

# PREA AUDIT: AUDITOR'S SUMMARY REPORT

## Adult Prisons and Jails

[Following information to be populated automatically from pre-audit questionnaire]		
Name of facility: Stutsman County Correctional Center		
Physical Address 205 6 <sup>th</sup> St. SE, Jamestown, ND 58401		
Date report submitted: 08/08/2016		
<b>Auditor Information</b>		
Address:	1319 Vista Campo, Jefferson City, MO 65109	
E-Mail:	Mrush2112@icloud.com	
Telephone number:	573-338-4577	
Date of facility visit:	April 4 <sup>th</sup> – 5 <sup>th</sup> , 2016	
<b>Facility Information</b>		
Facility mailing address: (if different from above) Same		
Telephone number:	701-252-7436	
The facility is: <input type="checkbox"/> Military <input checked="" type="checkbox"/> XX County <input type="checkbox"/> Federal <input type="checkbox"/> Private for profit <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Private not for profit		
Facility Type: Jail		
Name of PREA Compliance Manager: Richard Barnes		Title: Lieutenant
E-Mail Address: rbarnes@nd.gov		Phone Number: 701-252-7436
<b>Agency Information</b>		
Name of agency:		Stutsman County Correctional Center
Governing authority or parent agency: (if applicable) Stutsman County Sheriff Department		
Physical address:		205 6th St SE, Jamestown
Mailing address: (if different from above)		
Telephone Number:		701-251-6200
<b>Agency Chief Executive Officer</b>		
Name Chad Jackson		Title: Administrator
E-Mail Address: cjackson@nd.gov		Telephone Number: 701-252-7436
<b>Agency-Wide PREA Coordinator</b>		
Name: Chad Jackson		Title: Administrator
E-Mail Address: cjackson@nd.gov		Telephone Number: 701-252-7436

# AUDIT FINDINGS

## NARRATIVE:

A PREA Compliance Audit was conducted at Stutsman County Correctional Center (SCCC) on April 4<sup>th</sup> and 5<sup>th</sup>, 2016 by certified auditor, Vevia Sturm.

The Notice of Audit was posted throughout the facility on February 22<sup>nd</sup>, 2016. The auditor received the pre audit questionnaire and supporting documentation on March 16, 2016, which allowed ample time for a thorough review of all documentation. Communication between the auditor and the PREA Coordinator occurred via email prior to the onsite audit.

The auditor arrived at SCCC on April 4th at 8:30 AM to initiate the onsite phase of the audit. A brief entrance meeting was held with the facility Administrator, Chad Jackson, and the PREA Compliance Monitor, Richard Barnes, followed by a tour of the facility which included the intake area, all housing units, medical unit, recreation areas, food service, laundry, and programming areas. The auditor made the following observation during the tour:

PREA information was posted in both English and Spanish throughout the facility

Officers announced their presence before entering a housing unit/pod

All toilets and showers in the pods provided privacy to the offenders

Video cameras were observed throughout the facility. No blind spots were noted

The facility has controlled movement at all times.

When outside of their assigned pod, offenders are under escort

The recreation area is located on the roof of the building. Each pod has their assigned recreation time.

Holding cell have cameras however, the toilet has been obscured to prevent cross gender viewing.

Following the tour, the auditor began staff and offender interviews. All interviewee were randomly selected and included staff from both shifts. The auditor conducted 9 random staff interviews and 21 specialized staff interviews. In addition, the auditor interviewed 16 offenders which included 10 random offenders. The facility does not house offenders under the age of 18.

On the second day of the audit, the auditor completed staff interviews and the onsite record review. At approximately 2:30 PM an exit meeting was held with the Administrator and PREA Compliance Monitor to review the findings of the audit and finalize the corrective action plans.

It was evident during the audit that offender safety is of utmost importance. The auditor found the staff and offenders had a good understanding of PREA. Staff was aware of their responsibility to report allegations. All offenders interviewed reported they felt safe at the facility and could verbalize how to report should the need arise.

## DESCRIPTION OF FACILITY CHARACTERISTICS

Stutsman County Correctional Center (SCCC) is a medium custody county jail located in Stutsman County that houses male and female offenders. The offender population includes sentenced offenders as well as non-sentenced individuals awaiting their pre-trial hearing. The Federal Marshal Service, Federal Bureau of Prisons and surrounding counties contracts with SCCC to house their offenders.

SCCC is a Grade One facility defined as a correctional facility that confines offender not more than one year. The average length of stay at the facility is 10 days.

SCCC can accommodate 92 offenders however; on the first day of the audit the facility's population was 64. The facility is an indirect supervision facility in that the correctional officers are located inside a secure room. With the

exception of the sally port, the facility has complete camera coverage and a staff person is tasked with video monitoring. Microphones and speakers inside the living units allow officers to communicate with offenders.

SCCC is comprised of 11 pods; 6 pods contain 2-4 cells each; and, 5 pods are dormitory style housing. In addition, the intake area of the facility has 4 holding cells.

During the 12 months preceding the audit, SCCC maintained 28 staff on average and hired 4 new staff that may have contact with offenders. In addition to county employees, the facility contracts for food services and commissary which includes an additional 4 fulltime and one part-time staff person. The facility runs 12 hour shifts, from 7:00 AM to 7:00 PM.

