 (a)**

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

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

#### 115.16 (b)

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

#### 115.16 (c)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### Evidence Relied upon to make Compliance Determination:

1. MCSO Completed PAQ
2. MCSO PREA Policy
3. Forms and pamphlets in English and Spanish
4. Statement indicating no inmates requiring accommodations
5. Review of PREA training curriculum with section on effective communications
6. Employee training rosters for the past 12 months
7. PREA Training Video in English and Spanish and with subtitles
8. Interviews with Staff
9. Interviews with Inmates

### Interviews with the following:

- PREA Coordinator
- Agency Administrator
- Random Staff
- Intake Staff

### Observation of the following:

- Observation of inmate information in Spanish

### Findings:

The MCSO takes appropriate steps to ensure that offenders with disabilities, including those who are deaf, blind or have intellectual limitations have an equal opportunity to participate and benefit from all aspects of the facility's efforts to prevent, detect and respond to sexual abuse and harassment. MCSO



policy is written in accordance with the standard and indicates that during booking, offenders determined to have disabilities will have accommodations made to ensure that materials are received in a format or through a method that ensures effective communication. A statement from the PREA Coordinator indicates that the MCSO has not received any offenders with disabilities that required any special accommodations in the past year. The PREA Coordinator indicated that if the Sheriff's Office were to receive an offender with a disability that required any accommodations to ensure they were able to fully participate and benefit from all aspects of the facility's efforts to prevent and/or respond to sexual abuse and harassment, the Jail Lieutenant would make all necessary accommodations and notification to the other staff.

Interviews with staff, including supervisory staff and deputies confirm that they have a process in place to ensure that all inmates, regardless of disability would have equal access to PREA information. Staff, including the Facility Administrator, the PREA Coordinator, and various deputies during random and informal interviews indicated that they did not currently have any offenders with disabilities or special needs that would require accommodations to have access to the PREA information and protections. Auditor observed PREA informational posters throughout the facility in both English and Spanish. Spanish is the prevalent non-English language in the area. During both formal and informal interviews with staff responsible for intake and classification, when asked how they ensured that inmates with disabilities were provided access to the PREA program, staff indicated that they have options on a case-by-case basis. When asked how they would respond to the needs of an individual with a cognitive disorder or severe mental illness, staff told the auditor that it would depend on the level of impairment and the specific communication needs of the prisoner. Most offenders with any type of disability or special need would be transferred to the Regional Jail.

MCSO policy indicates that offenders who are limited English proficient have access all aspects of the facility's efforts to prevent, detect and respond to sexual abuse and harassment, including providing interpreters. The Auditor determined through staff interviews that the MCSO has interpreters available for limited English proficient offenders through the use of a telephone-based interpreter service. The MCSO has secured the services of the Language Line to provide interpreter services to the inmates at the Montgomery County Jail.

No inmates with disabilities or with limited English proficient were identified by the facility. It should be noted that the auditors did not come into contact with any prisoners who did not speak English during the site review. According to the submitted PAQ, the agency used an interpretive service zero times during the last 12 months. The MCSO staff reviewed the records of all 75 inmates to ensure there were no inmates identified as having a disability or limited English proficient.

The MCSO policy prohibits the use of inmate interpreters except in instances where a significant delay could compromise the offender's safety. Interviews with staff indicate that offenders are not and would not be used as interpreters. During the random staff interviews, no staff member said it was appropriate to use an inmate interpreter when responding to allegations of offender sexual abuse. According to the targeted interview with the PREA Coordinator, there were no instances of the use of an inmate interpreter even in exigent circumstances.

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

**Corrective Action:** None

## **Standard 115.17: Hiring and promotion decisions**

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



#### 115.17 (a)

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

#### 115.17 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone 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.*

#### **Evidence Relied upon to make Compliance Determination:**

- 1. MCSO Completed PAQ**
- 2. MCSO PREA Policy**
- 3. MCSO Hiring Background Packet**
- 4. Review of recently promoted employee files from the past 12 months**
- 5. Reviews of randomly selected employee files**
- 6. Review of randomly selected volunteer files**
- 7. Background Information on Contract Employees hired within the last 12 months**
- 8. Background Information on Medical Employees**
- 9. Interviews with PREA Coordinator and Jail Administrator**

#### **Findings:**

The MCSO does not hire any sworn staff that has engaged in sexual abuse or harassment as stipulated in the standard. The language in the policy is written consistently with that in the standard. The Auditor reviewed the background packet used by the MCSO and found that they are asking these questions during the interview process to determine if they are hiring anyone who has engaged in prohibited conduct. Interviews with staff confirm that they are asking these questions during the interview process for applicants for sworn positions. Staff indicated that the background investigator thoroughly vets any prospective employee and asks directly about previous misconduct as required by the standard. The document review on-site and the interviews with the PREA Coordinator and Jail Administrator confirmed that they have complied with this policy and no employee with such a history has been hired during the audit period.

The policy indicates that the MCSO will consider any instances of sexual harassment in determining whether to hire or promote anyone, or enlist the services of contractors who may have contact with inmates. During targeted interviews, staff stated that instances of sexual harassment would definitely be a factor when making decisions about hiring and promotion. Every employee and contractor undergo a background check and is not offered employment if there is disqualifying information discovered. There is a written policy that requires inquiry into a promotional candidate's history of sexual abuse or harassment. Documentation reviewed supports compliance with the standard in accordance with facility policy. During the on-site portion of the audit, the Auditor reviewed files of employees that were hired in the last 12 months. All of the employees' files contained background checks and pre-employment questionnaires where employees were asked the questions regarding past conduct and their answers were verified by a background investigation.

The auditor also reviewed files of employees who were promoted in the last 12 months. Employees interviewed for promotion were not asked questions regarding their past conduct outlined in the standard. This was discussed with the PREA Coordinator to be added to the promotional process.

MCSO policy requires inquiry into the background of potential contract employees regarding previous incidents of sexual assault or harassment. The MCSO had no contract employees until recently when they started using contract medical services. Consistent with MCSO policy, all employees and contractors must have a criminal background records check prior to employment. Staff at the MCSO complete criminal background checks for all prospective applicants and contractors, prior to being offered employment. Staff verified this information in interviews discussing the background process. Staff stated that if a prospective applicant previously worked at another correctional institutional, they

make every effort to contact the facility for information on the employee's work history and any potential issues, including allegations of sexual assault or harassment, including resignation during a pending investigation. Staff stated that most of the surrounding agencies were good about sharing information with each other. The auditor verified that background checks had been completed on the two contract medical staff.

The MCSO does not complete background checks every five years, however agency policy includes an affirmative requirement that employees have a duty to report any conduct in violation of the PREA standards. The MCSO requires all employees and contract staff to report any contact with law enforcement to their immediate supervisor. The Facility Administrator was clear about the fact that an employee engaging in any type of misconduct such as listed in the standard would not be retained.

The MCSO asks applicants for sworn positions, contractors and volunteers directly about misconduct as described in the standard using a Self-Declaration form during the application process. These forms are maintained in their respective personnel file. The Auditor reviewed random files and verified these forms are being completed. Interviews with staff indicated that the forms are being completed as required by the standard and MCSO policy. MCSO policies stipulate a continuing affirmative duty to disclose any PREA related misconduct. All current and new staff are trained on the PREA policy, as well as annual refresher training. Training records verifying that employees acknowledge that they have read and understand the policy.

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

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

After a review, the Auditor determined the facility does not fully meet the requirements of the standard and will require corrective action.

**Corrective Action:**

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

**Verification of Corrective Action:**

The Auditor was provided supplemental documentation June 4, 2021 to demonstrate corrective actions taken by the MCSO administration regarding this standard.

**Additional Documentation Reviewed:**

- Completed PREA Acknowledgement for promotional process

The MCSO uses a disclosure/acknowledgement form that asks the required questions of applicants to determine prior prohibited conduct. This form will be used during the promotional process. The Auditor

reviewed additional documentation of a completed acknowledgment for a recent promotion that had just occurred. As it cannot be anticipated when the Sheriff's Office will have another promotional process, a longer corrective action period was not instituted and no further corrective action or additional documentation was required. The MCSO is now fully compliant with this standard.

## Standard 115.18: Upgrades to facilities and technologies

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

#### 115.18 (a)

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

#### 115.18 (b)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### Evidence Relied upon to make Compliance Determination:

1. MCSO Completed PAQ
2. MCSO PREA Policy
3. Memo re camera upgrade

#### 4. Interviews with PREA Coordinator and Jail Administrator

#### 5. Observation of camera placement and footage

##### Findings:

According to the MCSO PAQ and targeted interviews with the PREA Coordinator and Jail Administrator, the MCSO has made an upgrade to the camera system, as well as installed a rounds tracking system since their last PREA audit. Interviews with the PREA Coordinator and Jail Administrator indicates that the upgrade to the camera system and rounds tracking system took place over the course of the last year. The upgrade included both new and updated cameras. Availability of CARES Act Funding provided the jail with funds to install a round tracking system that alerts the deputies when rounds are due and includes scannable barcodes in each housing area. In addition the funds enabled new or updated cameras in areas that either had no video surveillance, or to areas that the existing cameras were old and needed replaced, as well as updated DVR's.

A targeted interview with both the PREA Coordinator and the Jail Administrator revealed that in the course of the upgrade, the facility considered how such technology may enhance the agency's ability to protect inmates from sexual abuse in accordance with the standard. They stated that the new system allowed for more angles which enabled them to see more area. The system was also higher quality and provided more clarity and a better ability to identify inmates.

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

**Corrective Action:** None

## RESPONSIVE PLANNING

### Standard 115.21: Evidence protocol and forensic medical examinations

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

##### 115.21 (a)

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

##### 115.21 (b)

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

comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)  Yes  No  NA

#### 115.21 (c)

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

#### 115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?  Yes  No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (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.*

### Evidence Relied upon to make Compliance Determination:

1. MCSO Completed PAQ
2. MCSO PREA Policy
3. Flow Chart
4. Checklist
5. Interview protocol

### Interviews with the following:

- PREA Coordinator
- Agency Administrator

### Findings:

The MCSO is responsible for both administrative and criminal investigations. The facility follows a uniform protocol for investigating allegations of sexual abuse that maximizes the possibility of collecting usable evidence and trains facility staff who may be first responders in this protocol. The evidence protocol is specified in policy and described and confirmed by the Investigator, who is very experienced and able to fully articulate investigative procedures for a sexual assault in a jail setting. Interviews with staff indicate that they are trained and familiar with the evidence protocol and what to do if they are the first responder to a sexual assault.

