

PREA Facility Audit Report: Final

Name of Facility: Rockingham County Corrections Complex

Facility Type: Prison / Jail

Date Interim Report Submitted: NA

Date Final Report Submitted: 01/31/2021

| Auditor Certification | |
|---|--------------------------------------|
| The contents of this report are accurate to the best of my knowledge. | <input checked="" type="checkbox"/> |
| No conflict of interest exists with respect to my ability to conduct an audit of the agency under review. | <input checked="" type="checkbox"/> |
| I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template. | <input checked="" type="checkbox"/> |
| Auditor Full Name as Signed: Daniel R. Bean | Date of Signature: 01/31/2021 |

| AUDITOR INFORMATION | |
|-------------------------------------|---------------------|
| Auditor name: | Bean, Daniel |
| Email: | danbean05@gmail.com |
| Start Date of On-Site Audit: | 01/07/2020 |
| End Date of On-Site Audit: | 01/09/2020 |

| FACILITY INFORMATION | |
|-----------------------------------|---|
| Facility name: | Rockingham County Corrections Complex |
| Facility physical address: | 99 North RD, Brentwood, New Hampshire - 03833 |
| Facility Phone | |
| Facility mailing address: | 99 North RD, Brentwood, New Hampshire - 03833 |

| Primary Contact | |
|--------------------------|-----------------------------|
| Name: | James Warden |
| Email Address: | jwarden@co.rockingham.nh.us |
| Telephone Number: | 6036792244 ext 9536 |

| Warden/Jail Administrator/Sheriff/Director | |
|---|-----------------------------|
| Name: | Stephen Church |
| Email Address: | schurch@co.rockingham.nh.us |
| Telephone Number: | 6036792244 ext 9452 |

| Facility PREA Compliance Manager | |
|---|-----------------------------|
| Name: | James Warden |
| Email Address: | jwarden@co.rockingham.nh.us |
| Telephone Number: | M: (603)-679-2244 |

| Facility Health Service Administrator On-site | |
|--|--------------------------------|
| Name: | Nikki Strachan |
| Email Address: | nstrachan@primecaremedical.com |
| Telephone Number: | 6036792244 ext 9530 |

| Facility Characteristics | |
|--|---------------|
| Designed facility capacity: | 386 |
| Current population of facility: | 142 |
| Average daily population for the past 12 months: | 138 |
| Has the facility been over capacity at any point in the past 12 months? | No |
| Which population(s) does the facility hold? | Males |
| Age range of population: | 18-80 |
| Facility security levels/inmate custody levels: | c-1, c-2, c-3 |
| Does the facility hold youthful inmates? | No |
| Number of staff currently employed at the facility who may have contact with inmates: | 84 |
| Number of individual contractors who have contact with inmates, currently authorized to enter the facility: | 4 |
| Number of volunteers who have contact with inmates, currently authorized to enter the facility: | 221 |

| AGENCY INFORMATION | |
|--|---|
| Name of agency: | Rockingham County Department of Corrections |
| Governing authority or parent agency (if applicable): | Rockingham County Commissioners |
| Physical Address: | 99 North Road, Brentwood, New Hampshire - 03833 |
| Mailing Address: | |
| Telephone number: | |

| Agency Chief Executive Officer Information: | |
|---|--|
| Name: | |
| Email Address: | |
| Telephone Number: | |

| Agency-Wide PREA Coordinator Information | | | |
|--|---------------|-----------------------|-------------------------------|
| Name: | Sean Eldridge | Email Address: | seldridge@co.rockingham.nh.us |

AUDIT FINDINGS

Narrative:

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-audit, on-site 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 Prison Rape Elimination Act (PREA) audit process of the Rockingham County Department of Corrections (RCDOC), in Brentwood, New Hampshire, was initiated after the auditor was contacted by the agency requesting a proposal for audit in early November 2019. After receiving a proposal for audit, the RCDOC and auditor entered into an agreement on November 12, 2019, for a PREA audit to be conducted. The mutually agreed upon dates for the on-site audit phase were January 7-9, 2020. This audit represents the initial audit of the RCDOC.

PRE-ONSITE AUDIT PHASE

During discussions with the RCDOC about the audit process, it was determined that the Online Audit System (OAS) would be used. I received the necessary information from the agency in order to have an audit created in the OAS. I provided this information to the National PREA Resource Center and, following technical issues, a new audit was created for RCDOC on November 22, 2019. The PREA Manager was designated as the point of contact for the audit process.

On November 12, 2019, I provided the RCDOC with audit notices, provided in both English and Spanish, to be posted in areas visible to inmates, staff, and visitors. English and Spanish were identified by the agency as the primary languages of inmates, staff, and visitors of the RCDOC. Instructions for posting were sent with the audit notices as well, giving additional information on specific areas for the notices to be posted. Based on the dates of the on-site audit phase, the RCDOC was given instructions to post notices and provide photographic evidence of the posting to the auditor prior to November 17, 2019. On November 13, 2019, the agency provided 12 photographs showing the audit notices, laminated and on yellow paper, posted in accordance with the provided instructions.