#### **SUMMARY OF AUDITO FINDINGS:**

The initial audit report was forwarded to SCCC on May 7, 2016. The report showed SCCC exceeded 3 standards, was in compliance with 35 and did not meet 5 standards. The standards that required corrective action were: 115.17 Hiring and Promotion Decisions; 115.41 Screening for Risk of Victimization and Abusiveness; 115.42 Use of Screening Information; 115.78 Disciplinary Sanctions for Inmates and 115.81 Medical and Mental Health Screening. The issuance of the initial report began the corrective action period. On August 4, 2016, the auditor received documentation showing the facility had implemented strategies to address deficiencies in the above noted standards. As a result, SCCC is in full compliance with the PREA standards.

Number of standards exceeded: 3

Number of standards met: 40

Number of standards not met: 0

<b>115.11</b>	<b>ZERO TOLERANCE OF SEXUAL ABUSE AND SEXUAL HARASSMENT; PREA COORDINATOR</b>
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
<b>Auditor comments, including corrective actions needed if does not meet standard</b>	
<p>SCCC's policy 4D-1 PREA (PREA) of 2003 mandates zero tolerance toward all forms of sexual abuse and sexual harassment and clearly outlines how it implemented PREA standards into the practices of the facility as required by this standard.</p> <p>The facility administrator, as the highest ranking staff person, is the PREA Coordinator and reports he has adequate time to oversee the facility's efforts to comply with PREA standards.</p>	

<b>115.12</b>	<b>CONTRACTING WITH OTHER ENTITIES FOR THE CONFINEMENT OF INMATES</b>
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
<b>Auditor comments, including corrective actions needed if does not meet standard</b>	
<p>The standard does not apply to SCCC. SCCC does not contract with other facilities to house their offenders however, other agencies and jails do contract to house offenders at SCCC.</p>	

<b>115.13</b>	<b>SUPERVISION AND MONITORING</b>
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
<b>Auditor comments, including corrective actions needed if does not meet standard</b>	
<p>SCCC procedure 2A-6 Staffing Requirements requires the Administrator to complete a staffing analysis annually to determine staffing needs, identify essential posts and positions and determine relief for each classification of staff. The facility provided documents showing the staffing analysis was completed as required by policy and this standard. SCCC maintains a minimum staffing of 3 security staff at all times per shift. SCCC has a documented staff plan that is complied with on a daily basis. The staffing plan provides for adequate levels of staffing and exceptional video monitoring</p>	

throughout the facility. Video cameras are located at all entrances, exits, indoor and outdoor recreation, kitchen, laundry, janitor's closet, hallways, holding cells, booking, elevator, conference rooms, as well as the multipurpose block. Video is maintained for 5 months. The control room is centrally located within the facility with no direct line of sight into the housing units. Each housing unit is equipped with an intercom system that allows offenders to communicate with staff in the control room. Since August 20, 2012, SCCC reports an average daily population of 76.

SCCC's policy and procedure 2A-7 Administrative Rounds requires the administrator or deputy administrator to visit each offender housing unit, holding cells, recreation area, and work areas at a minimum of once each week. The policy requires rounds to be logged in the control room electronic log. SCCC provided the auditor with an example from the "Jail Log Post", the facility's electronic log, which clearly shows unannounced rounds are being made by administrators as required by policy and this standards.

#### 115.14

#### YOUTHFUL INMATES

- ☐ Exceeds Standard (substantially exceeds requirement of standard)  
 XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)  
☐ Does Not Meet Standard (requires corrective action)

#### Auditor comments, including corrective actions needed if does not meet standard

SCCC does not house youthful offenders. The facility does coordinate the Attendant Care Program which is a program funded by the local government and managed by the Sheriff. The program provides non-secure "holdover" care for delinquent juveniles who have been picked up by law enforcement and need short term supervision on a pre adjudicatory basis. The program requires the constant supervision of juveniles in a non-physically security setting. The program is operated outside of the jail and away from adult offenders and jail personnel. Approved quasi-volunteer county employees sit with the juveniles until they are transported to a juvenile facility.

#### 115.15

#### LIMITS TO CROSS GENDER VIEWING AND SEARCHES

- ☐ Exceeds Standard (substantially exceeds requirement of standard)  
 XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)  
☐ Does Not Meet Standard (requires corrective action)

#### Auditor comments, including corrective actions needed if does not meet standard

The standard prohibits facilities from conducting cross gender strip searches or cross gender visual body cavity searches except in exigent circumstances. SCCC's policy and procedure number 4D-1 PREA of 2003 (A. 5) supports this standard in that it does not allow body cavity searches and cross gender strip searches. Staff and offenders reported that cross gender strip or body cavity do not

occur at SCCC. SCCC do not conduct cross gender pat searches of female offenders.

As required by this standard, the facility has practices in place that allows offenders to shower, perform bodily functions and change clothing without non-medical staff of the opposite gender from viewing their breasts, buttocks or genitalia. Each pod is equipped with a shower and toilet area with a curtain to allow for privacy. The toilets in the holding cells have been obscured to prevent cross gender viewing on the monitor. During the tour it was noted the toilet in the booking area did not have a privacy barrier. Following the onsite audit, SCCC provided a picture of the curtain that was installed in the booking bathroom area which now allows for privacy.

The standard requires that staff of the opposite gender announce their presence when entering an offender housing unit and SCCC's policy 4D-1 supports the standard requiring cross gender announcements. During the facility tour the auditor witnessed cross gender announcements being made and interviews with staff and offender support that cross gender announcement are occurring on an ongoing basis as required by this standard. All offenders interviewed reported cross gender announcements are made on a regular basis when a staff person is entering their pod. It is recommended that all cross gender announcements be recorded.