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

MCSO policy stipulates that all victims of sexual abuse shall be offered a forensic medical exam, without financial cost including prophylactic testing/treatment for suspected STIs, and pregnancy testing as applicable. There is an on-call Clinical Forensic Nurse through Carilion New River Valley Medical Center that is notified in such instances. These exams would be performed off-site at the hospital. Examinations will be conducted by qualified SANE/SAFE experts in accordance with the guidelines of the American Nurses Association as well as the standards of the International Association of Forensic Nurses. In the event the on-call Forensic Nurse is not available, the exam would be performed by SANE/SAFE employees at the hospital. The availability of these services was confirmed by the Auditor with the medical staff. She indicated they always had a SANE/SAFE nurse available 24 hours per day and 7 days per week and there would be no charge to the victim for this exam. The MCSO reported on the PAQ there had been no have been no incidents of sexual abuse and no forensic exams conducted. This was confirmed by jail staff and the medical staff.

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

MCSO policy indicates they will make a victim advocate from a rape crisis center available to an abused inmate. A local rape crisis center, SARA is available to serve as a victim advocate to victims of sexual assault at the MCSO. The MCSO does not currently have an MOU with the agency, however the auditor verified that an advocate would be available to accompany and support the victim through the forensic exam process, if requested and shall provide any needed or requested emotional support or crisis intervention services. There have been no instances of sexual abuse that have required services in the past 12 months. Targeted interview with the PREA Coordinator confirmed that no advocacy services had been utilized during the audit period.

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

**Corrective Action:** None

## **Standard 115.22: Policies to ensure referrals of allegations for investigations**

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

### **115.22 (a)**

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

### **115.22 (b)**

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

#### 115.22 (c)

- If a separate entity is responsible for conducting criminal investigations, does 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.*

### Evidence Relied upon to make Compliance Determination:

1. MCSO Completed PAQ
2. MCSO PREA Policy
3. Statement re investigations
4. Website

**Interviews with the following:**

- **PREA Coordinator**
- **Agency Administrator**
- **Investigative Staff**
- **Random Inmates**

**Findings:**

The MCSO policy is written in accordance with the standard and requires that an investigation is completed for all allegations of sexual abuse and harassment. Policy also dictates that allegations are referred for a criminal investigation if warranted. The PREA Coordinator, supervisors and Investigators work very closely together to ensure that all allegations of sexual abuse and harassment are investigated promptly and thoroughly. If an offender alleges a sexual assault or sexual harassment has taken place, the staff member will notify the supervisor, who will take the initial report and refer it to the PREA Coordinator and one of the investigators for further action. They coordinate with the Jail supervisors to determine the course of action.

A targeted interview with both the investigative staff and the PREA Coordinator verified that all allegations of sexual abuse or harassment are investigated, and both described the process for investigations. Once an allegation is received, it is referred for investigation based upon the type of allegation. In the case of a sexual abuse allegation, the first responders and supervisory personnel would initially take action to separate the alleged victim and perpetrator and take steps to preserve any evidence. The on-duty supervisor would brief the PREA Coordinator and initiate a call to the department investigators to begin an investigation. Essentially, all reports of sexual abuse or harassment are evaluated by the first responders and supervisors in coordination with the PREA Coordinator, and a determination is made whether to initiate a criminal investigation. If there is no exigency and no evidence that a crime has occurred, the agency initiates an administrative investigation. The incident is investigated and if during the investigation, it is determined that there is evidence to support a crime was committed, the investigators will consult with the Commonwealth Attorney as necessary. If there is no evidence that a crime was committed, then the investigation is completed as an administrative investigation.

Interviews with staff indicate they are aware of their responsibility to investigate every allegation, refer the allegation if it involves criminal behavior and notify their supervisor of all allegations.

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

The MCSO reports there has been no allegations of sexual assault or harassment in the past 12 months.

MCSO policy requires that all sexual assault allegations that involve evidence of criminal behavior be referred for criminal prosecution.

The auditor reviewed the MCSO website and the agency policy is posted and publicly available. During an interview with the investigator, he verified that investigations that revealed criminal behavior would be referred to the Commonwealth Attorney for prosecution.

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

**Corrective Action:** None

## TRAINING AND EDUCATION

### Standard 115.31: Employee training

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

#### 115.31 (a)

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

#### 115.31 (b)

- Is such training tailored to the gender of the inmates at the employee's facility?  Yes  No

- Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa?  Yes  No

### 115.31 (c)

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

### 115.31 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### Evidence Relied upon to make Compliance Determination:

1. MCSO Completed PAQ
2. MCSO PREA Policy
3. 2020 Annual Training
4. New Hire PREA Training
5. PREA Lesson Plan
6. Review of Training Files
7. Interviews with Random Staff and PREA Coordinator

## Findings:

The MCSO policy is written in accordance with the standard and includes all required topics and elements of the standard. Policy requires that all employees, contractors, volunteers and civilian staff member who have contact with inmates receive training. According to the policy, mental health and medical personnel receive specialized training. The training is tailored to both male and female inmates. While the facility primarily holds males, females are held for short periods of time. The facility provides PREA training annually to each employee to ensure they remain up to date on the MCSO policies and procedures regarding sexual abuse and harassment. Each employee signs to acknowledge they have received and understand the material.

The Auditor reviewed the training curriculum and verified it included all information and each element required by the standard. The Auditor reviewed the training rosters, as well as random training files to verify and ensure all employees are receiving the training. During the pre-audit period the Auditor reviewed a sampling of training documentation with attendance rosters and employee acknowledgements, as well as logs of training attendance. In addition, during the on-site portion of the audit, the auditor verified the training of staff by making spot checks of training files to match the training rosters with the files for verification of training attendance. Furthermore, the auditor reviewed the entire training logs for all employees who had received training for the current year. New staff are given PREA training during their orientation before assuming their duties and sign a verification acknowledging they have received the information. During interviews with the PREA Coordinator, he confirmed that no employee is permitted to have contact with inmates prior to receiving PREA training during orientation.

The Auditor conducted formal and informal interviews with random and specialized staff. All staff interviewed indicated that they had received training and were able to articulate some information from the training. Interviews with staff revealed that they are clear on the zero-tolerance policy and their duties as first responders. While they generally remember the training, they had difficulty recalling some of the more specific information contained in the curriculum. During the staff interviews, all the random employees recalled having annual PREA training. The auditor asked the employees if they recalled being trained on each required element of the PREA training. None of the employee interviewed remembered all elements of the training. Staff appear to understand their responsibilities regarding the standards and all documentation is maintained accordingly.

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

**Corrective Action:** None

## Standard 115.32: Volunteer and contractor training

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

#### 115.32 (a)

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

#### 115.32 (b)



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

### 115.32 (c)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### Evidence Relied upon to make Compliance Determination:

1. MCSO Completed PAQ
2. MCSO PREA Policy
3. Annual Training
4. New Contractor PREA Training
5. Review of Training Files
6. Contractor PREA Training Curriculum

### Interviews with the following:

- PREA Coordinator
- Contract Staff
- Volunteer Staff

### Findings:

The MCSO policy is written in accordance with the standard and includes all required topics and elements of the standard. MCSO policy requires that all volunteers and contractors receive training regarding PREA. This training is required to be completed, in person, prior to contact with any inmates. The training is tailored to both male and female inmates, as the facility holds both. The facility provides PREA training annually to each contract employee and volunteer to ensure they remain up to date on

the MCSO policies and procedures regarding sexual abuse and harassment. The PREA Coordinator briefly reviewed with the Auditor a typical training session.

The Auditor reviewed the training curriculum and verified it included all information required by the standard. The Auditor reviewed the training rosters, as well as random training files to verify and ensure all contracted employees are receiving the training. New contractors and volunteers are given PREA training during their orientation before assuming their duties and sign a verification acknowledging they have received the information. During the document review, the auditor was able to verify that the contractors who had been trained were required to sign an acknowledgement that they had received and understood the PREA training. The auditor reviewed the files of newly hired contract employees and verified that the signed training acknowledgement form is retained in their files. In addition, during targeted interviews with the PREA Coordinator verified that training acknowledgements were retained in the files.

The Auditor conducted formal and informal interviews with contract staff. During targeted interviews with two contract staff members, each of the interviewees told the auditor that they recalled having the PREA training and knew of the MCSO's zero-tolerance policy against sexual abuse and harassment. When asked what would be the consequence if they violated the PREA policy, they stated they would be removed from the facility. Contract staff appear to understand their responsibilities regarding the standards. The MCSO is providing training in accordance with the standard. The documentation is maintained accordingly.

Due to Covid related restrictions, no programs were being operated at the time of the onsite audit. The auditor was able to interview one volunteer who recalled having had training, the facility's zero tolerance policy and what to do in the event of an allegation. Facility staff were in the process of updating the volunteer PREA training, with plans to resume programming soon.

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

**Corrective Action:** None

## Standard 115.33: Inmate education

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

### 115.33 (a)

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

### 115.33 (b)

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?  Yes  No

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

### 115.33 (c)

- Have all inmates received 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.*

### **Evidence Relied upon to make Compliance Determination:**

- 1. MCSO Completed PAQ**
- 2. MCSO PREA Policy**
- 3. Review of inmate training materials**
- 4. Review of inmate training documentation**
- 5. Inmate Handbook**
- 6. Sampling of inmate files comparing intake date, the date of initial screenings, and the date of comprehensive screening**
- 7. Sampling of Completed Orientation/Intake forms from inmate files with inmate signatures**
- 8. Logs of Completion of all inmates provided Comprehensive Education**

### **Interviews with the following:**

- **PREA Coordinator**
- **Random Inmates**
- **Intake Staff**

### **Observations of the Following:**

- **PREA informational Posters throughout the facility in inmate housing and common areas**
- **Inmate Intake Process**

### **Findings:**

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

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

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

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

Information in multiple formats was available throughout the facility. The Auditors observed PREA informational posters in all offender housing areas. The inmate handbook is available and provided to offenders. The Auditor did not observe PREA information readily accessible in the booking/intake area. The auditor discussed this with the PREA Coordinator, who stated that this would be corrected and information would be posted at the booking counter.

During a targeted interview with the PREA Coordinator, he reviewed the intake process, including the explanation of the PREA pamphlet given to the inmate. In both formal and informal discussions with staff, deputies told the auditor that they explained the agency's zero tolerance policy regarding sexual abuse and harassment, and they explained to the newly committed inmates that they could report any instances of abuse or harassment to staff. Interviews with staff, both informally and formally, verified that inmates, including any transferred from another facility, are given the same PREA orientation. Random inmate interviews revealed that most inmates remembered receiving information about the agency's zero tolerance policy and how to make a report of sexual abuse. The majority of the inmates said that they would just tell the staff or write a note.