A kick-off phone call between the auditor and the RCDOC was scheduled for November 21, 2019. In addition to the auditor, the kick-off meeting included the agency superintendent and assistant superintendent, the PREA Coordinator, and the PREA Manager. Prior the phone call, I provided the PREA Manager with the Checklist of Policies/Procedures and other Documents, as well as the audit process map. During the phone call, I provided information to the agency about the audit process, and my role as an auditor. I emphasized that this would be a practice-based audit, which relies on document review, interviews, and on-site observations to determine compliance with the PREA standards. I discussed that if the agency is found to have not met any of the standards during the post-onsite portion of the audit, an interim report will be issued and a corrective action period of no more that 180 days will start. I explained that corrective action is common and anticipated, especially for an initial audit, and the goal is that the auditor and the agency will work together to determine steps needed to bring the agency into compliance with the unmet standard(s) and demonstrate that a practice of compliance has been established. Finally, I spoke about the continued communications that would take place between now and the on-site portion of the audit which would include requests for additional documentation not received once access to the OAS was established.

Once the agency was able to access and upload documentation to the OAS, the Pre-Audit Questionnaire (PAQ) was completed and available for review for the auditor on December 6, 2019. I began review of

the documentation provided by the agency, identifying possible gaps in information or items that would require additional review during the on-site phase of the audit process. During the PAQ review process, I requested additional information from the agency as well to provide further detail and assist in clarifying what further evidence for compliance might be needed.

As part of the PAQ review process, I requested that the agency provide the following information:

Inmate Documentation (alphabetical and by housing assignment)

Complete Inmate Rosters for each day of the onsite audit

Youthful Inmate Rosters (if any)

Roster of Inmates with disabilities (physical, blind, deaf, hard of hearing, cognitive)

Roster of Inmates who are limited-English proficient (LEP)

Roster of Inmates who are segregated

Roster of Inmates who are perceived as gay, lesbian, or bisexual

Roster of Inmates who are perceived as transgender or intersex

Roster of Inmates who are in segregated housing for high risk of sexual victimization

Roster of Inmates who reported sexual victimization during risk screening

Roster of Inmates who reported sexual abuse

Staff Documentation

Complete Staff Roster (title, shift, and post assignment)

Roster of agency head, facility director, PREA Coordinator, PREA Compliance Manager

Specialized Staff including:

Agency contract administrator

Intermediate or higher-level facility staff (who conduct and document unannounced rounds)

Line staff who supervise inmates

Line staff who supervise youthful inmates

Investigative staff

Staff who perform screenings for risk of victimization and abusiveness

Staff who supervise inmates in segregated housing

Staff on Incident Review Team

Staff designated to monitor retaliation

First responders, both security and non-security staff

Intake staff

Classifications staff

Education and program staff who work with youthful inmates

Director of volunteers and contractors

Medical staff

Mental health staff

Non-medical staff involved in cross-gender strip or visual body cavity searches

Human resources staff

Director of training

SANE/SAFE staff

Contractor Documentation

Complete roster of contractors who have contact with inmates

Volunteer Documentation

Complete roster of volunteers who have contact with inmates

Complete roster of new (past 12 months)

Hired staff

Promoted staff

Transferred staff (from all-male or all-female facilities)

Other Documentation

Complete list of all sexual abuse and sexual harassment allegations for both staff and inmates in the past 12 months

Complete list of all sexual abuse and sexual harassment investigations for both staff and inmates in the past 12 months

Complete list of all sexual abuse and sexual harassment grievances for both staff and inmates in the past 12 months

Complete list of all sexual abuse and sexual harassment hotline calls for both staff and inmates in the past 12 months

Complete list of all sexual abuse and sexual harassment third-party reports for both staff and inmates in the past 12 months

Complete list of all sexual abuse and sexual harassment incident reports for both staff and inmates in the past 12 months

The agency responded to my requests in a timely manner.

During the pre-audit phase, I researched community-based organizations which offer services that might be available to the RCDOC. I found the New Hampshire Coalition against Domestic & Sexual Violence that provides information about statewide hotlines which offer free and confidential services to those impacted by domestic violence, sexual assault, and stalking. Additionally, I found HAVEN which provides support for victims of domestic and sexual violence as well, specifically targeting women, men, and children in Rockingham County. HAVEN offers a 24-hour confidential support hotline as well.

In the PAQ, the RCDOC provided information about RAINN, which is a national organization offering programs and support for survivors of sexual violence as well as a national hotline for access to support. I reviewed the RCDOC website to review what PREA-related information was provided and available. I found information about what PREA is and how an inmate or other person can report an incident of sexual assault.

I conducted an online search for new stories or information about RCDOC related to sexual assault or sexual harassment incidents that may have been reported and found nothing of note. I found no indication that the RCDOC was subject to any federal consent decrees or other oversight. I reviewed the mandatory reporting law for New Hampshire pertaining to persons over the age of 18 who are incapacitated. New Hampshire defines an adult as being over the age of 17. RCDOC does not have anyone under the age of 18 in their custody, per State law.

As part of the audit notice posted in the agency, I provided my address for anyone wishing to send me correspondence related to the audit. I checked my post office box regularly during the pre-audit phase and did not receive any information from inmates, staff, or other parties.

ON-SITE AUDIT PHASE

I began the on-site audit phase on the morning of January 7, 2020. Due to the availability of the associate auditor who would be assisting me in the on-site phase of the audit, the entrance briefing was conducted on January 8, 2020.