SCCC's policy 4D-1 addresses the searching of transgender offenders and supports the requirements of this standard in that it prohibits staff from physically examining a transgender or intersex offender for the sole purpose of determining the offender's genital status. SCCC provided documentation showing staff received training that included how to search transgender and intersex offenders. The policy also shows that transgender offenders will be asked during the initial intake process if they prefer to be searched by a male or female officer and the information will be recorded in the facility's electronic system. SCCC's has not housed a transgender offender within the last 12 months.

**115.16**

**INMATES WITH DISABILITIES AND INMATES WHO ARE LIMITED ENGLISH PROFICIENT**

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

As required by this standard, SCCC has taken steps to ensure all offenders, including offenders with disabilities have an equal opportunity to participate in all aspects of the agency's efforts to prevent, respond and detect sexual abuse and harassment. SCCC has contracted with an interpreter service that can be assessable by phone. This service will provide interpretation for the deaf, non-English speaking, or hard of hearing offenders. Staff was aware of the service and could access the service if needed. PREA signage was observed in both English and Spanish. During the tour it was observed that SCCC clearly displays a poster, "Notice of Rights for Inmates with Disability" which outlines their rights for reasonable accommodations, how to request reasonable accommodations and how to file a grievance.

Policy and procedure 4D-1 PREA of 2003 requires staff to review all materials with offenders who

have intellectual, psychiatric, or speech disabilities to ensure comprehension. In addition, the policy prohibits the staff from utilizing offender interpreters or readers except in limited circumstances when extended delay in obtaining an effective interpreter could compromise the offender's safety, first responder duties or the investigation.

**115.17**

**HIRING AND PROMOTION DECISIONS**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)  
xx Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)  
☐ Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

The standard requires that the facility ask all applicants and employees who may have contact with offenders about previous misconduct in written applications or interviews for hiring or promotion. While SCCC conducts background checks and fingerprint search before hiring, the facility is not asking applicants about past sexual abuse history prior to hiring or promoting. In addition, the standard requires that all past institutional [as defined by 42 U.S.C. 1997) employers be contacted to inquire about substantiated allegations of sexual abuse or any resignation during a pending investigation of alleged sexual abuse.

**Corrective Action Period:**

During the Corrective Action Period (CAP) SCCC revised policy to show "The SCCC requires all applicants and employees to disclose any misconduct..." "1.) New applicants and Promotions: a.) are required to complete a New Employee/Promotion PREA Questionnaire [115.17 (f)] at the time of the interview." The new form requires applicants and employees, prior to promotion, to answer questions regarding past sexual abuse history. In addition, SCCC sends a memo to all past institutional employers [as defined by 42 U.S.C. 1997]. The memo requests information regarding the applicant's sexual abuse history while employed and whether the individual resigned during an ongoing investigation for sexual abuse or sexual harassment.

SCCC provided documentation to demonstrate the facility to be in compliance with this standard.

**115.18**

**UPGRADES TO FACILITIES AND TECHNOLOGY**

- XX Exceeds Standard (substantially exceeds requirement of standard)  
☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)  
☐ Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

The standard requires the facility to consider the protection of offenders from sexual abuse when expanding or modifying a facility. In 2014, SCCC 2 additional holding cells were added, both of which is equipped with a video camera. In addition, the facility has installed additional video cameras

throughout the facility to ensure there are no blind spots. The facility's video monitoring system is exceptional and allows for 100% coverage of the facility.

**115.21**

**EVIDENCE PROTOCOL AND FORENSIC MEDICAL EXAMINATIONS**

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

SCCC's policy and procedure 4D-1 PREA of 2003 shows SCCC is responsible for conducting administrative investigations into allegations of sexual abuse. Allegations that appear to be criminal are referred to the Stutsman County Sheriff's Office. Stutsman County Sheriff's Office has an evidence protocol which was provided to the auditor for review which meets the requirements of this standard.

SCCC's policy shows all sexual abuse victims shall have access to a forensic medical examination provided at no cost by a sexual abuse nurse examiner (SANE) or sexual assault forensic examiner (SAFE) as required by this standard. Stutsman County has on call SANE nurses that provide services at area hospitals and could respond to the jail, if needed, to conduct a forensic exam. In the last 12 months, SCCC has not had an allegation that would require a forensic exam.

The standard requires that all victims of sexual abuse be offered advocacy services. SCCC has a memorandum of understanding (MOU) with Safe Shelter which is a local rape crisis center that provides advocacy services for Stutsman County. The MOU shows Safe Shelter has agreed to provide victim advocacy services at the hospital and at the SCCC when needed.

SCCC has had one investigation that involved sexual abuse that required the victim to be offered advocacy services. Records show the incident was reported on March 2<sup>nd</sup> but advocacy was not offered until the March 8<sup>th</sup>. **To ensure Advocacy is offered in a timely manner, it is recommended this be added to the event checklist. It is also recommended the facility identify who will be responsible for this activity.**

SCCC provided the auditor with documentation demonstrating they have requested the Stutsman County Sheriff's Department to follow PREA standards with investigating allegations of sexual abuse that occur within the facility.

**115.22**

**POLICIES TO ENSURE REFERRALS OF ALLEGATIONS FOR INVESTIGATIONS**

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**



SCCC's policy and procedure 4D-1 PREA of 2003 shows the agency will ensure an administrative or criminal investigation is completed for all allegations of sexual abuse or sexual harassment. SCCC provided documentation showing all allegations reported during the last 12 months were referred for investigation and logged in a PREA Investigation Master Log.