The auditor reviewed a sampling of random inmate files. In each case, the file contained the initial inmate PREA orientation, signed by the inmate at the time of admission. This verified what the auditor personally observed, what the interviews revealed, what was required by policy and what was reported in the submitted PAQ.

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

After a review, the Auditor determined that the facility does not have all key information readily available to inmates. The auditor suggested adding PREA information to the intake area and ensure the inmates are being provided this information upon arrival.

**Corrective Action:**

The facility needs to ensure that access to information on the facility's zero-tolerance policy and reporting methods is readily available in all areas, including intake/booking and is provided to inmates upon arrival.

**Verification of Corrective Action:**

The auditor received documentation on June 4, 2021 to demonstrate corrective actions taken by the MCSO administration regarding this standard.

**Additional Documentation Reviewed:**

- Email from PREA Coordinator
- Photos of posted information

PREA information has been added to two different places in the intake/booking area and this information is being provided to the inmates upon arrival. The MCSO is now fully compliant with this standard.

## Standard 115.34: Specialized training: Investigations

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

#### 115.34 (a)

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

#### 115.34 (b)

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

#### 115.34 (c)

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

#### 115.34 (d)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

### **Instructions for Overall Compliance Determination Narrative**

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

### **Evidence Relied upon to make Compliance Determination:**

- **MCSO Completed PAQ**
- **MCSO PREA Policy**
- **Review Training Curriculum for Specialized Training**
- **Review of Training Certificates for Investigators**

### **Interviews with the following:**

- **PREA Coordinator**
- **Investigative Staff**

### **Findings:**

MCSO policy is written in accordance with the standard. MCSO investigators conduct both administrative and criminal investigations. There were two investigators for MCSO, both of whom had specialized training in conducting sexual assault investigations in confinement settings. The Auditor was provided a copy of the training certificates for both investigators. The training included all mandated aspects of the standard, including Miranda and Garrity, evidence collection in a correctional setting, as well as the required evidentiary standards for administrative findings. However, both of these investigators have left employment with the MCSO. There are currently no investigators with specialized training. This was discussed with the PREA Coordinator and the Jail Administrator. The PREA Coordinator, as well as all the department investigators will be scheduled for training as soon as possible.

During a targeted interview with one of designated investigators for the department, he appeared knowledgeable regarding sexual assault investigations, even though he had not had training specific to confinement settings. He indicated that, if in the course of the investigation, it appeared that the conduct was criminal in nature and there could be criminal charges involved they would consult with the Commonwealth Attorney regarding any potential charges.

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



**Corrective Action:** The MCSO will need to ensure that they have investigators with specialized training in investigating sexual abuse in confinement settings.

**Verification of Corrective Action:**

The auditor received documentation on September 30, 2021 and October 6, 2021 to demonstrate corrective actions taken by the MCSO administration regarding this standard.

**Additional Documentation Reviewed:**

- Email from PREA Coordinator
- Training certification

The PREA Coordinator and selected supervisory staff have successfully completed specialized training in investigating sexual abuse in confinement settings. The MCSO is now fully compliant with this standard.

**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.*

### Evidence Relied upon to make Compliance Determination:

- **MCSO Completed PAQ**
- **MCSO PREA Policy**
- **Review training logs for medical and mental health staff**

### Interviews with the following:

- **PREA Coordinator**
- **Medical Staff**

### Findings:

The MCSO policy is written in accordance with the standard to indicate that the medical staff will receive specialized training in accordance with the standard. Medical staff are contract employees through Wellpath. According to the training records and interviews with staff, they have been trained in accordance with the requirements of the standard, including how to respond and how to detect signs and symptoms of sexual abuse. The Auditor reviewed the curriculum and it covered all mandated aspects of the standard. This is a standardized training curriculum through Wellpath that is taken by all staff annually.

The staff of the MCSO does not perform forensic medical examinations for victims of sexual assault. Forensic medical exams are conducted at Carilion New River Valley Medical Center.

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

Inmates at MCSO that may have medical needs or medical conditions that need monitoring are transferred to the regional jail.

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

**Corrective Action:** None

## **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.*

#### **Evidence Relied upon to make Compliance Determination:**

- 1. MCSO Completed PAQ**
- 2. MCSO PREA Policy**
- 3. Review of Screenings**
- 4. 30 Day Reassessments and Logs**
- 5. Sampling of Random Inmate Files**

#### **Interviews with the following:**

- **PREA Coordinator**
- **Random Inmates**
- **Intake Staff**

#### **Observations of the Following:**

- **Inmate Intake Process**

#### **Findings:**

According to MCSO Policy all inmates shall be assessed upon their admission to the facility and reassessed no later than 30 days after admission to the facility. The policy is written in accordance with the standard and includes all the required elements. During the site review, the auditor was not able to follow an inmate through the admission and classification process. Interviews with the intake staff (which can be any certified deputy) and classification staff verified that upon admission within 72 hours, all inmates are screened for risk sexual abuse victimization and the potential for predatory behavior. This was also confirmed by the PREA Coordinator. During interviews with random inmates, most remember being asked PREA related questions during their admission; although none of the inmates remembered all of the PREA risk assessment questions. The Auditor asked the inmates if they were asked the risk screening questions. Most inmates remembered at least something about the risk screening or some of the questions.

The risk screenings are completed by the classification deputy within 72 hours. A targeted interview with staff confirmed this is being done. The screenings are completed using an objective screening instrument. The screenings are reviewed and further action is taken if warranted. Risk levels are also reviewed and reassessed based upon any new information received that would affect the inmate's risk of sexual victimization or abusiveness. Action is taken as required in these instances. Offender interviews indicate that risk assessment screenings are being completed.

The auditor reviewed 10 random inmate files and reviewed their booking reports and risk screenings in order to compare the admission date and the date of admission screening. All 10 randomly selected files had received risk screening within 72 hours of booking. The auditor reviewed the PREA risk assessment instrument and it is objective as required by the standard. The questions are asked and the answers are recorded on the risk assessment form. There are areas on the form that allows for the inclusion of additional details related to the question, if additional data needs to be documented. Targeted interviews with the PREA Coordinator, and random staff verified that only authorized staff have access to PREA risk assessment screening information, unless the inmate is referred for medical or mental health treatment. The screening forms are completed and are accessible only by authorized staff. The auditor reviewed this information and verified it is maintained with limited access.

According to the PAQ and MCSO Policy, the PREA screening instrument shall include 10 individual elements as listed in the standard. Upon review of the screening instrument, the auditor determined that the screening instrument did not include all of the required elements. The inmates are not being asked about prior victimization as required and was discussed with the PREA Coordinator.

According to MCSO Policy the initial screening shall consider prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse in assessing the risk of inmates being potential abusers. The auditor reviewed the objective screening instrument and verified that the questions are present on the screening instrument and during the inmate file review, the same completed forms were in the inmate files.

The auditor reviewed random inmate files to determine if 30-day assessments had been completed. A review of the files revealed that these are being completed as required by the standard.

Staff indicated that an inmate's risk level is reassessed based upon a request, referral or incident of sexual assault. There were no instances of this in the past 12 months. The MCSO only operates one facility, therefore they are not required to reassess upon transfer.

MCSO Policy stipulates that no inmate shall be disciplined for refusing to answer or disclose information in response the risk assessment questions. According to a targeted interview with the PREA Coordinator, there have been no instances of inmates being disciplined for refusing to answer screening questions

The Auditor spoke with staff and administration regarding corrective action, including ensuring that all inmates are being reassessed as required.

After a review, the Auditor determined the facility does not fully meet the requirements of the standard.

**Corrective Action:**

In order to be in compliance with the standard, the MCSO must ensure that inmates are being asked about prior victimization on the PREA screening and make referrals accordingly.

**Verification of Corrective Action:**

The MCSO provided documentation via email on June 4, 2021, as well as July 8, 2021.

**Additional Documentation Reviewed:**

- Email from PREA Coordinator
- Revised Screening Form
- Completed Screening forms since on-site audit

The MCSO revised the PREA screening form to include a question regarding prior victimization. The Auditor was provided a copy of the revised form, as well as completed forms since the date of the onsite audit. Upon review of the provided documentation, the auditor determined that the facility is now fully compliant with this standard.

## **Standard 115.42: Use of screening information**

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



#### 115.42 (a)

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

#### 115.42 (b)

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

#### 115.42 (c)

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

#### 115.42 (d)

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

#### 115.42 (e)

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

#### 115.42 (f)

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

#### 115.42 (g)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

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

#### **Evidence Relied upon to make Compliance Determination:**

- **MCSO Completed PAQ**
- **MCSO PREA Policy**
- **Review of classification screening decisions for inmates**

#### **Interviews with the following:**

- **PREA Coordinator**
- **Supervisors Responsible for Conducting Unannounced Rounds**

#### **Observation of the following:**

- **Site review of inmate housing units**

#### **Findings:**

The MCSO policy requires that screening information from the PREA risk assessment is used in making housing, bed work, education, and programming assignments. Classification deputies complete the risk assessment screenings and then use it in making housing and programming decisions. Targeted interviews with Classification deputies and the PREA Coordinator indicate that the results of the risk assessment and the interview with the inmate is used to determine classification decisions and make individualized determinations for each inmate. There is a limited number of housing areas, however, so if the risk assessment indicates there may be a potential issue, the MCSO has the option to transfer the inmate to the Regional Jail.

MCSO policy requires that the agency will consider housing for transgender or intersex inmates on a case-by-case basis in order to ensure the health and safety of the inmate and take into consideration any potential management or security problems. The policy requires that a transgender or intersex prisoner's own view about their own safety shall be given serious consideration and that all transgender or intersex inmates are given the opportunity to shower separately from other inmates. During the site tour, the auditor reviewed all inmate housing units. All inmate housing units permit inmates to shower separately from one another. The MCSO has not housed any transgender inmates during this reporting period. Interviews with facility staff indicate that placement of any transgender or intersex offenders would be made on a case-by-case basis. The PREA Coordinator and staff confirm that they have not housed a transgender or intersex offender during the audit period. No targeted interviews with transgender or intersex were able to be completed by the auditor. Based upon the fact that no transgender or intersex inmates have been confined in the past 12 months, the auditor could not review any documents related to sections (b-f) of the standards.

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

received. Interviews with staff indicated that if a transgender inmate were to be received, they would most likely be transferred to the regional jail due to the limited housing options available at the MCSO.

LGBTI offenders are not placed in dedicated housing areas. Interviews with staff confirm this practice would not occur. No offenders were identified as gay by the facility, therefore there were no targeted interviews in this category. A targeted interview with the PREA Coordinator revealed that inmate housing was based upon objective findings and LGBTI prisoners were not placed in dedicated units.