On the first day of the on-site audit, I received a roster of inmates currently housed at the RCDOC. The roster was provided as both an alphabetical list, as well as by housing unit. I conducted interviews of

random and targeted security staff on the first day of the audit. The agency provided me with a workspace in the PREA Manager's office where supplies and equipment could be stored. Interviews were conducted in the facility library, which provided a quiet and private space away from inmates and other staff. A designated staff member was assigned to notify and/or relieve officers who I requested to meet with.

On the second day of the on-site audit, an entrance briefing was held with designated agency staff, the auditor and the associate auditor, Michael Vitiello. During the briefing, I provided the agency with a summary of what had been done already as part of the audit process, as well as what to expect over the remaining two days of the on-site phase of the audit.

Following the entrance briefing, a comprehensive site review was conducted by the auditors, led by the PREA Coordinator. A representative from Hillsborough County (NH) Department of Corrections accompanied RCDOC staff during the site review to learn more about the audit process. The RCDOC is located in a three-story building with the basement and second stories primarily dedicated to the RCDOC. The third story of the building contains offices and other areas for the Rockingham County Sheriff's Department. I was told the building was originally constructed around 1980, and upgrades to the Department of Corrections portion of the building, including additional housing areas, were done in 1993. The facility is reportedly designed to house 386 inmates.

The site review included a walkthrough of the facility and included all areas where staff or inmates could access, including, but not limited to:

Intake, including Property Storage

Classifications

Medical

Laundry

Central Control Room

Housing Areas

Recreation Areas and Multi-Purpose Rooms

Meeting Rooms and Classrooms

Staff Offices and Breakroom

Storage Rooms and Areas

Hallways and Vestibules

During the site review of Intake, the auditors spoke informally with staff assigned to this area, as well inmates who were being housed there. We observed the room commonly used for medical screening of inmates as well as the area where female inmates are temporarily housed until they are either released from custody or transferred to a contracted facility. Additionally, the auditors received information about how informational materials related to sexual abuse and sexual harassment are received by inmates entering the facility.

During the site review, there were no inmates engaged in the intake process. The auditors spoke with intake staff about the booking process, with specific questions related to the screening process. Staff stated that inmates answer questions contained on the PREA Risk Assessment form. Inmates either answer these questions on their own or are asked questions by intake staff who record the answers on the form. If there is a concern about the inmate being able to respond to these questions in a confidential manner due to others being present in the intake area, the inmate can be taken to the room where medical staff typically conduct their assessment. This room is off the main intake area and allows for more confidential interaction with the inmate.

Off the Intake area was a Central Control room, staffed by 2 male officers at the time of the site review.

Officers working this post control access to all secured areas of the facility through an intercom system and electronic doors. There were monitors in the Central Control Room that allowed the officers to monitor movement and activity in areas including hallways, housing areas, program room, and designated cells or holding areas. Auditors noted the number of cameras deployed throughout the facility, as well as the coverage area of the cameras, to determine if cross-gender viewing of inmates in areas where privacy was reasonably expected could occur.

As indicated previously, the RCDOC is in a three-story building. The Intake area and Central Control room are on the first floor (basement level) of the building and the housing areas, as well as program space, classrooms, additional offices, the medical department, and food service area, are on the second floor. Access from one floor to another is either by stairway or elevator. Camera coverage is present in some, but not all, of the elevators.

The facility has 7 housing areas or "pods", however 2 are currently not being used to house inmates due to population numbers. The pods were generally 2-story open bay units with cells on either side. Pods A/B had a large common area where the officer's station, access to phones, and tables were, as well as an enclosed area containing fitness equipment. Inmate cells were in separate corridors with 2 top/bottom corridors on one side and 2 top/bottom corridors on the other side. Each corridor had its own secure door and cells on either side of a common open area.

Inmate housing areas were all had shower areas with plastic curtains designed to limit visibility of the person taking a shower from those in the common area. Housing units had phone and kiosks for inmates to use and access information. PREA pamphlets were visible to inmates in the housing areas but were not placed in proximity to the phones or kiosks where an inmate might benefit if they were attempting to make a report. Housing areas contained 'drop boxes' for mail that were readily accessible to inmates in the open bay area. Grievance/Request forms were kept at the officer's station and were made available to inmates upon request.

During the walkthrough, auditors looked for PREA audit notices, postings or information related to sexual abuse and sexual harassment, postings and information related to how to report incidents of sexual abuse and sexual harassment, placement of cameras or other security measures to enhance supervision or address blind spots, and measures used to provide privacy to inmates in areas where they might shower, change clothes, or use the toilet. The auditors did observe that when female staff entered one of the housing units where only male staff had been supervising male inmates, cross-genders announcements were made.

In addition, auditors conducted informal interviews with inmates and staff to gather information about their knowledge of PREA, how to report incidents of sexual abuse and sexual harassment, and their general feelings of sexual safety at RCDOC. The auditors also tested the system in place for inmates to make a report of sexual abuse or sexual harassment through the phone system. The kiosks in the housing units contained a PREA-related video that inmates can watch if they choose to.