**115.31**

**EMPLOYEE TRAINING**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)  
XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)  
☐ Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

The standard requires that all employees who may have contact with offenders receive training that addresses the agency's zero tolerance stance, how staff are to fulfill their responsibility under the agency's sexual abuse and harassment policy, the offenders' right to be free from sexual abuse, etc. and that the training be documented. SCCC's 4D-1 PREA of 2003 supports all the elements of this standard.

SCCC provided documentation showing all staff has received PREA training that meets the elements of the standard. SCCC provided examples of acknowledgements signed by staff showing they have received training. The acknowledgement shows that SCCC trains all employees during orientation and every two year thereafter. After a review of the training curriculum it was determined that all elements of the standard was included in the training. It was evident during staff interviews that all staff had received PREA training as mandated by this standard.

**115.32**

**VOLUNTEER AND CONTRACTOR TRAINING**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)  
XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)  
☐ Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

SCCC has 5 contracted staff that works with the offender population. All contractors receive the same PREA training as was outlined in 115.31. Contracted staff signs an acknowledgement showing they have received training.

Volunteers receive two hours PREA training. SCCC provided documentation demonstrating volunteers have received the training.

**115.33****INMATE EDUCATION**☐ Exceeds Standard (substantially exceeds requirement of standard)**XX Meets Standard** (substantial compliance; complies in all material ways with the standard for the relevant review period)☐ Does Not Meet Standard (requires corrective action)**Auditor comments, including corrective actions needed if does not meet standard**

The standard requires that offenders receive information explaining the agency's zero tolerance policy regarding sexual abuse and harassment and how to report incidents of sexual abuse at intake. In addition, the standard requires that offenders receive a more comprehensive PREA education within 30 days of intake. SCCC's policy and procedure 4D-1 PREA of 2003 supports the elements of this standard.

SCCC provides offenders with a PREA handout during booking. The first time they utilize the kiosk located in their assigned pod, they are provided additional PREA information and within 2 weeks of intake, offenders received a comprehensive PREA education that includes viewing the "What you need to know" video. In addition, PREA information is displayed on posters throughout the facility.

As noted previously, PREA education is available in accessible formats for all offenders including those who are limited English proficient; deaf; hearing impaired; visually impaired or otherwise disabled or limited in reading skills.

**The auditor recommends, that along with the handout provided during booking, the facility also provide basic PREA information verbally that includes the facility's Zero Tolerance stance and how to report.**

**115.34****SPECIALIZED TRAINING: INVESTIGATIONS**☐ Exceeds Standard (substantially exceeds requirement of standard)**XX Meets Standard** (substantial compliance; complies in all material ways with the standard for the relevant review period)☐ Does Not Meet Standard (requires corrective action)**Auditor comments, including corrective actions needed if does not meet standard**

SCCC's policy and procedure 4D-1 PREA of 2003 requires investigators who investigate allegations of sexual abuse to receive specialized training that addresses conducting investigations in confinement facilities as well as techniques for interviewing victims of sexual abuse, evidence collection, evidence required to substantiate an investigation, etc. as required by this standard. SCCC has two investigators that conduct sexual abuse investigations. The facility provided documentation demonstrating that both investigators had completed the National Institute of Corrections PREA: Investigating Sexual Abuse in Confinement Setting.

<b>115.35</b>	<b>SPECIALIZED TRAINING: MEDICAL AND MENTAL HEALTH CARE</b>
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
<b>Auditor comments, including corrective actions needed if does not meet standard</b>	
<p>The standard requires medical and mental health staff receive specialized training that includes how to detect and assess signs of sexual abuse and sexual harassment; how to preserve physical evidence; how to respond to victims and how and to who to report. SCCC's policy and procedure 4D-1 PREA of 2003 supports the elements of this standard.</p> <p>SCCC employs one medical staff. The facility provided a certificate showing the medical staff had completed the National institute of Corrections PREA: Medical Health Care for Sexual Assault Victims in a Confinement Setting. In addition, the medical staff completed PREA: Behavioral Health Care for Sexual Assault Victims in a Confinement Setting. SCCC medical staff does not conduct forensic exams.</p>	

<b>115.41</b>	<b>SCREENING FOR RISK OF VICTIMIZATION AND ABUSIVENESS</b>
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) xx Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
<b>Auditor comments, including corrective actions needed if does not meet standard</b>	
<p>The standard requires that offenders be assessed within 72 hours of intake. The intake screening must include: whether the offender has a mental or physical disability; age; physical build; history of incarceration, whether the offender's criminal history is exclusively nonviolent; prior convictions of sexual offenses against an adult or child; LGBTI status; previous victimization; perception of vulnerability and whether the offender is detained solely for civil immigration purposes.</p> <p>SCCC's policy and procedure 4D-1 PREA of 2003 shows the intake screening will be completed within 24 hours of arrival at the facility. A review of the facility's current PREA Screening Form shows it covers all elements as required by the standard. Of the 6 randomly selected files reviewed, all offenders were assessed on the date of booking.</p> <p>This standard also requires the facility to reassess the offenders' risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening within 30 days of intake. SCCC's policy 4D-1 shows "All intake screenings (Medical screening/Admission Form) are reviewed by the facility nurse. If warranted, an appointment for a follow-up appraisal will be scheduled with the appropriate mental health or other qualified professional within 30 days of the inmate's arrival to determine risk of sexual victimization and sexual abusiveness." This does not meet the requirements of the standard. This standard requires an affirmative reassessment within a set time period, but no later than 30 days of intake as well as a continuing obligation to conduct a rescreening whenever additional relevant information is received.</p>	

The reassessment can rely upon information previously gathered, so long as the reassessment captures any changes in risk factors that may have occurred subsequent to the facility's prior gathering of information. At the minimum, screening staff should consult available sources to determine whether any previously unknown triggering event or information has become available. The reassessment must be documented.