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

**Corrective Action:** None

## 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.*

#### Evidence Relied upon to make Compliance Determination:

- **MCSO Completed PAQ**
- **MCSO PREA Policy**

**Interviews with the following:**

- **PREA Coordinator**
- **Agency Administrator**
- **Supervisors Responsible for Supervising Inmates in Restrictive Housing**

**Findings:**

According to MCSO policy they do not place inmates who are at high risk for sexual victimization in restrictive housing unless alternatives have been considered and are not available. MCSO policies are written in accordance with the standard and cover all mandated stipulations. According to the PAQ, there have not been any instances where inmates at risk for sexual victimization were placed in restrictive housing for the purpose of separating them from potential abusers. Interviews with staff indicate they would not involuntarily place an offender at risk of sexual victimization in segregated housing except as a last resort when all other alternatives had been considered. All staff interviewed, both formally and informally, indicate an inmate identified as high risk would be moved to another housing location and not placed in segregation unless the inmate requested it. A targeted interview with the PREA Coordinator also verified that no inmates during the audit period have been placed in restrictive housing involuntarily in order to separate them from potential abusers. As MCSO does not have segregated housing, only holding cells, inmates identified as high-risk for sexual victimization would be transferred to the Regional Jail.

The MCSO Policy states that if inmates were placed in restrictive housing for involuntary protective purposes, any restrictions would be limited until such time as they could be transferred to the Regional Jail.

Staff are aware of their responsibilities with regard to this standard. There have been no instances that required action with regard to this standard.

During the on-site portion of the audit, the auditor reviewed all of the housing areas and had informal discussions with both inmates and staff. As verified by targeted interview with the PREA Coordinator, the auditor did not identify any inmates who were involuntarily housed in restrictive solely for protective purposes.

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

**Corrective Action:** None

## REPORTING

### Standard 115.51: Inmate reporting

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

**115.51 (a)**

- Does the agency provide multiple internal ways for inmates to privately report sexual abuse and sexual harassment?  Yes  No

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

#### 115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?  Yes  No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?  Yes  No
- Does that private entity or office allow the inmate to remain anonymous upon request?  Yes  No
- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (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.*

#### **Evidence Relied upon to make Compliance Determination:**

- 1. MCSO Completed PAQ**
- 2. MCSO PREA Policy**
- 3. Inmate Handbook**
- 4. Inmate Orientation**
- 5. Site Review**
- 6. MCSO Website**

#### **Interviews with the following:**

- **PREA Coordinator**
- **Random Staff**
- **Random Inmates**

#### **Observation of the following:**

- **Observation of informal interactions between staff and inmates**
- **Observation of inmates using the telephone system**
- **Observation of Information Posters inside the housing units, adjacent to telephone and in the booking area**

#### **Findings:**

MCSO policy is written in accordance with the standard. The Policy requires multiple mechanisms for the internal reporting of sexual abuse and harassment, retaliation by other inmates or staff for reporting, as well as mechanisms for reporting conditions that may have contributed to the alleged abuse. The auditor reviewed the inmate handbook and found that inmates are informed that they may report instances of abuse or harassment by reporting to staff members, both verbally and in writing, or may contact the Commonwealth Attorney's Office. There are multiple internal ways for offenders to privately report PREA related incidents, including verbally to any staff member, a written note submitted to staff, anonymous reports, and third-party reports. This information is received by offenders at intake, contained in the inmate handbook and on informational posters outside all offender housing areas. During random staff interviews, all staff mentioned that inmates could make a PREA report to staff, volunteers or contractors as well as make a report using a note. During the site review, the auditor observed posters adjacent to the inmate telephones. Random offender interviews revealed that the offenders would feel comfortable approaching and reporting to staff. They feel that that the staff at MCSO care about their well-being and would take any report seriously and act immediately. Offenders felt that staff would ensure their safety. Some of the offenders interviewed were not sure who to report a PREA related incident to outside of the facility. When asked about anonymous reporting, offenders said that they could write a note and leave their name off. Some offenders said they thought there was a hotline.

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

Staff interviews revealed that they are aware of their responsibilities with regard to reporting and would accept and act on any information received immediately. Information on how to report on behalf of an

inmate is listed on the agency website. Staff indicated they would accept and act on third-party reports, including from another inmate.

MCSO policy provides a requirement that inmates have the option of reporting incidents of sexual abuse to a public or private entity that is not part of the agency. Offenders have the ability to report outside the MCSO, in writing, to the Department of Corrections. There is also a hotline that offenders have access to for reporting sexual assault and abuse. None of the offenders interviewed mentioned this as a potential reporting method, indicating the offenders may not be aware of this information. However, all the offenders stated they could, and would just tell a staff member, which indicates a high level of trust by the offenders in the staff. During the site review, the auditor observed PREA informational posters adjacent to the inmate telephones that have information about reporting.

MCSO policy and the inmate handbook stipulates that 3<sup>rd</sup> party reports of sexual abuse or harassment will be accepted verbally or in writing. Random inmate and staff interviews revealed that the staff and inmates are aware that third party reports will be accepted and treated just like any other reports.

A targeted interview with the PREA Coordinator verified that there are multiple ways to make PREA complaints by both staff and inmates. He mentioned reporting directly to staff, the use of the inmate phone system, anonymous letters, direct letters to the police department or commonwealth's attorney, as well as third party reporting by family and friends. There were no investigative files to review. There have been no allegations of sexual assault or harassment during this audit period.

MCSO policy requires that all staff accept reports of sexual abuse or harassment both verbally and in writing and that those reports shall be documented in writing by staff and responded to immediately. During targeted interviews with staff, the majority of the random staff interviewed told the auditors that if an inmate reported an allegation of sexual abuse or harassment, they would immediately intervene by separating the victim and alleged perpetrator. A few of the staff members told the auditor that they would notify their supervisor of such an allegation when they received the report before taking action with the inmates. However, in all random staff interviews, each staff member stated that they would take action without delay and would accept a verbal complaint and would be required to make a written report of the incident. During random inmate interviews, the inmates were asked if they knew that they could make a verbal report of an incident of sexual harassment. All the inmates stated that they knew that they could just tell a deputy if something happened.

Staff may privately report sexual abuse or harassment of inmates either verbally or in writing to their supervisors, or facility administrators directly. Staff members are informed of this provision during PREA training. Staff interviews revealed that they are aware they can go directly to facility administration to report sexual abuse and harassment of inmates and all staff that were randomly interviewed answered that they would report any such incident to their supervisor.

After a review, the Auditor determined that while the facility meets the minimum requirements of the standard since they have at least one method for inmates to report outside the agency, corrective action is recommended to ensure offenders are aware of the outside, anonymous reporting method and that this is a viable option.

**Corrective Action:**

The facility needs to ensure that access to an outside, anonymous reporting method is readily available to the offenders and that they are made aware of this information.

## Verification of Corrective Action:

The Auditor was provided supplemental documentation on August 2, 2021 to demonstrate corrective actions taken by the MCSO administration regarding this standard. The auditor was provided a revised copy of the PREA Information Brochure. The MCSO is now fully compliant with this standard.

## Standard 15.152: 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 15.152(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date

by which a decision will be made? (N/A if agency is exempt from this standard.)

Yes  No  NA

- At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)  Yes  No  NA

#### 115.52 (e)

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

#### 115.52 (f)

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

- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)  Yes  No  NA

### 115.52 (g)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### Evidence Relied upon to make Compliance Determination:

- **MCSO Completed PAQ**
- **MCSO PREA Policy**
- **Inmate Handbook (English and Spanish)**

### Interviews with the following:

- **PREA Coordinator**

### Findings:

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

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

Corrective Action: None

## Standard 115.53: Inmate access to outside confidential support services

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

### 115.53 (a)

- Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?  Yes  No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (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.*

#### **Evidence Relied upon to make Compliance Determination:**

- 1. MCSO Completed PAQ**
- 2. MCSO PREA Policy**
- 3. Inmate Handbook and Website**
- 4. Hotline Information**

#### **Interviews with the following:**

- a. PREA Coordinator**
- b. Random Inmates**
- c. Random and Targeted Staff**

#### **Observations of the Following:**

- a. PREA informational Posters throughout the facility and public areas**

#### **Findings:**

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

The auditor reviewed the MCSO informational brochure, which included information regarding the availability of outside confidential support services for victims of sexual abuse and harassment. During the site review, the auditor viewed information and the brochure that notifies inmates of the availability of a third-party reporting hotline. The phone numbers were listed in the brochure, however the address was not provided as required by the standard. MCSO policy requires that inmates and staff are allowed to report sexual abuse or harassment confidentially.

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

An interview with the PREA Coordinator indicated that inmates are informed about the availability of outside support services that are available, and this is listed in the information that is provided to the inmates. The intake brochure and inmate handbook does inform the inmates that all information will be maintained as confidentially as possible and in accordance with mandatory reporting requirements.

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



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

After a review, the Auditor determined the facility does not meet the requirements of the standard due to the address of the rape crisis organization center not being provided. Additionally, the auditor recommended the facility provide awareness training to the inmate population regarding the availability of outside emotional support services.

**Corrective Action:** The MCSO will need to ensure the address of the rape crisis center is provided to the inmates.

**Verification of Corrective Action:**

The Auditor was provided supplemental documentation on June 4, 2021 to demonstrate corrective actions taken by the MCSO administration regarding this standard.

**Additional Documentation Reviewed:**

- Revised brochure including address of rape crisis center

## Standard 115.54: Third-party reporting

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

#### 115.54 (a)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

#### Evidence Relied upon to make Compliance Determination:

1. MCSO Completed PAQ
2. MCSO PREA Policy

- 3. Inmate Handbook
- 4. MCSO Website
- 5. Staff Interviews
- 6. Inmate Interviews

**Findings:**

The MCSO policy is written in accordance with the standards, stipulating that all third-party reports will be accepted and investigated. The MCSO publicly provides a method for the receipt of third-party reports of sexual abuse or harassment. The Auditor reviewed the MCSO website. The MCSO website has information on its PREA page that indicates contact information for jail officials should any one wish to report an incident of sexual abuse or harassment on behalf of an inmate

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

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

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

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

**Corrective Action:** None

**OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT**

**Standard 115.61: Staff and agency reporting duties**

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

**115.61 (a)**

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

that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?  
 Yes  No

#### 115.61 (b)

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

#### 115.61 (c)

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

#### 115.61 (d)

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

#### 115.61 (e)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

#### Evidence Relied upon to make Compliance Determination:

1. MCSO Completed PAQ
2. MCSO PREA Policy

**Interviews with the following:**

- **PREA Coordinator**
- **Agency Administrator**
- **Random Staff**

**Findings:**

MCSO policy is written in accordance with the standard and requires all staff, contractors and volunteers to immediately report any knowledge, suspicion or information related to sexual abuse or harassment to a supervisor. During the site review, staff members were asked if they were required by policy to report any instances or suspicions of sexual abuse or harassment. All of the staff members responded that they were required to report any such instances. The auditor also informally asked the same question of a contractor staff, and she stated that she would report any instance of sexual abuse or harassment. Interviews with staff indicate they are very clear with regard to their duties and responsibilities with regard to reporting PREA related information, including anonymous and third-party reports. During random staff interviews, all of the staff members stated that they were required by policy to report any instance of sexual abuse or harassment or retaliation for making reports. They were also asked if that included alleged behavior by staff or contractors or volunteers. All staff members who were randomly interviewed said that they were obligated to report any such allegations or suspicions, no matter who it involved. Staff articulated their understanding that they are required to report any information immediately and document such in a written report.