The auditors conducted a review of the facility's medical unit. This area had a small vestibule that served as a waiting area for inmates brought for medical or mental health services. There was a larger area off the vestibule that appeared to be a reception-type area with a working station for medical staff. There was a staff-only bathroom, office spaces, medical exam rooms, and a pharmacy area making up the remainder of the space. Medical records are stored electronically.

Inmates receive both medical and mental health services from PrimeCare, the contracted provider. Services include general and emergent medical care, medication distribution, physical examinations, dental services, and mental health services. In addition to contracted medical services, RCDOC has staff

who provide additional mental health services as part of programming, including individual and group counseling.

Classifications duties are primarily handled by assigned classifications staff. Duties of the staff are generally assigned based on whether an inmate is pre-trial or sentenced, however there is some sharing of duties as well. Classifications interviews with inmates are conducted in offices or multi-purpose rooms that allow for confidentiality in conversations. Records are primarily stored electronically, however there are some paper records that are stored in locked cabinets.

Meals are not prepared on-site at RCDOC. The jail is located on a large county complex containing several buildings serving a variety of functions. One of the buildings in a county-operated nursing home where meals for the jail are prepared and transported to facility in large 'family-style' containers. The food is then placed on trays and brought to individual housing areas. Sentenced inmates may be assigned to the kitchen in the nursing home and perform a variety of functions based on the needs of the contracted food service vendor. Auditors did a site review of the kitchen area, which contained several 'blind spots' and no cameras or other measure to enhance supervision of inmates. The contracted food service vendor employs both male and female staff, and auditors conducted informal interviews with the staff to determine their level of training and knowledge of PREA. Auditors noted an informational sheet related to sexual safety and how to report incidents. No audit notices were noted in this area. At the time of the site review, there was 1 male inmate assigned to work the kitchen area.

The remainder of the second day and all of the third day consisted of interviews of staff, inmates, contractors and volunteers, as well as a review of some documents and files. Random inmate and staff interviews were determined using the rosters provided by the facility. A pattern was developed to initially identify potential interviewees, and then refined based on whether the selected individual had previously been identified as a targeted interview, and if the individual was available for interview. A minimum of 1 inmate from each housing area was interviewed, as well as at least one staff member from each shift. The number of inmate interviews conducted was determined by the inmate population on the first day of the audit, which was reported to be 144. Based on this population, the PREA Auditor Handbook requires at least 10 random inmate interviews and 10 targeted inmate interviews (if possible), with a total minimum of 20 inmate interviews.

Interviews were conducted either in offices, or rooms which provided privacy from people either hearing what was being talked about, or who was being interviewed. During the interviews, the staff escorting the audit team members remained in the general area, but not where they could hear what was being asked or reported.

Due to the length of some of the interviews, the auditors were not able to complete all the necessary interviews and document review during the pre-determined on-site phase of the audit. I returned to the facility on January 15, 2020, to complete any additional interviews, review documentation, and get any additional information needed to determine compliance with the standards.

The auditor was provided a roster of both inmates and staff just prior to the on-site phase of the audit process. The staff rosters showed a breakdown of staff by rank or assignment as well as shift assignment. The inmate rosters were both alphabetical and by assigned housing unit.

Random staff interviews were determined by developing a pattern, based on the number of staff assigned to the shift, to generate random interviews. If the staff member was not available, a pattern was used to determine the next available staff member for interview.

Random inmate interviews were determined in a similar manner, based on the number of inmates in a particular housing unit. If an inmate was not available for interview or was determined to also be subject for a targeted interview, a pattern was used to determine the next random inmate interview.

Documentation review was based on interviews with staff and inmates. The auditor requested sample documentation from the body of inmates and staff who were interviewed, in addition to documentation that was needed based on other information generated. If the random sampling of documentation did not

provide adequate information to determine compliance or non-compliance, additional documentation was requested.

The auditors conducted the following inmate interviews during the onsite phase of the audit:

Random Inmates (total): 11
Targeted Inmates (total): 10
Total Inmates Interviewed: 21
Inmates who refused: 2

Targeted Inmate Breakdown:

Inmates who reported sexual abuse or sexual harassment: 2
Inmates who reported prior victimization at screening: 2
Inmates who are limited-English proficient: 2
Inmates who are perceived as gay, lesbian, or bisexual 2
Inmates who are in isolation 1
Inmates with a cognitive disability 1

The auditors conducted interviews with the following agency leadership:

Agency Head – Superintendent Stephen Church
Facility Head - Major David Consentino
PREA Coordinator – Lieutenant Sean Eldridge
PREA Manager – Lieutenant James Warden

RCDOC reported 84 security staff currently employed at the facility who have contact with inmates. Of these, the reported 15 staff who were hired during the past 12 months. Additionally, the agency provided information about non-security staff and programming staff who have contact with inmates on a regular or intermittent basis.

The auditors conducted the following interviews with staff during the onsite phase of the audit:

Random staff (total): 12
Specialized staff (total): 18
Total staff interviewed: 30

Specialized staff breakdown:

Intermediate or higher-level staff who conduct unannounced rounds: 3
Staff who perform screening for risk of victimization: 2
Staff designated to monitor retaliation: 1
Food service staff: 1
Investigative staff: 1
Staff who are involved in hiring: 1
Training director: 1
Medical/Mental Health staff: 4
IT/Records management staff: 1
Staff who oversee volunteers: 1

Education: 1
Maintenance: 1

The auditors reviewed the following staff records and files during the on-site phase of the audit:

Total Staff Files (training and HR): 10
Staff Files Breakdown
Random: 7
Promoted: 1
New Hires: 1
Investigations: 1

RCDOC reported that there were 225 volunteers and contractors who may have contact with inmates who were currently authorized to enter the facility. Upon further discussion, the agency indicated that some of the volunteer and contractor names provided were not current or active volunteers or contractors.