**Corrective Action Period:**

During the CAP, SCCC developed a process to ensure offenders were reassessed within 30 days of intake. Following the comprehensive education that is provided to all offenders within 30 days of intake, the offender files are forwarded to the Deputy Administrator who completes the reassessments. The reassessments are then forwarded to the PREA Coordinator for a final review and signature. SCCC forwarded documentation to demonstrate the new process has been implemented into the practices and policies of the facility.

**115.42**

**USE OF SCREENING INFORMATION**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)  
 XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)  
☐ Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

This standard requires facilities to utilize the PREA risk screening to inform housing and bed assignments with the goal of separating those offenders at high risk of being sexually victimized from those at high risk of being sexually abusive. Due to the structure and management of the facility, SCCC has options available to ensure offenders are kept separate. **It is recommended the facility develop a clear protocol addressing how offenders screened at high risk of victimization will be separated from offenders screened at high risk of perpetration which includes a plan for documenting how placement decisions are made.**

While the facility has had no transgender offenders admitted within the last twelve months this standard mandates the facility make housing assignments on a case-by-case basis for transgender and intersex offenders. While it is unlikely that the facility will house an offender for six months or a year, the facility must have a plan that ensures that the placement of transgender and intersex offenders are reassessed at least twice each year taking into consideration the offender's own views with respect to his or her own safety.

**Corrective Action Period:**

While the facility did not receive a transgender offender during the CAP, SCCC revised policy to include a clear protocol for making case-by-case decision on the housing and programming assignments of transgender and intersex offenders that considers the offenders' requests on placement. In addition, the facility has developed a plan to ensure the housing placement and programming assignments for each transgender or intersex offender is reassessed at least every 6 months and includes utilizing the Transgender and Intersex Inmate Housing & Program Placement Reassessment [115.42 (d) (e)] form. The reassessment ensures the offender's own views in regards to his or her own safety is given serious consideration.

**115.43****PROTECTIVE CUSTODY**

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

This standard prohibits offenders at high risk of sexual victimization from being placed in involuntary segregated housing unless an assessment of all available alternatives housing is conducted within 24 hours. The standard continues to require offenders who are placed in involuntary segregated housing to have access to programs, privileges, education and work opportunities to the extent possible. However, if the facility restricts programs and other opportunities, the facility shall document the opportunities that have been limited, the duration of limitation and the reason for the limitation. The standard shows involuntary segregated housing shall not ordinarily exceed a period of 30 days. If segregation exceeds 30 days, the standard requires specific documentation and for a review to be conducted every 30 days.

SCCC's 4D-1 PREA of 2003 policy mirrors the standard. **While SCCC has not had an offender that required involuntary segregated housing in the last 12 months due to a PREA incident, it is recommended that SCCC revise 4D-1 to fit their facility instead of quoting the standard.**

SCCC is comprised of 11 pods. Each pod is an individually contained unit. When offenders exit a pod, they are under escort. Offenders assigned to a pod do not have contact with offenders in other pods. 6 pods contain 2-4 cells each; 5 pods are dormitory style housing. One pod contains 2, single man cells that could easily be utilized to protect an offender at high risk of victimization without ever requiring involuntary segregation.

**115.51****INMATE REPORTING**

XX Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

The standard requires an agency to provide offenders multiple internal ways to privately report sexual abuse and harassment; staff neglect or retaliation with at least one way to report to an outside agency. The standard requires the agency to accept reports in writing, anonymously and third parties. In addition, agencies must provide staff an avenue to privately report sexual abuse and harassment of offenders.

SCCC 4D-1 PREA of 2003 supports this standard. SCCC provides offenders multiple ways to report sexually abuse and sexual harassment i.e. verbally to staff, written communication, electronic request or grievance via kiosk. Third party reports can be made via the Stutsman County Correctional Center's

website. The reports made through the website go directly to the administrator. In addition, the offenders can report sexual abuse to the Stutsman County Sheriff's Department or the Bureau of Prisons.

SCCC does not allow face to face visitation. Family and friends visit with offenders through video. In the lobby of the Sheriff's Department there are phone booths equipped with video cameras. Offender can see and talk to their family or friend via the kiosk located in their pod. Above the phones located in the lobby, SCCC has posters outlining how family and friends can make a third party report.

Reporting information is provided to the offenders during intake, in the offender handbook, on the kiosk and on posters throughout the facility. All offenders interviewed could verbalize ways to reported if needed.

In addition, SCCC has posters displayed to remind staff of their responsibility to report any knowledge, suspicion or information regarding sexual abuse or sexual harassment, retaliation against staff or offenders and any staff neglect or violation of responsibilities. The posters give both internal and external reporting options

115.52	EXHAUSTION OF ADMINISTRATIVE REMEDIES	INMATE REPORTING
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)		
<b>Auditor comments, including corrective actions needed if does not meet standard</b>  The standard requires that an agency not impose a time limit on when an offender can submit a grievance, require an offender use an informal grievance process or attempt to resolve the issue with a staff member. The standard requires an offender to be able to submit a grievance without submitting it to the staff member who is the subject of the complaint. In addition, this standard requires the agency to issue the final decision within 90 days or claim an extension of 70 days. In addition, an agency must establish a method for filing third party grievance. SCCC's 4D-1 PREA of 2013 meets the components of this standard. Offenders interviewed were aware of the grievance process. SCCC allows an offender to be disciplined for filing a grievance alleging sexual abuse only when there is a determination the offender filed the grievance in bad faith. SCCC has not received a grievance alleging sexual abuse in the last 12 months.		