MCSO policy requires confidentiality of all information of sexual abuse or harassment beyond what is required to be shared as a part of the reporting, treatment, or investigation, and other security and management decisions. During the random staff interviews, staff were asked about their requirement for maintaining confidentiality. The staff understand the need to keep the information limited to those that need to know to preserve the integrity of the investigation. All of the interviewed staff stated that details related to either inmate allegations or staff allegations should remain confidential. When asked who they report or discuss details of a sexual abuse or sexual harassment allegation with, staff informed the Auditor they only discuss details with supervisors and investigators. A targeted interview with the PREA Coordinator verified that all investigative files are kept in a locked cabinet with limited access.

Targeted interviews with the Facility Administrator and the PREA Coordinator verified that all allegations of sexual abuse or harassment received from a third party are referred for investigation.

All allegations of sexual abuse and harassment are reported to the on-duty supervisor, who initiates an investigation. The reporting deputy and supervisor initiate a report, and this report is forwarded to the PREA Coordinator and Jail Lieutenant for review and further action. The Jail Lieutenant or PREA Coordinator will contact the investigator depending on the nature of the allegation.

The Auditor conducted a formal interview with one of the facility investigators, who indicated that all allegations are immediately reported and investigated. There were no allegations reported on the PAQ, which was verified by multiple staff, including the PREA Coordinator, Jail Lieutenant and Jail Administrator.

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

**Corrective Action:** None

## Standard 115.62: Agency protection duties

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

### 115.62 (a)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### Evidence Relied upon to make Compliance Determination:

#### Evidence Reviewed:

1. MCSO Completed PAQ
2. MCSO PREA Policy

#### Interviews with the following:

- PREA Coordinator
- Agency Administrator
- Random Staff
- Random Inmates

#### Findings:

MCSO policy is written in compliance with the standard and requires that whenever there is a report that there is an incident of sexual abuse or harassment, the victim should be immediately protected. Random interviews with staff indicate they are very clear about their duty to act immediately if an offender is at risk of imminent sexual abuse. Staff indicated they would immediately remove the inmate from the situation and find alternate housing or placement. Staff stated they would ensure the inmate was kept safe, away from the potential threat and an investigation was completed by the supervisor. The PREA Coordinator would also be notified. Targeted interviews with the Facility Administrator and the PREA Coordinator confirmed that it is the policy of the agency to respond without delay when prisoners are potentially at risk for sexual abuse or any other types of serious risk.

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

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

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

**Corrective Action:** None

## Standard 115.63: Reporting to other confinement facilities

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

### 115.63 (a)

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

### 115.63 (b)

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

### 115.63 (c)

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

### 115.63 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

#### **Evidence Relied upon to make Compliance Determination:**

- 1. MCSO Completed PAQ**
- 2. MCSO PREA Policy**

#### **Interviews with the following:**

- **PREA Coordinator**
- **Agency Administrator**

#### **Findings:**

The agency's policy is written in accordance with the standard and requires that if the Sheriff or his/her designee receives an allegation regarding an incident of sexual abuse that occurred at another facility, he must make notification within 72 hours. During this review period, the facility reported receiving no notifications from an inmate alleging sexual abuse while incarcerated at another facility that needed to be reported. According to targeted interviews with the Facility Administrator and PREA Coordinator, if they received such a notice, they would immediately report such an allegation to the facility administrator and document such a notice. They confirmed their understanding of their affirmative requirement to report allegations in accordance with the standard.

MCSO requires that if the Sheriff or designee receives notice that a previously incarcerated inmate makes an allegation of sexual abuse that occurred in the MCSO, it would be investigated in accordance with the standards. The MCSO reported receiving no notifications in the past 12 months from another facility that one of their former inmates alleged being sexually abused while incarcerated at the MCSO. Interviews with the Administrator and PREA Coordinator confirm the staff are aware of their obligation to fully investigate allegations received from other facilities. There were no instances of notice by another facility that an inmate alleged abuse at the MCSO in the last 12 months.

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

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

**Corrective Action:** None

### **Standard 115.64: Staff first responder duties**

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

#### **115.64 (a)**



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

#### 115.64 (b)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

#### Evidence Relied upon to make Compliance Determination:

1. MCSO Completed PAQ
2. MCSO PREA Policy
3. Flow Chart
4. Interviews with Random Staff

## Findings:

The MCSO policy is written in accordance with the standard and indicates actions staff should take in the event of learning an inmate has been sexually assaulted. Policy requires that when an inmate reports an incident of sexual abuse, the responding staff member: Separate the alleged victim and alleged abuser, Preserve and protect and evidence, if the abuse allegedly occurred within a time period that would allow the collection of evidence and advise the victim not take any actions that would destroy any evidence, and take action to prevent the alleged abuser from destroying evidence.

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

There were no inmates present during the on-site portion of the audit who had reported sexual abuse.

The Auditor conducted formal and informal interviews with staff first responders. Security first responders were asked to explain the steps they would take following an alleged sexual abuse reported to them. Most all staff interviewed said that they would notify their supervisor after separating the inmates and wait for further instructions. The staff were able to appropriately describe their response procedures and the steps they would take, including separating the alleged perpetrator and victim and securing the scene and any potential evidence. The Auditor was informed the scene would be preserved and remain so until the Investigator arrived to process the scene. A targeted interview with the PREA Coordinator and Jail Administrator indicated that once the initial steps were done and the scene was secure, the Agency Investigator would be notified, depending on the nature of the investigation.

The Auditor conducted interviews with supervisory staff and one investigator. The Auditor asked what the supervisor response and role would be following a report of sexual assault. The supervisor stated that they would ensure the alleged victim and alleged abuser were removed from the area and kept separately in the facility. The crime scene would be secured and the alleged victim would be taken to medical for treatment and transported to the ER for a forensic exam, if needed. The PREA Coordinator would also be informed. The supervisor stated the Investigator would be the only person allowed in the crime scene to process the evidence.

MCSO Policy requires that if the first responder is not a security staff member, the staff immediately notify a security staff member. There were no instances during the audit period where a non-security staff member acted as a first responder to an allegation of sexual abuse. The Auditor conducted formal interviews with non-security personnel. Staff were asked what actions they take following an alleged sexual abuse reported to them. Staff indicated they would ensure the victim remains with them and immediately inform a deputy.

The PREA Coordinator stated they would first ensure a victim's emergency medical needs are met. They stated they would request the victim not to use the restroom, shower, or take any other actions which could destroy evidence. Victims would be transported off-site for forensic exams if needed.

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

**Corrective Action:** None

## Standard 115.65: Coordinated response

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

## 115.65 (a)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### Evidence Relied upon to make Compliance Determination:

1. MCSO Completed PAQ
2. MCSO PREA Policy
3. Flow Chart
4. Interview with PREA Coordinator and Agency Administrator

### Findings:

MCSO has a coordinated facility plan to address actions in response to an incident of sexual abuse among facility staff, including first responders, supervisory staff, medical, investigative staff and facility administrators. The MCSO has a flowchart that is a quick reference and good visual aid to assist staff in understanding their role. Interviews with multiple staff indicate that they understand their duties in responding to allegations of sexual assault and are knowledgeable in their role and the response actions they should take. Many of the facility staff involved in responding to incidents of sexual abuse are a part of the incident review team. While the staff are aware of their duties, they do not seem to be aware of the flowchart and response plan itself. It was recommended that this be made available to the staff and they be made aware of the location for reference.

There have been no instances of reported sexual assault on the PAQ. Interviews with the PREA Coordinator and various staff confirm this information.

The auditor interviewed the Jail Administrator, as well as the PREA Coordinator who both described the jail's coordinated response in the case of an allegation of sexual abuse or harassment. The response begins with the allegation and first responder action to protect the victim, secure the crime scene and protect any potential evidence. The initial investigation begins with the first responders and supervisors and then the agency investigators. Depending on the nature of the allegation, the investigation will

either begin as administrative or criminal. In the case of a criminal investigation, the victim is treated in accordance with policy and provided forensic exams and ancillary services, as well as advocacy services. The remainder of the investigation is dictated by the nature of the allegation. Regardless, all investigations are completed and a finding is assigned. It may be referred for criminal prosecution or handled administratively and could require medical and mental health services and monitoring for retaliation and notice to the victim about the outcome of the investigation.

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

**Corrective Action:** The MCSO shall ensure that the coordinated response plan is available to staff and that staff is aware of the location of the plan.

**Verification of Corrective Action:**

The Auditor was provided supplemental documentation on June 4, 2021 to demonstrate corrective actions taken by the MCSO administration regarding this standard.

**Additional Documentation Reviewed:**

- Photos of location of coordinated response plan
- Email from PREA Coordinator indicating notice to staff

The MCSO has made the coordinated response plan available to staff in an area that is easily accessible. The staff were notified via email of the location and asked to review the response plan. Copies of this communication, as well as photos of the location were provided to the Auditor. The MCSO is now fully compliant with the standard.

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

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

**115.66 (a)**

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

**115.66 (b)**

- Auditor is not required to audit this provision.

**Auditor Overall Compliance Determination**

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

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

**Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

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

### Evidence Relied upon to make Compliance Determination:

1. MCSO Completed PAQ
2. MCSO Policy PREA Policy

### Interviews with the following:

- PREA Coordinator
- Agency Administrator

### Findings:

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

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

Interviews with both the Facility Administrator and the PREA Coordinator verified that there is not a collective bargaining agreement in place.

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

**Corrective Action:** None

## Standard 115.67: Agency protection against retaliation

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

#### 115.67 (a)

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

- Has the agency designated which staff members or departments are charged with monitoring retaliation?  Yes  No

#### 115.67 (b)

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

#### 115.67 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of 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.*

### Evidence Relied upon to make Compliance Determination:

1. MCSO Completed PAQ
2. MCSO PREA Policy

### Interviews with the following:

- PREA Coordinator
- Facility Administrator

### Findings:

The agency's policy is written in accordance with the standard and requires staff and inmates who report substantiated allegations of sexual abuse or harassment are protected from retaliation for making such reports. Policy indicates that the PREA Coordinator is designated as the staff who will be responsible for monitoring retaliation for a minimum period of 90 days.