The auditors reviewed the following volunteer and contractor training records during the on-site phase of the audit:

Volunteer/Contractor training records: 29

The auditors reviewed the following inmate files during the on-site phase of the audit:

Total Inmate Files: 8
Inmate Files Breakdown
Random 4
Reported Sexual Abuse or Sexual Harassment 1
Reported Prior Victimization at screening 1
Limited-English proficient: 1
Perceived as gay, lesbian, or bisexual 1

The agency reported that in the past 12 months, there were 0 criminal or administrative investigations of alleged inmate sexual abuse that were completed. The auditor requested any investigative reports, either criminal or administrative, conducted by the facility in the past 12 months. The auditor received 2 files and reviewed them during the on-site phase of the audit.

Allegation of inmate-unknown perpetrator sexual abuse (unfounded): 1
Allegation of inmate-inmate sexual harassment (sustained): 1

At the end of the on-site phase of the audit, I met with the PREA Manager to discuss next steps and answer any questions. I spoke generally about the standards and brought up areas of strength and weakness and the purpose of a corrective action phase if they were found to not be in full compliance with the PREA Standards.

AUDIT FINDINGS

Facility Characteristics:

The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate or resident 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 RCDOC is a county-operated adult jail facility located in Brentwood, New Hampshire. The facility was originally constructed in 1980, with renovations to the building done in 1993 which added 3 additional housing units. The RCDOC houses both pre-trial and sentenced Rockingham County offenders and has a reported facility capacity of 386 inmates.

The RCDOC reports an average daily population of 138 inmates over the past 12 months. The offenders, who range in age from 18-80 years old, are predominantly male and have an average length of stay of less than 1 year. Although the RCDOC accepts female offenders, those who are not released from custody within 2-3 days are rehoused in other county facilities which RCDOC has contracted with. While being housed at RCDOC, female inmates remain either in the intake holding cells, or in an area off intake which has 2 cells and a shower. The primary language spoken by inmates at RCDOC is English. Those inmates who are limited-English proficient speak Spanish with few exceptions noted by the facility. The facility reports that there are currently 84 staff members who have contact with inmates. Each of the three 8-hour shifts a day have Sergeants and Corporals assigned for supervision, and Corrections Officers as line staff. The remaining security staff positions include administrative and other support functions.

The facility indicated in the PAQ that there were 225 volunteers and contractors who were authorized to enter the facility. These include volunteers for religious services and studies, education, substance abuse step programs, and other inmate enrichment activities. The RCDOC puts a great deal of emphasis on inmates using their time while incarcerated productively. There is a variety of programming offered that is geared to providing skills, knowledge, and support that will benefit the inmate while in custody as well as after release. Some of the unique programs offered to inmates at RCDOC are:

Healing Within – addresses trauma-related issues for offenders recovering from mental health or substance abuse

OSHA-10 – provides training geared toward workplace safety and health hazards

Responsible Fatherhood – 6-week course on parenting

STAR (Solutions, Transitions, and Recovery) – in-house substance abuse program which includes yoga

Bringing Peace to Relationships – batterer's intervention and domestic violence program

The facility PAQ indicates that there are 7 housing areas at the RCDOC. Additionally, there are 7 cells located in the Intake area, and 2 additional cells, off the Intake area, which are designated female holding cells. In a hallway outside the Intake area are two individual cells and a large group open holding cell. These cells are all monitored through either direct staff supervision, video camera coverage, or a combination of both.

A/B Pod

This housing unit has a main dayroom area containing tables, inmate phones and kiosks, mailbox, and access to an enclosed fitness area. Off the dayroom are 2 tiers to the left and 2 tiers to the right. There are 2 lower tiers and two upper tiers, each with its own security door limiting access. Each tier is used to house different classifications of inmates; new intakes, those waiting classification or housing, special management, and special needs. The housing unit is typically staffed with 2 officers on the day and evening shifts, and 1 officer on the midnight shift. There are cameras in the housing unit that allow for

monitoring by Central Control staff as well.

C Pod

This housing unit has been unoccupied for approximately 2 years. During this time, the facility has taken the opportunity to do maintenance and make upgrades. There is an upper tier and lower tier in this unit off a main dayroom area. The dayroom contains tables, inmate phones and kiosks, and a separate fitness area. There are cameras in the housing unit that allow for monitoring by Central Control staff.

D Pod

This housing unit has been unoccupied for approximately 1 ½ years and, like C Pod, is undergoing upgrades and maintenance. This housing unit has 2 tiers, with cells around the perimeter of the dayroom. There are inmate phones and kiosks, and showers on both tiers. There are cameras in the housing unit that allow for monitoring by Central Control staff.