115.53	INMATE ACCESS TO OUTSIDE CONFIDENTIAL SUPPORT SERVICES	INMATE REPORTING
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)		
<b>Auditor comments, including corrective actions needed if does not meet standard</b>		

SCCC policy and procedures 4D-1 PREA of 2003 supports the standard.

SCCC has a memorandum of understanding (MOU) with Safe Shelter which is a local rape crisis center that provides advocacy services to Stutsman County. The MOU shows that Safe Shelter has agreed to provide victim advocacy at the hospital and at SCCC for victim of sexual abuse. Offenders are provided contact information at intake, in the offender handbook and on posters throughout the facility.

**115.54**

**THIRD-PARY REPORTING**

XX Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

The standard requires the agency have a method to receive third party reports of offender sexual abuse and harassment and that the information be publicly distributed.

SCCC provides family and friends several ways to report sexual abuse allegations on behalf of offenders. The Stutsman county website provides family and friends third party reporting information to include what is meant by third party reporting and avenues to report to include making a verbal report in person or by phone, letter or email or by contacting a jail official or the sheriff's office.

A very convenience feature of the website is the electronic third party reporting form which can easily be completed by a third party reporter and sent directly to the facility's administrator.

**115.61**

**STAFF AND AGENCY REPORTING DUTIES**

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

SCCC policy 4D-1 PREA of 2003 supports this standard which requires that facility staff immediately reports, suspicions or information regarding an incident of sexual abuse or sexual harassment.

All staff interviewed verbalized their mandated reporting requirement. Medical staff shared she was mandated reporter as well and stated she would report to the PREA Compliance Monitor or the Shift Sergeant.

<b>115.62</b>	<b>AGENCY PROTECTION DUTIES</b>
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
<b>Auditor comments, including corrective actions needed if does not meet standard</b>	
<p>SCCC 4D-1 PREA of 2003 supports this standard. SCCC has had no offender that was subject to a substantial risk of imminent sexual abuse in the last 12 months. Staff interviewed reported if they did have such an offender, they would take immediate measures to ensure the safety of the offender.</p>	

<b>115.63</b>	<b>REPORTING TO OTHER CONFINEMENT FACILITIES</b>
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
<b>Auditor comments, including corrective actions needed if does not meet standard</b>	
<p>The standard mandates that upon receiving a report that an offender was sexually abuse while confined at another facility, the head of the facility that received the report shall notify the head of the facility where the incident is alleged to occur. This notification must occur with 72 hours of receiving the allegation. The office that receives should a report must ensure the allegation is investigated.</p> <p>SCCC policy 4D-1 PREA of 2003 supports this standard. The administrator reported he had received one report from another facility of an incident that was alleged to have occurred at SCCC however, the incident had already been investigated by SCCC. SCCC has received no reports of sexual abuse that occurred at another facility within the last 12 months however; the administrator stated he would forward such reports to the facility where the incident is alleged to have occurred.</p>	

<b>115.64</b>	<b>STAFF FIRST RESPONDER DUTIES</b>
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
<b>Auditor comments, including corrective actions needed if does not meet standard</b>	
<p>SCCC's policy 4D-1 PREA of 2003 supports this standard in that it requires the first staff member to</p>	



respond to the victim to separate the alleged victim and abuser; notify the shift sergeant; preserve and protect the crime scene; if the incident occurred in the last 120 hours, staff should request the victim not to anything to destroy physical evidence and should ensure the perpetrator does not take actions that could destroy evidence. All staff interviewed could verbalize their first responder duties. In the last 12 months SCCC has had no incidents that required a first responder to separate a victim and perpetrator.

115.65

**COORDINATED RESPONSE**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)  
 XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)  
☐ Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

The standard requires the facility to develop a written institutional plan to coordinate actions taken in response to an incident of sexual abuse.

SCCC policy 4D-1 PREA of 2003 clearly outlines the facility's coordinated response for allegations of sexual abuse and harassment. In addition, SCCC has a checklist to be used for sexual abuse allegations that involve penetration that is reported to have occurred within 120 hours and a checklist for penetration incidents that are alleged to have occurred over 120 hours. **It is recommended that SCCC develop a checklist for other sexual abuse allegations that do not include penetration. In addition, it is recommended that offering an advocate be added to the checklist.** This will ensure victims have the emotional support services and crisis intervention soon after the alleged incident. It will also provide a way to clearly document that advocacy was offered.

115.66

**PRESERVATION OF ABILITY TO PROTECT INMATES FROM CONTACT WITH ABUSERS**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)  
 XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)  
☐ Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

This standard does not apply. SCCC does not have a collective bargaining agreement.