The Auditor conducted a formal interview with the staff member responsible for monitoring retaliation. The Auditor asked the staff member how he would go about monitoring retaliation. The staff member



stated he would review disciplinary charges and Incident Reports and any other actions related to the inmate including documents maintained in an inmate's file and his/her electronic record.

The Auditor asked the staff member the amount of time he will monitor for acts of retaliation. He stated a minimum of 90 days. In the event the inmate cannot be protected at the facility, the staff member would recommend a transfer to the Regional Jail.

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

The Facility Administrator and PREA Coordinator indicated that they had the authority to move inmates around the facility or to other facilities or take other protective measures to assure inmates were not retaliated against. In addition, the Facility Administrator has the authority to intervene in any way necessary to protect employees from retaliation if they reported incidents of sexual abuse or harassment. She stated that she monitors the progress of PREA investigations and requires regular briefings by the PREA Coordinator until the investigation is complete.

There have been no reported incidents of sexual abuse/harassment that would require the staff to invoke any protections from retaliation. In addition, staff interviews confirmed their knowledge of the requirements for protection from retaliation for both inmates and staff members. All staff members interviewed affirmed that they had an affirmative requirement to report any incident of retaliation and also reported that they know that they could report such incidents anonymously.

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

**Corrective Action:** None

## Standard 115.68: Post-allegation protective custody

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

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

#### **Evidence Relied upon to make Compliance Determination:**

- 1. MCSO Completed PAQ**
- 2. MCSO PREA Policy**

#### **Interviews with the following:**

- **PREA Coordinator**
- **Facility Administrator**

#### **Observation of the following:**

- **Observation of housing areas**

#### **Findings:**

The agency's policy is written in accordance with the standard and requires the use of segregated housing be subjected to the requirements of PREA standard 115.43. Both formal and informal interviews with staff state they would not place an inmate in segregation for reporting sexual abuse or assault. Staff indicated they would not ordinarily place a sexual assault victim in segregation unless he or she had requested it. Staff explained that other alternatives are explored and segregated housing is utilized as a last resort. MCSO does not have segregated housing and would transfer an inmate to the regional jail if there was a need for segregated housing or if the inmate/victim requested it. They have group holding cells where inmates can be housed temporarily during an investigation or until transfer.

During informal discussions with supervising deputies, no staff indicated that inmates were assigned to restrictive housing as a result of their sexual vulnerability.

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

In addition, during a targeted interview with the PREA Coordinator, he verified that there have been no instances of inmates being placed in restrictive housing as a result of the sexual victimization or vulnerability. There were no records or documentation to review regarding this standard because there were no instances of the use of restrictive housing to protect an inmate who was alleged to have suffered sexual abuse.

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

**Corrective Action:** None

## **INVESTIGATIONS**

## Standard 115.71: Criminal and administrative agency investigations

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

#### 115.71 (a)

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

#### 115.71 (b)

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

#### 115.71 (c)

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

#### 115.71 (d)

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

#### 115.71 (e)

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

#### 115.71 (f)

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

#### 115.71 (g)

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

#### 115.71 (h)

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

#### 115.71 (i)

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

#### 115.71 (j)

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

#### 115.71 (k)

- Auditor is not required to audit this provision.

#### 115.71 (l)

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

#### Auditor Overall Compliance Determination

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

## **Instructions for Overall Compliance Determination Narrative**

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

### **Evidence Relied upon to make Compliance Determination:**

- 1. MCSO Completed PAQ**
- 2. MCSO PREA Policy**
- 3. Interviews with Staff**
- 4. Documentation of Investigator Training**
- 5. Certificates of Completion for Departmental Investigators**
- 6. Training Curricula for Investigative Training specific to Corrections**

### **Findings:**

The MCSO policy is written in accordance with the standard. Policy requires that the agency conduct administrative and criminal investigations of sexual abuse and harassment. The MCSO policy stipulates that they will respond to complaints that are received internally and externally by a third party. The policy requires that investigations are responded to promptly. The MCSO conducts an investigation on all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports. The policy requires administrative investigations to include efforts to determine whether staff actions or failure to act contributed to an act of sexual abuse. Investigative reports are required to include a description of physical evidence, testimonial evidence, the reason behind credibility assessments, and investigative facts and findings. As there have not been any allegations of sexual assault or harassment, and therefore no investigative reports, the auditor could not evaluate whether the reports contained all the required elements.

If at any time during the preliminary investigation, it appears the allegation will not be unfounded, the investigation will be referred to the agency investigators. The PREA Coordinator is required to maintain written investigative reports for as long as the alleged abuser is incarcerated or employed by the MCSO, plus an additional 5 years. Policy prohibits the termination of an investigation if an inmate is released or a staff member is terminated or terminates employment.

MCSO investigators are required by policy to cooperate with outside investigators and attempt to communicate to remain informed about the progress of a sexual abuse investigation. According to targeted interviews with the PREA Coordinator and Jail Administrator, whenever an outside agency conducts an investigation of sexual abuse, the departmental investigator serves as a liaison and will keep jail administrators informed of the progress of the investigation.

At the time of the on-site audit, the agency did not employ any investigators who had received specialized training to conduct sexual abuse investigations in confinement facilities. The two departmental investigators with this training have employment with the MCSO. This was discussed with the PREA Coordinator and Jail Administrator as a corrective action. The auditor spoke with the PREA Coordinator on several occasions prior to the on-site audit regarding this issue and the unavailability of training due to not only Covid related restrictions, but also the lack of availability of the class through the NIC.

The Auditor conducted a formal interview with one of the facility's Investigators. He verified that the investigators are available to respond immediately if necessary. The Auditor asked the Investigator to describe the process when he is conducting an investigation. He stated he interviews the victim, alleged perpetrator, inmate witnesses, and staff witnesses if applicable. He stated he reviews the scene, preserves any evidence if necessary and then begins looking at other documents. He reviews criminal histories on all inmates involved, disciplinary history, incident reports, and classification actions. The investigator reviews video footage if applicable, telephone recordings, staff logs, and any other relevant items which could be considered evidence to support the determination. He will notify the facility administration of the allegation. If at any point during the investigation he determines there could be potential criminal charges involved, the investigation would be reviewed and discussed and the Commonwealth Attorney would be consulted. The Investigator stated he begins an investigation immediately after receiving an allegation.

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

If an allegation is reported anonymously, the PREA Coordinator and Investigator both stated the investigation would be handled the same as any other investigation. Staff indicate they would continue the investigation even if an inmate is released or a staff member terminates employment during the investigation.

The MCSO had no incidents that required investigation during the review period reported on the PAQ. This was confirmed by both the PREA Coordinator and the Investigator.

There have been no criminal investigations or substantiated allegations of sexual abuse or harassment during this audit period.

After a review, the Auditor determined the facility substantially meets the requirements of the standard as there have been no investigations during this audit period. However, the facility will need to have investigators receive specialized training to conduct sexual abuse investigations in confinement facilities.

**Corrective Action:** The facility will need to have investigators receive specialized training to conduct sexual abuse investigations in confinement facilities.

**Verification of Corrective Action:** The auditor received documentation on September 30, 2021 and October 6, 2021 to demonstrate corrective actions taken by the MCSO administration regarding this standard.

**Additional Documentation Reviewed:**

- Email from PREA Coordinator
- Training certification

The PREA Coordinator and selected supervisory staff have successfully completed specialized training in investigating sexual abuse in confinement settings. The MCSO is now fully compliant with this standard.

## Standard 115.72: Evidentiary standard for administrative investigations

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

### 115.72 (a)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### Evidence Relied upon to make Compliance Determination:

- MCSO Completed PAQ
- MCSO PREA Policy

### Interviews with the following:

- PREA Coordinator
- Investigative Staff

### Findings:

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

Formal interviews with the PREA Coordinator and an Investigator confirmed that the staff responsible for administrative adjudication of investigations is aware of the requirements of the evidentiary standard. The investigator was able to articulate what preponderance meant and how he arrives at the basis for his determinations. There have been no allegations of sexual abuse or harassment within the last 12 months for which the auditor could review the investigative file.

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

**Corrective Action:** None



## Standard 115.73: Reporting to inmates

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

#### 115.73 (a)

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

#### 115.73 (b)

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

#### 115.73 (c)

- Following an inmate's allegation that a staff member has committed sexual abuse against the 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.*

### Evidence Relied upon to make Compliance Determination:

1. MCSO Completed PAQ
2. MCSO PREA Policy

### Interviews with the following:

- PREA Coordinator
- Facility Administrator

### Findings:

The MCSO policy is written in accordance with the standard and requires an inmate be notified when a sexual abuse allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation. The auditor conducted targeted interviews with the PREA Coordinator and the Facility Administrator. The targeted interviews verified that there have been no sexual assault or harassment investigations in the past 12 months. They also verified that if an outside investigation was conducted that they would request the relevant information from the investigative agency in order to inform the offender. The outside agency would provide a final report to the facility. They confirmed that the final report would be required to contain the elements as required by the standard.

The Auditor asked if the facility was required to make prosecutorial referrals for all criminal incidents and they said that they were.

The Auditor conducted an interview with the PREA Coordinator. The PREA Coordinator indicated that inmates are informed of the results of an investigation at the conclusion of the investigation. A supervisory staff member, investigator or the PREA Coordinator will notify the inmate and document the notification.

During the past 12 months, there have been no allegations of sexual abuse. No inmates who reported sexual abuse were in custody during the on-site portion of the audit for targeted interviews.

There were no investigative files for the Auditor to review as there have been no allegations in the past 12 months.

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

**Corrective Action:** None

## DISCIPLINE

### Standard 115.76: Disciplinary sanctions for staff

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

#### 115.76 (a)

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

#### 115.76 (b)

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

#### 115.76 (c)

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

#### 115.76 (d)

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

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?  Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### Evidence Relied upon to make Compliance Determination:

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

### Findings:

The MCSO PREA and disciplinary policies were reviewed and are in compliance with the requirements of the standard. Staff is subject to disciplinary sanctions up to and including termination for violating the sexual abuse or sexual harassment policies. Policy requires that staff found responsible for sexual abuse of an inmate shall be terminated from employment. Employees who are found to have violated jail policy related to sexual abuse and harassment, but not actually engaging in sexual abuse shall be disciplined in a manner commensurate with the nature and circumstances of the acts as well as the previous disciplinary history of the staff and comparable to other comparable offenses by other staff with similar disciplinary histories.