E Pod

This housing unit is used to house pre-trial inmates. There are 2 upper and 2 lower tiers in this housing area, each with its own door that can limit access. There is a common dayroom area where inmates can access phones, kiosks, tablets, mailboxes, and informational boards. Each tier has its own shower area at the far end of the tier, and tables for inmates to sit at. There are cameras in the housing unit that allow for monitoring by Central Control staff. The housing unit is typically staffed with 2 officers on the day and evening shifts, and 1 officer on the midnight shift.

F Pod and G Pod

These housing units are used to house sentenced inmates. Each has an upper and lower tier with a central dayroom area and inmate cells around the perimeter. There are 4 showers on each tier with curtains designed to block the lower 60% of the shower openings. There is an officer station located on the lower tier near the showers and tables for inmates to sit at. There are phones, kiosks, tablets, and a fitness machine for inmate to use in the dayroom area. There are cameras in these housing unit that allow for monitoring by Central Control staff. These housing unit are typically staffed with 2 officers on the day and evening shifts, and 1 officer on the midnight shift.

F-Dining area

This area is where meals from the nursing home are delivered in family-style containers and plated for distribution to inmates. When inmates are working in this area, they are directly supervised by security staff as well as remotely through the facility's camera security system.

Medical

The medical unit has an outer vestibule where inmates wait for treatment. Inside the medical unit is an examination room, staff bathroom, and office spaces. Inmates are escorted through the medical unit by security staff but are not present with the inmate during certain times when they are being treated by a provider. There are no cameras in the medical unit area.

Laundry and Kitchen

These areas are located near the freight elevator on the basement level. Inmate workers are allowed unescorted access into these areas, and both areas are monitored by the facility camera system. Inmates access this area from an inmate elevator, which is also monitored by facility cameras. Food preparation is not done on-site. Food is brought from a kitchen located on the Rockingham County campus and plated for distribution in the F-dining area. The kitchen area noted here is primarily used for cleaning food containers and other items.

G-Basement

This area is a large open area used primarily to store supplies and facility records. Although open, there are still blind spots in this area which are not covered by the cameras. Access to this area is limited through the key management system.

Other noted areas in the facility include multi-purpose rooms used for inmate programming, a chapel,

visitation area, education, body scan room, and a video arraignment area providing closed-circuit access between RCDOC and the courts. Inmates in these areas are under direct staff supervision, video camera coverage, or a combination of both.

AUDIT FINDINGS

Summary of Audit Findings:

The OAS will automatically calculate the number of standards exceeded, number of standards met, and the number of standards not met based on the auditor's compliance determinations. If relevant, the auditor should provide the list of standards exceeded and/or the list of standards not met (e.g. Standards Exceeded: 115.xx, 115.xx..., Standards Not Met: 115.yy, 115.yy). Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

| | |
|--------------------------------------|----|
| Number of standards exceeded: | 0 |
| Number of standards met: | 45 |
| Number of standards not met: | 0 |

The following are the audit findings of the PREA audit of the Rockingham County Department of Corrections:

Number of Standards Exceeded: 0

The agency was not found to have substantially exceed the requirements of any of the standards.

Number of Standards Met: 45

Number of Standards not Met: 0

In accordance with the PREA Standards, at the conclusion of the on-site audit, RCDOC was placed into a period of corrective action to remediate standards that were found to "Not Met" in the Interim Audit Report. During the corrective action period the facility provided the auditor with updated policies, documents, training materials, and other materials as evidence of substantial compliance with the standards. The auditor reviewed the evidence and requested clarifying or additional information as necessary. Following the review of the corrective evidence, the auditor determines that the facility was in substantial compliance with the audit standards and provisions for a County jail facility.

Standards

Auditor Overall Determination Definitions

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

Auditor Discussion Instructions

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

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| 115.11 | Zero tolerance of sexual abuse and sexual harassment; PREA coordinator |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. RCDOC Pre-Audit Questionnaire (PAQ) b. RCDOC Policy 4D-1-01 (Prison Rape Elimination Act) c. RCDOC Organizational Map d. PREA Coordinator Assignment Memorandum e. Agency website 2. Interviews <ol style="list-style-type: none"> a. Agency Head b. Investigative Staff 3. Site Review Observations <ol style="list-style-type: none"> a. Observations during on-site review of facility <p>Findings (By Provision):</p> <p>115.11 (a). RCDOC Policy 4D-1-01 is titled Prison Rape Elimination Act (PREA) with the expressed purpose to “establish and enforce standards by which the department will maintain ZERO-TOLERANCE in regards to instances of sexual abuse to include sexual assault, sexual misconduct, and voyeurism.” (pg.1) The policy applies to “all inmates, staff, civilians and contractors who fall under the jurisdiction of the Rockingham County Department of Corrections.” (pg.1)</p> <p>The policy includes the agency’s approach to preventing, detecting, and responding to sexual abuse, however it does not specifically include acts that would constitute sexual harassment. The agency’s approach provided in the policy includes:</p> <ul style="list-style-type: none"> Providing information to inmates upon intake, and during the classification review (pg. 2) Incorporating a screening tool during intake to identify potentially vulnerable inmates (pg. 3) Providing initial training to staff when hired, and during annual in-service training (pg. 2) Providing guidelines for how reported incidents of sexual abuse are investigated (pg. 3) Providing an outline for immediate response to possible incidents of sexual abuse (pg. 4-5) Providing guidelines for evidence collection in incidents of sexual abuse (pg. 5-6) <p>The policy includes definitions for sexual abuse, sexual assault, and sexual misconduct. The policy does not include a definition for conduct that might constitute sexual harassment. The policy does state that the RCDOC “does not acknowledge the right to consent” to acts of “sexual assault, sexual misconduct, sexual contact and voyeurism” between inmates, or between inmates and staff, civilians or contractors. The policy states that any acts shall be considered sexual abuse. (pg. 1)</p> <p>Policy 4D-1-01 provides that the standard of proof for all allegations of sexual abuse shall be a preponderance of the evidence. Complaints or allegations that are ‘Founded’ shall be subject</p> |