<b>115.67</b>	<b>AGENCY PROTECTION AGAINST RETALIATION</b>
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
<b>Auditor comments, including corrective actions needed if does not meet standard</b>	
<p>The standard requires that victims and staff who report sexual abuse or harassment or cooperate with an investigation be monitored for retaliation. Staff and offenders who report sexual harassment must be monitored for 90 days with offenders receiving periodic status checks. SCCC's 4D-1 PREA of 2003 supports the standard. SCCC provided documentation demonstrating monitoring was being conducted as outlined by policy and this standard. SCCC's retaliation monitoring includes status checks both in person and through email.</p> <p>It was discovered through file review and interviews that offenders are often released from the facility and then return soon after. <b>It is recommended that retaliation monitoring continues if the offender returns within 90 days.</b></p>	

<b>115.68</b>	<b>POST-ALLEGATION PROTECTIVE CUSTODY</b>
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
<b>Auditor comments, including corrective actions needed if does not meet standard</b>	
<p>SCCC 4D-1 PREA of 2003 mirrors the standard 115.43 and prohibits placing a victim in involuntary segregated housing. In the past 12 months SCCC has had no offenders who alleged sexual abuse who was placed segregated housing. <b>Please refer to standard 115.43 for a policy recommendation.</b></p>	

<b>115.71</b>	<b>CRIMINAL AND ADMINISTRATIVE INVESTIGATIONS</b>
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
<b>Auditor comments, including corrective actions needed if does not meet standard</b>	
<p>SCCC's 4D-1 PREA of 2003 supports this standard and shows if the investigation is to be conducted by SCCC's trained investigator, the investigation should be initiated within 24 hours or as circumstances dictate. This includes third party and anonymous allegations.</p>	

SCCC's policy shows that when the quality of the evidence appears to support criminal prosecution, the investigator will stop the administrative investigation while the criminal investigation is being conducted. The policy shows substantiated cases of sexual abuse will be referred for prosecution. SCCC has had no criminal investigations in the last 12 months.

A random selection of investigations was review during the onsite audit. All were found to the thorough and included ample testimonial evidence from victim, perpetrator and witnesses. In addition, the reports included a review of the victim and suspects history, video if available as well as credibility assessments.

**115.72**

**EVIDENTIARY STANDARDS FOR ADMINISTRATIVE INVESTIGATIONS**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)  
 XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)  
☐ Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

The standard requires and SCCC's PREA of 2003 policy supports imposing no standard higher than preponderance of evidence to substantiate an administrative investigation. The investigator interviewed verbalized that preponderance of evidence was the standard he uses with determining the findings on an administrative sexual abuse or harassment investigation.

**115.73**

**REPORTING TO INMATES**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)  
 XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)  
☐ Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

The standard requires and SCCC 4D-1 PREA of 2003 supports that following a sexual abuse investigation, victims will be notified of the findings. SCCC policy shows the investigator will deliver to the alleged victim a statement of findings for the alleged victim to sign. Policy shows if the allegation is substantiated, the offender will be provided follow-up notifications as outlined in the standard and in policy. All notifications or attempted notifications are placed in the offender file. To notify victims following the completion of an investigation, SCCC has developed a form, "Notice of Prison Rape Elimination Act (PREA) Investigation Status", which is completed by the investigator and signed by the victim. The facility provided documentation demonstrating the form is currently being utilized by the facility.

<b>115.76</b>	<b>DISCIPLINARY SANCTIONS FOR STAFF</b>
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
<b>Auditor comments, including corrective actions needed if does not meet standard</b>	
<p>The standard requires that staff be disciplined, to include termination, for violating the agency's sexual abuse and harassment policies with termination being the presumptive disciplinary sanction for staff who engage in the sexual abuse of an offender. The standard requires the discipline be commensurate with the nature and circumstances of the acts committed, staff history and sanctions imposed for comparable offenses by other staff with similar histories. All terminations for violations of agency sexual abuse and sexual harassment policies or resignations by staff that would have been terminated if not for their resignation shall be reported to law enforcement unless the activity is not criminal. SCCC's 4D-1 PREA of 2003 supports this standard. SCCC has had no staff person disciplined for violating the facility's sexual abuse and harassment policies within the last 12 months.</p>	

<b>115.77</b>	<b>CORRECTIVE ACTION FOR CONTRACTORS AND VOLUNTEERS</b>
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
<b>Auditor comments, including corrective actions needed if does not meet standard</b>	
<p>Both the standard and SCCC policy 4D-1 PREA of 2003 state that contractors or volunteers who engage in the sexual abuse of an offender will be prohibited from further contact and will be reported to law enforcement unless the activity was not criminal. In addition, the administrator shall take appropriate remedial measures and shall consider whether to prohibit further contact with offenders. In the past 12 months, SCCC has received no reports or allegations that involved a contractor or volunteer. It should be noted that volunteers are under video surveillance at all times while interacting with offenders.</p>	

<b>115.78</b>	<b>DISCIPLINARY SANCTIONS FOR INMATES</b>
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
<b>Auditor comments, including corrective actions needed if does not meet standard</b>	

The standard requires the facility to consider whether an offender's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, to impose. The facility must be able to document consideration was given to the offender's history of mental disability or mental illness. At the time of the audit SCCC did not have a plan in place to receive input from medical or mental health prior to determining a sanction following a substantiated sexual abuse investigation.

**Corrective Action Period:**

During the CAP, SCCC developed a plan to ensure an offender's mental disabilities or mental illness was considered prior to imposing discipline following a substantiated investigation. SCCC revised policy to show prior to determining discipline, "the Disciplinary committee Chair will: a). Request facility nursing staff to complete a Mental Disability/Mental Illness Review before Disciplinary Committee." The Mental Disability/Mental Illness Review Before Disciplinary Committee form requires medical staff to conduct a records review and determine if the offender requires accommodations for reading, writing, hearing, seeing or comprehending; if the offender speaks and understands English and if the offender has a history of mental or developmental disability or mental illness. The form also provides an area for the disciplinary committee to make notes.