According to the submitted PAQ, in the past 12 months, there were no staff terminations or disciplinary actions related to the sexual abuse or harassment of inmates. Discussions with the PREA Coordinator and Jail Administrator verified that there were no terminations or disciplinary actions related to sexual abuse or harassment of inmates in the past 12 months.

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

The Auditor interviewed facility administration regarding the facility's staff disciplinary policy. Facility administration indicated that if a staff member is terminated for violating the facility's sexual assault and

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

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

**Corrective Action:** None

## Standard 115.77: Corrective action for contractors and volunteers

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

#### 115.77 (a)

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

#### 115.77 (b)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

## Evidence Relied upon to make Compliance Determination:

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

### Findings:

The MCSO PREA and disciplinary policies were reviewed and are in compliance with the requirements of the standard. Policy stipulates that contractors and volunteers who violate the sexual abuse or sexual harassment policies are prohibited from having contact with inmates and will have their security clearance for the MCSO revoked. In the past 12 months, there have been no instances where volunteers or contractors have engaged in sexual abuse or harassment. The Jail Administrator and the PREA Coordinator both verified during targeted interviews that there had been no instances of sexual abuse or harassment by contractors or volunteers in the past 12 months.

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

The Auditor interviewed facility administration regarding the disciplinary policy regarding contract staff and volunteers. Facility administration indicated that contractors and volunteers who violate the sexual abuse or sexual harassment policies will have their security clearance revoked immediately. Contract staff would most likely be terminated by the contract employer. If the conduct is criminal in nature, it will be referred to the Commonwealth Attorney's office for possible prosecution and reported to any relevant licensing bodies.

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

**Corrective Action:** None

## Standard 115.78: Disciplinary sanctions for inmates

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

#### 115.78 (a)

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

#### 115.78 (b)

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

### 115.78 (c)

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

### 115.78 (d)

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

### 115.78 (e)

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

### 115.78 (f)

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

### 115.78 (g)

- 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.*

### Evidence Relied upon to make Compliance Determination:



1. MCSO Completed PAQ
2. MCSO PREA Policy
3. Inmate Handbook
4. Review of Inmate Records
5. Interviews with Staff

## Findings:

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

MCSO policy states inmates are subject to formal disciplinary action following an administrative finding that they engaged in inmate-on-inmate sexual abuse. According to the submitted FAQ, there have been no instances of inmate-on-inmate sexual abuse or substantiated allegations of staff on inmate sexual abuse or harassment or criminal findings of guilt for inmate-on-inmate sexual abuse. The auditor was not able to review any inmate files related to this standard because there were no instances of inmate on inmate or staff on inmate abuse.

According to MCSO policy, disciplinary action for inmates is proportional to the abuse committed as well as the history of sanctions for similar offenses by other inmates with similar histories. The auditor was not able to review any inmate files related to this standard because there were no instances of inmate on inmate or staff on inmate abuse.

MCSO policy requires that staff consider whether an inmate's mental health contributed to their behavior before determining their disciplinary sanctions. The auditor was not able to review any inmate files related to this standard because there were no instances of inmate on inmate or staff on inmate abuse.

The MCSO does not have mental health staff available at all times, but has mental health staff on call for emergent needs and will transfer inmates to the regional facility if they need more in-depth mental health treatment. Any decision to offer counseling or therapy to offenders and the initiation of any such counseling or therapy for individuals who have committed sexual offenses would be done at the regional jail as the MCSO does not have the availability of those services.

MCSO policy stipulates that inmates will not be disciplined for sexual contact with staff unless it is substantiated that the staff did not consent. There were no unsubstantiated or substantiated instances of inmate on staff sexual abuse or harassment during the audit period.

MCSO policy prohibits disciplining inmates who make allegations in good faith with a reasonable belief that prohibited conduct occurred. There were no instances, in the past 12 months, where inmates were disciplined for filing a report or making unsubstantiated or unfounded allegations of sexual abuse or harassment. The Auditor reviewed classification files, inmate records and interviewed staff. There is no evidence to suggest an inmate received a disciplinary charge for making an allegation of sexual abuse or sexual harassment.

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

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

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

**Corrective Action:** None

## MEDICAL AND MENTAL CARE

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

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

#### 115.81 (a)

- If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (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.*

### Evidence Relied upon to make Compliance Determination:

1. MCSO Completed PAQ
2. MCSO PREA Policy
3. PREA Screening and Follow-up
4. Random Review of Files
5. Follow up mental health referral within 14 days
6. Interviews with Staff, including the following:
  - a. PREA Coordinator
7. Interviews with Inmates

### Findings:

The MCSO policy is consistent with the requirements of the standards. The policy requires staff to offer a follow-up meeting with medical or mental health staff within 14 days of arrival at the facility for an inmate that reports sexual victimization, either in an institutional setting or in the community. During this review period, there have been no instances of an inmate reporting prior victimization. Were that to be the case, the inmate would be transferred to the regional jail, where the inmate could get appropriate follow-up medical and mental health care if needed. It is the policy of the MCSO to identify, monitor and provide services to inmates who are at risk of sexual victimization, as well as those who have a history of sexually assaultive behavior.

The PREA screening completed by the jail staff does not currently include a question that asks the inmate about prior victimization. This has been discussed with the PREA Coordinator as a corrective action. However, a PREA screening is also being completed by medical staff at the time of arrival and an inmate is being asked about previous victimization during this screening. The inmate is being offered

a follow-up meeting with medical or mental health within 14 days if they report prior victimization, as required by the standard.

A random review of 10 inmate files validated that the screenings and referrals were being conducted in accordance with the standards and the policy.

Of the currently housed inmates at the time of the on-site review, there were no inmates identified as having reported previous sexual victimization.

The Auditor conducted a formal interview with medical staff who complete the screening, as well as the mental health staff. Both indicated that inmates identified as needing follow-up care are scheduled to be seen within 14 days or would be transferred to the Regional Jail. When asked who this information would be shared with, staff was clear about confidentiality and that this information would be only be shared with those who needed to know. This information is recorded and maintained electronically on the screening form. Only medical staff and select administrative staff have access to the screening. An interview with the PREA Coordinator confirmed that information related to sexual victimization and sexual abusiveness is kept secure and confidential. This information is limited access and only used to make housing, bed, work, education, and other program assignments.

MCSO policy states that medical and mental health personnel will 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. An interview with the PREA Coordinator confirms that they would gain informed consent before reporting information about prior sexual victimization that did not occur in an institutional setting.

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

**Corrective Action:** None

## **Standard 115.82: Access to emergency medical and mental health services**

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

### **115.82 (a)**

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

### **115.82 (b)**

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

### **115.82 (c)**

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

#### 115.82 (d)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

#### Evidence Relied upon to make Compliance Determination:

1. MCSO Completed PAQ
2. MCSO PREA Policy
3. Interviews with Staff, including the following:
  - a. PREA Coordinator
  - b. Random Security Staff
4. Interviews with Inmates

#### Findings:

The MCSO policy is written in compliance with the standard and states that all inmate victims of sexual abuse will receive timely, unimpeded access to emergency medical treatment and crisis intervention services. Interviews with the PREA Coordinator confirm that victims of sexual abuse would receive timely, unimpeded access to emergency medical treatment and crisis intervention services. Contract medical staff are available Monday through Friday 8 a.m. to 11 p.m. While there have been no documented incidents of sexual abuse requiring emergency medical or mental health services during the review period, the staff are aware of their responsibilities with regard to protection of the victim and evidence in the case of a report of sexual assault. In addition, medical and mental health staff are on-call 24 hours per day in the case of emergency and for crisis intervention services. In addition, after initial treatment at the hospital, the inmate would be transferred to the regional jail where he (or she) could get follow-up medical and mental health services since the MCSO does not have medical or mental health staff on site 24 hours a day. This was confirmed by the PREA Coordinator. For services

that are outside the scope of their experience, the victim can be treated at the local emergency department. Forensic exams are conducted off-site at the local emergency department by qualified forensic nurse examiners. An advocate from the rape crisis center, SARA (Sexual Assault and Response Awareness) is available at the request of the victim.

MCSO policy states that all inmate victims of sexual abuse will be offered information and access to emergency contraception and sexually transmitted infections prophylaxis in accordance with professionally accepted standards of care, where medically appropriate. Staff confirmed the fact that they knew that they had an affirmative responsibility to provide care without regard to the ability of the victim pay for services or identify the alleged abuser, and the requirement to make a provision for pregnancy related medical care and/or STD prophylaxis if required. They confirm that victims of sexual abuse would be offered these services. There have been no incidents of sexual assault at the MCSO in the last 12 months requiring these services.

MCSO policy states that forensic examinations will be performed by Sexual Assault Forensic Examiners (SAFE's) or Sexual Assault Nurse Examiners (SANE) at a local hospital without a financial cost to the victim. Interviews with staff, as well as the PREA Coordinator confirm that victims of sexual abuse would not be charged for services received as a result of a sexual abuse incident. There have been no incidents of sexual assault at the MCSO in the last 12 months.

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

**Corrective Action:** None

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

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

#### **115.83 (a)**

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

#### **115.83 (b)**

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

#### **115.83 (c)**

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

#### **115.83 (d)**

- Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. *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.*



## **Evidence Relied upon to make Compliance Determination:**

- 1. MCSO Completed PAQ**
- 2. MCSO PREA Policy**
- 3. Interviews with Staff, including the following:**
  - a. PREA Coordinator**
- 4. Interviews with Inmates**

## **Findings:**

The MCSO policy is written in compliance with the standard and states that the Jail will offer medical and mental health evaluation and treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. The evaluation and treatment of such victims will include follow up services, treatment plans, and referrals for continued care following their transfer or release. An interview with the PREA Coordinator confirm that these services would be available to inmates who have been victims of sexual abuse, and these services would be consistent with the community level of care. There have been no instances of sexual abuse during the review period, therefore the Auditor was unable to review any related documentation with regard to follow-up and on-going medical and mental health care.

Inmate victims of sexual abusive vaginal penetration while in the Jail will be offered pregnancy tests. Inmate victims who become pregnant while in the Jail will receive comprehensive information about all lawful pregnancy-related medical services. Inmate victims of sexual abuse while in the Jail will be offered tests for sexually transmitted infections as medically appropriate. An interview with staff confirms that female inmates who were victims of abusiveness vaginal penetration would be offered pregnancy tests. Inmate victims of sexual abuse would be offered tests for sexually transmitted infections and emergency prophylaxis. There have been no incidents of sexual assault at the MCSO in the last 12 months requiring these services. Although MCSO does not house female inmates, they do hold them for short periods of time and these services would be provided should an incident occur.

MCSO policy states that all treatment services for sexual abuse will 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. Interviews with staff, as well as the PREA Coordinator confirm that these services would be provided to the inmate at no cost. There have been no incidents of sexual assault at the MCSO in the last 12 months requiring these services.