to disciplinary action and criminal prosecution, where applicable. The agency states that the level of sanction is based on the specific circumstances of the prohibited behavior.

The policy notes that the use of an integrated security system monitored by officers “augments and/or enhances the ability of employees to provide sight supervision necessary to prevent, detect, contain, and respond to incidents of sexual abuse.” (pg.2)

115.11 (b)(c). A memorandum dated September 2016 from the facility superintendent shows that the Lieutenant of Safety and Security was designated as the PREA Coordinator for the RCDOC. The lieutenant is an upper-level manager within the agency’s organizational structure, reporting to the Assistant Superintendent and Superintendent.

During my interview with the PREA Coordinator, and through observations made during the on-site phase of the audit, it is apparent that he ‘wears a lot of hats’ and has several responsibilities in addition to that of PREA Coordinator. Although he indicates that he is busy, he also indicated that he is able to make time to address and manage the responsibilities of the PREA Coordinator.

RCDOC is a single facility agency and is not required by standard to designate a PREA Compliance Manager. They have, however, informally assigned a lieutenant with these duties approximately 15 months prior to the start of the audit process. The PREA compliance manager was designated as the primary point of contact for this PREA audit. The lieutenant is an upper-level manager as well within the agency’s organizational structure and has the authority to coordinate efforts to comply with the PREA standards. The PREA compliance manager indicated that he is authorized to delegate other responsibilities when needed to accomplish the tasks related to PREA compliance. The PREA compliance manager reports to both the Assistant Superintendent and the Superintendent, based on the need or issue.

The PREA Coordinator stated that he and the Compliance Manager meet periodically to address issues or questions related to compliance. These meetings are unscheduled and informal based on need. Both the PREA Coordinator and Compliance Manager participate in regularly scheduled meetings between jail administrative staff, supervisors, and representatives from jail programs and services, such as medical. These meetings allow for jail leadership to provide information and gather input from stakeholders in the jail related to PREA standards and compliance.

Corrective Action:

Amend RCDOC Policy 4D-1-01 to include language related to zero-tolerance for sexual abuse AND sexual harassment, as required by this standard.

Amend RCDOC Policy 4D-1-01 to include definitions for prohibited behaviors regarding sexual abuse and sexual harassment, as provided in the PREA standards §115.6. Definitions should be clear enough to determine if conduct constitutes sexual abuse or sexual harassment, so the appropriate measures can be taken as required by other standards.

Verification of Correction Action since the Interim Audit Report:

The auditor gathered, analyzed and retained the following additional evidence provided by the facility during the corrective action period relevant to the requirements of this standard:

Additional Documentation Reviewed:

a. RCDOC Policy 4D-1-01 (revised date 4/21/2020)

After the issuance of the Interim Audit Report, the auditor and facility discussed the corrective action plan for this provision. The facility updated RCDOC Policy 4D-1-01 and provided a revised copy to the auditor for review.

The facility updated the policy to include sexual harassment as behavior that prohibited as part of their zero-tolerance approach to provide a safe and secure environment for inmates and staff that is free from all forms of sexual abuse, as required by this standard. The facility definition for sexual harassment included:

Repeated and unwelcome sexual advances (pg. 3)

Requests for sexual favors (pg. 3)

Verbal comments, gestures, or actions (pg.3)

The definition of sexual harassment applies to conduct between inmates, as well as conduct between inmates and staff, contractors or volunteers. The definition of sexual harassment is clear, easy to understand, and meets the definition as provided in the PREA standards §115.6.

The facility has effectively demonstrated compliance during the corrective action period with the supporting documentation. The facility is now in compliance with this provision.