115.81

**MEDICAL AND MENTAL HEALTH SCREENINGS; HISTORY OF SEXUAL ABUSE**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)  
 XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)  
☐ Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

The standard requires that an offender who reports during a PREA screening that he/she has a history of sexual abuse or indicates they had previously perpetrated sexual abuse be offered a follow up with mental health or medical. If the follow-up appointment is accepted, the offender must be seen by medical or mental health within 14 days. The facility must show documentation demonstrating offenders are offered services and services were received within 14 days as outlined by the standard and the appointment addressed the offender's history of sexual abuse or perpetration.

**Corrective Action Period:**

During the CAP, SCCC revised the PREA Screening form to include "#19" which requires staff to ask offenders if they would like visit with a nurse if they answer "yes" to the questions regarding past history of sexual abuse or abusiveness. Policy was also revised to support this change in practice in addition; policy requires staff to forward a copy of the intake risk screening form to the facility nurse who must meet with the offender within 14 days.

SCCC provided documentation to show the revised policy and practice was implemented within the facility during the CAP.

<b>115.82</b>	<b>ACCESS TO EMERGENCY MEDICAL AND MENTAL HEALTH SERVICES</b>
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
<b>Auditor comments, including corrective actions needed if does not meet standard</b>	
<p>The standard requires that alleged victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services and that services be provided without cost to the victim. SCCC's PREA of 2003 supports this standard. As noted previously in the report, SCCC has one medical staff person employed who reports she is on call. She reported should an incident occur that required emergency medical services the offender would be escorted to her office by security staff and then transported to the hospital.</p>	

<b>115.83</b>	<b>ONGOING MEDICAL AND MENTAL HEALTH CARE FOR SEXUAL ABUSE VICTIMS AND ABUSERS</b>
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
<b>Auditor comments, including corrective actions needed if does not meet standard</b>	
<p>The standard requires at the facility to offer medical and mental health evaluation and treatment to all offenders who have been victimized by sexual abuse in any prison, jail lockup or juvenile facility which includes follow up care, treatment plan, when necessary, and referrals. The standard requires services be provided at no cost to the victim. SCCC's 4D-1 PREA of 2003 supports this standard. As noted in 115.81, SCCC must develop a plan to ensure offenders that report a past history of sexual abuse are offered medical follow-up and are seen within 14 days. <b>It is recommended that SCCC entered into an agreement with a mental health provider to provide services to victims should SCCC's medical staff feel the victim would benefit from ongoing mental health services.</b></p>	

<b>115.86</b>	<b>SEXUAL ABUSE INCIDENT REVIEWS</b>
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
<b>Auditor comments, including corrective actions needed if does not meet standard</b>	
<p>SCCC's 4D-1 PREA of 2003 requires the facility to conduct sexual abuse incident reviews within 30</p>	

days of the conclusion of every sexual abuse investigation unless the investigation is unfounded as mandated by the standard. SCCC has developed an sexual abuse incident review forms which includes elements the review team must consider such as is there a need to change policy; was the incident motivated by race, ethnicity, gender, etc.; are there physical barriers that enabled the incident to occur; were the staffing levels adequate, etc. and whether the team recommends changes or improvements.

SCCC did provide an example of an incident review that was conduct following a substantiated sexual harassment investigation. The incident review team included the Administrator/PREA Coordinator; PREA Compliance Manager/Lieutenant; the investigator and medical. The report shows the committee reviewed all the elements required by the standard which were thoroughly documented in the Sexual Abuse Incident Review report.

**115.87**

**DATA COLLECTION**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)  
 XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)  
☐ Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

SCCC's 4D-1 PREA of 2003 supports the standard in that it requires SCCC to collect data for every allegation of sexual abuse using a standardized instrument and set of definitions. SCCC uses the Survey of Sexual Violence for Local Jail Jurisdictions to collect data.

In addition, SCCC's policy requires the PREA Coordinator to aggregate the incident based sexual abuse data at least annually, maintain all completed PREA investigations, compile data and statistics on the number of sexual abuse and sexual harassment incidents that occurred in the prior year and forward to the Department of Justice upon request.

**115.88**

**DATA REVIEW FOR CORRECTIVE ACTION**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)  
 XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)  
☐ Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

SCCC's policy 4D-1 PREA of 2003 supports this standard in that it requires the facility to review PREA incident data in order to access and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices and training.

SCCC provided the auditor with the 2015 Annual PREA Report that includes a review of the 2015 incident based data as well as corrective actions completed by the facility. SCCC has only implemented PREA standards into the policies and practices of the facility within the last 12 months so the report does not contain a comparison with previous year's data.

The report shows SCCC is dedicated to on-going monitoring and corrective actions necessary to reach full compliance with PREA standards and to maximize the safety of offenders housed at SCCC.

**115.89**

**DATA STORAGE, PUBLICATION, AND DESTRUCTION**

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

SCCC's 4D-1 PREA of 2003 requires the facility to ensure PREA data is securely retained and the data be made public on the agency's website. The policy requires SCCC to retain PREA data for at least 10 years after the date of the initial collection.

A review of the agency's website showed it included the SCCC's 2015 Annual PREA Report.



**AUDITOR CERTIFICATION:**

The auditor certifies that the contents of the report are accurate to the best of his/her knowledge and no conflict of interest exists with respect to his or her ability to conduct an audit of agency under review.

*Vexia Sturm*

Auditor Signature

August 8, 2016

Date