Staff interviews confirmed the presence of policies and procedures consistent with the standard and also confirmed staffs' knowledge of the policy and standard. Interviews with inmates confirm they are generally aware of the availability of services should they request or require them, however additional information to the inmates regarding the available services in the form of education or pamphlets would be helpful to increase overall knowledge. The rape crisis center, SARA (Sexual Assault Response and Awareness) is available for crisis counseling services and inmates can request to speak with mental health.

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

**Corrective Action:** None

## DATA COLLECTION AND REVIEW

### Standard 115.86: Sexual abuse incident reviews

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

#### 115.86 (a)

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

#### 115.86 (b)

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

#### 115.86 (c)

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

#### 115.86 (d)

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

#### 115.86 (e)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### Evidence Relied upon to make Compliance Determination:

1. MCSO Completed PAQ
2. MCSO PREA Policy
3. Memo re Incident Review Team
4. Interviews with Staff

### Findings:

The MCSO has a policy that governs the review of all substantiated or unsubstantiated allegations of sexual abuse. MCSO policy states that a sexual abuse incident review will be conducted within 30 days after the conclusion of every sexual abuse investigation unless the allegation has been determined to be unfounded. The review team will consist of upper-level management officials, supervisors, investigators, and other staff with pertinent information regarding the incident. During the review period the MCSO reports there have been no investigations of alleged sexual abuse at the facility. This was confirmed by the PREA Coordinator and the Jail Administrator.

MCSO policy states that the review team will consider a need to change policy or practice to better prevent, detect, or respond to sexual abuse; if the incident or allegation was motivated by race, ethnicity, gender identity, lesbian, gay, bisexual, transgender, or intersex identification, status, perceived status, gang affiliation; the area in the Jail where the alleged incident occurred to assess whether physical barriers in the area may permit abuse; the adequacy of staffing levels in that area during different shifts; and whether monitoring technology should be deployed or augmented to supplement supervision by staff. An interview with a member of the incident review team confirms if there was an incident that required a review, all these factors would be considered. The PREA Coordinator confirms that a report of the findings, including recommendations for improvement, would be completed and submitted to the Sheriff for review and approval. The PREA Coordinator also stated any recommendations would be implemented, or the reasons for not doing so would be documented.

The MCSO has appointed a team that conducts incident reviews at the conclusion of sexual assault investigations as stipulated by the standard. This was confirmed by formal interview of the Jail

administrator and PREA coordinator. A written report of the findings is prepared and maintained by the PREA Coordinator. The PREA Coordinator indicated that the reviews would take place within 30 days of the conclusion of the investigation.

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

**Corrective Action:** None

## Standard 115.87: Data collection

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

#### 115.87 (a)

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

#### 115.87 (b)

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

#### 115.87 (c)

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

#### 115.87 (d)

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

#### 115.87 (e)

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

#### 115.87 (f)

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

### Auditor Overall Compliance Determination

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

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

### Instructions for Overall Compliance Determination Narrative

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

### Evidence Relied upon to make Compliance Determination:

1. MCSO Completed PAQ
2. MCSO PREA Policy
3. Annual Report
4. Review of Website
5. Interviews with Staff

### Findings:

The MCSO policy is consistent with the requirements of the standard and states that the Jail will collect annually accurate, uniform data for every allegation of sexual abuse necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice and complete an annual report based upon said data. The Auditor reviewed the Annual Report available on the facility website. The annual report, including aggregated sexual abuse data was available for calendar year 2019, but not 2020.

An interview with the PREA Coordinator confirms the agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. Interviews with the PREA Coordinator and Jail Administrator confirm data from the previous calendar year is supplied to the Department of Justice no later than June 30<sup>th</sup>, if requested.

The facility is collecting and aggregating sexual abuse data on an annual basis as required by the standard. The report uses a standardized set of definitions, which are available on the facility website and in the MCSO policy.

After a review, the Auditor determined the facility does not meet the requirements of the standard. The annual report will need to be completed for calendar year 2020 and posted to the agency website.

**Corrective Action:** The MCSO will need to ensure that the annual report for calendar year 2020 is completed and posted to the agency website.

### Verification of Corrective Action:

The Auditor was provided supplemental documentation on June 4, 2021 to demonstrate corrective actions taken by the MCSO administration regarding this standard.

**Additional Documentation Reviewed:**

- Annual Report for Calendar Year 2020
- Review of Agency website

The annual report for calendar year 2020 has been completed. The report indicated there had been no allegations or incidents. There was no need for redaction of any information. The auditor reviewed the agency website and this information has been made publicly available. The MCSO is now fully compliant with the standard.

**Standard 115.88: Data review for corrective action**

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

**115.88 (a)**

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

**115.88 (b)**

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

**115.88 (c)**

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

**115.88 (d)**

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

**Auditor Overall Compliance Determination**

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

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

### **Instructions for Overall Compliance Determination Narrative**

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

### **Evidence Relied upon to make Compliance Determination:**

- 1. MCSO Completed PAQ with ADP**
- 2. MCSO PREA Policy**
- 3. Annual Report**
- 4. Website with sexual abuse data**
- 5. Interviews with Staff**

### **Findings:**

The MCSO policy is consistent with the requirements of the standard and indicates that data collected pursuant to 115.87 will be made readily available to the public through the Jail's website, excluding all personal identifiers after final approval by the Sheriff. The Auditor reviewed the Annual Reports available on the facility website. The annual report, including aggregated sexual abuse data was available for calendar year 2019, but not 2020. The report indicates that the agency reviewed the data collected in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training. The reports contain a comparison between the current year's data and previous year's data. The report includes an overview of the facility's plan for addressing sexual abuse, aggregated data, identified problem areas, of which none were found for 2019, corrective measures and planned measures for 2020. The annual report indicates the agency's efforts to address sexual abuse include continually providing inmate education and staff training. Interviews with the PREA Coordinator and the Jail Administrator confirm these efforts.

The report is approved by the Sheriff and there is no personally identifying information in the report.

After a review, the Auditor determined the facility does not meet the requirements of the standard. The annual report will need to be completed for calendar year 2020 and posted to the agency website.

**Corrective Action:** The MCSO will need to ensure that the annual report for calendar year 2020 is completed and posted to the agency website.

### **Verification of Corrective Action:**

The Auditor was provided supplemental documentation on June 4, 2021 to demonstrate corrective actions taken by the MCSO administration regarding this standard.

### **Additional Documentation Reviewed:**



- Annual Report for Calendar Year 2020
- Review of Agency website

The annual report for calendar year 2020 has been completed. The report indicated there had been no allegations or incidents. There was no need for redaction of any information. The auditor reviewed the agency website and this information has been made publicly available. The MCSO is now fully compliant with the standard.

## Standard 115.89: Data storage, publication, and destruction

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

#### 115.89 (a)

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

#### 115.89 (b)

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

#### 115.89 (c)

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

#### 115.89 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

## Evidence Relied upon to make Compliance Determination:

1. MCSO Completed PAQ
2. MCSO PREA Policy
3. Annual Report
4. MCSO Website containing sexual abuse data
5. Interviews with Staff

## Findings:

The MCSO policy is consistent with the requirements of the standard, which mandates that sexual abuse data be securely maintained and indicates that data collected pursuant to 115.87 will be made readily available to the public through the Jail's website, excluding all personal identifiers after final approval by the Sheriff. Policy states the Jail will ensure all data collected is securely retained for at least 10 years after the date of the initial collection unless Federal, State, or local law requires otherwise. The PREA Coordinator maintains all sexual abuse data and files in a locked cabinet in his office. He maintains the investigative files in her office. Aggregated sexual abuse data is gathered from the investigative reports. The Auditor reviewed the facility's website, which included an annual report with aggregated sexual abuse data, as well as an analysis of the data. However, the annual report was not available for the most recent calendar year, 2020. There were no personal identifiers contained within the report. The Auditor was informed sexual abuse and sexual harassment data is maintained for a minimum of 10 years after collection.

After a review, the Auditor determined the facility does not meet the requirements of the standard. The annual report will need to be completed for calendar year 2020 and posted to the agency website.

**Corrective Action:** The MCSO will need to ensure that the annual report for calendar year 2020 is completed and posted to the agency website.

## Verification of Corrective Action:

The Auditor was provided supplemental documentation on June 4, 2021 to demonstrate corrective actions taken by the MCSO administration regarding this standard.

## Additional Documentation Reviewed:

- Annual Report for Calendar Year 2020
- Review of Agency website

The annual report for calendar year 2020 has been completed. The report indicated there had been no allegations or incidents. There was no need for redaction of any information. The auditor reviewed the agency website and this information has been made publicly available. The MCSO is now fully compliant with the standard.

# 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.*

#### **Evidence Relied upon to make Compliance Determination:**

- 1. Previous Audit Report**
- 2. PAQ**
- 3. On-Site Review**

#### **Interviews with the following:**

- **PREA Coordinator**
- **Jail Administrator**
- **Random and Targeted Inmates**

#### **Observation of the following:**

- **Observation of, and access to all areas of the MCSO during the site review**

The MCSO had its last PREA Audit February 6-7, 2018. The Montgomery County Sheriff's Office only operates one facility.

The Auditor reviewed the facility's previous PREA report. The Auditor was given full access to the facility. The facility administration was open to feedback and all recommendations and any corrective action was implemented immediately. The facility provided the Auditor with a detailed tour of the facility. The Auditor was able to request, review and receive all requested documents, reports, files, video, and other information requested, including electronically stored information. All requested documentation was provided in a timely manner.

All staff cooperated with the Auditor and allowed the Auditor to conduct interviews with staff and inmates in a private area. The auditor was permitted to conduct unimpeded private interviews with inmates at the MCSO, both informally and formally. Auditor was given private interview rooms to interview inmates, which were convenient to inmate housing areas. The MCSO staff facilitated getting the inmates to the auditor for interviews in a timely and efficient manner. Auditor did not receive any confidential communication from any inmate at the MCSO, however informal interviews with inmates confirm that they were aware of the audit and the ability to communicate with the auditors.

The auditor was able to observe both inmates and staff in various settings.

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

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

Corrective Action: None

## Standard 115.403: Audit contents and findings

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

### 115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. 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.

### Evidence Relied upon to make Compliance Determination:

1. Previous Audit Report
2. MCSO Website

### Interviews with the following:

- PREA Coordinator
- Jail Administrator

### Findings:

The Auditor reviewed the MCSO website which contains a link for the February 2018 PREA Audit Report.

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

**Corrective Action:** None

# AUDITOR CERTIFICATION

I certify that:

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

## Auditor Instructions:

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

Lori M. Fadorick

6-28-2021

**Auditor Signature**

**Date**

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

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