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| 115.12 | Contracting with other entities for the confinement of inmates |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. RCDOC Pre-Audit Questionnaire (PAQ) b. Intergovernmental Service Agreement - Strafford County DOC (eff. date 1/17/2016) c. Intergovernmental Service Agreement - Sullivan County DOC (eff. date 4/1/2015) d. Female Prisoner Housing Agreement - Carroll County DOC (eff. date 12/1/2015) e. Female Prisoner Housing Agreement - Hillsborough County DOC (eff. date 3/26/2015) f. Future Contract Addendum – draft g. Website for Strafford County Department of Corrections h. Website for Sullivan County Department of Corrections 2. Interviews <ol style="list-style-type: none"> a. Agency Head b. PREA Manager 3. Site Review Observations <ol style="list-style-type: none"> a. Observations during on-site review of facility <p>Findings (By Provision):</p> <p>115.12 (a)(b). The RCDOC contracts with four other county agencies for the confinement of inmates. Two of the contracted facilities have completed at least one PREA audit and were found in compliance with the PREA standards. Review of the websites for the two counties in compliance with the PREA standards show that Strafford County (NH) Department of Corrections has an audit report date of January 10, 2017 and Sullivan County (NH) Department of Corrections has an audit report date of October 31, 2016. The audit reports for both counties show they were in full compliance with the standards.</p> <p>RCDOC has two additional agreements; one with Carroll County (NH) Department of Corrections and one with Hillsborough County (NH) Department of Corrections. Neither of these counties has completed an audit to determine compliance with the PREA standards. RCDOC is actively working with representatives from Hillsborough County to adopt and comply with the PREA standards. This was indicated by the presence of a representative from Hillsborough County during parts of the on-site phase of the audit process. The representative asked to participate, where practical, to observe the audit process and determine what issues they would need to address as they work toward compliance with the PREA standards. In addition, the PREA Manager has maintained communication with Hillsborough County providing PREA-related information and resources to assist them in achieving compliance with the standards.</p> <p>RCDOC provided a draft contract addendum that will be included with all future contracts or renewals of contracts related to the confinement of inmates by outside agencies or entities. The addendum requires the outside agency to “adopt and comply with the guidelines set forth</p> |

in the Prison Rape Elimination Act” including monitoring of inmates housed in their facility under the conditions of the contract (pg. 3). As of the on-site phase of the audit, no contracts containing the addendum have been entered into or renewed.

Corrective Action:

Incorporate the Contract Addendum into existing contracts with agencies that confine RCDOC inmates to ensure that language related to compliance with the PREA standards and agency contract monitoring is included.

Verification of Correction Action since the Interim Audit Report:

The auditor gathered, analyzed and retained the following additional evidence provided by the facility during the corrective action period relevant to the requirements of this standard. The facility regularly updated the auditor on progress toward compliance with this standard through email communications.

Additional Documentation Reviewed:

- a. Email correspondence
- b. Amendment to Inmate Housing Agreement with Carrol County Department of Corrections

The facility had previously provided documentation relevant to two of their contracted facilities, Strafford County (NH) Department of Corrections and Sullivan County (NH) Department of Corrections showing both had completed a PREA audit and were determined to be in full compliance. Two other facilities, Carroll County (NH) Department of Corrections and Hillsborough County (NH) Department of Corrections also had established MOU's in place but neither of these facilities had completed a PREA audit to determine if they were in full compliance with the standards.

The facility provided an amendment to the agreement with Carroll County (NH) Department of Corrections requiring that they agree to adopt and comply with the guidelines set forth in the Prison Rape Elimination Act (pg. 1) The amendment also provides language from this provision to provide clarification of this requirement. The amendment requires that Carroll County allow for contract monitoring by RCDOC when they have an inmate housed at their facility. The facility indicated that although Carroll County has not completed a PREA audit, they are actively pursuing certification and that RCDOC maintains open lines of communication with Carroll County regarding their progress. Additionally RCDOC is sharing policies and information with Carroll County to assist them in successfully obtaining full compliance.

The facility provided information that they no longer house inmates at Hillsborough County (NH) Department of Corrections, with whom they had a previous agreement.

The facility has effectively demonstrated compliance during the corrective action period with the supporting documentation. The facility is now in compliance with this provision.

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| 115.13 | Supervision and monitoring |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. RCDOC Pre-Audit Questionnaire (PAQ) b. RCDOC Policy 2A-1-01 (Officer and Facility Staffing) c. RCDOC Policy 2A-2-02 (Mandatory Overtime) d. RCDOC Policy 2A-1-04 (Surveillance Equipment) e. RCDOC Policy 2A-1-07 (Inmate Supervision) 2. Interviews <ol style="list-style-type: none"> a. Facility Head b. PREA Coordinator c. PREA Compliance Manager d. Random Supervisory and Higher-Level Facility Staff e. Random Staff Interviews 3. Site Review Observations <ol style="list-style-type: none"> a. Observations during on-site review of facility <p>Findings (By Provision):</p> <p>115.13 (a). The RCDOC reports that during calendar year 2019, the average daily inmate population was 139 inmates. The number of inmates being held at the facility is much less than 368, which is the number on which the staffing plan was predicated. The lower number of inmates is reflective of the fact that female inmates are not housed long-term at RCDOC but are housed in other facilities with whom RCDOC maintains agreements with. Additionally, RCDOC has seen a decrease in its average daily inmate population since bail reform was instituted in New Hampshire.</p> <p>The minimum staffing guidelines given in RCDOC Policy 2A-1-01 provide for appropriate supervision of inmates on all shifts, with additional staffing during times that inmates are out-of-cell. In addition to assigned posts, the agency has staff designated as “float positions” allowing some flexibility to place staff in areas where additional supervision may be needed, or to allow more staff to freely move through the facility to monitor areas more effectively. During the site review, I noted that with 2 officers assigned to each occupied housing area, the staff to inmate ratio in the largest of the housing areas was 1:23. In all of the other housing areas, the ratio of staff to inmate was 1:18 or better.</p> <p>In addition to providing direct staff supervision, the facility video monitoring system allows for additional monitoring of inmates and staff to ensure safety and protect inmates. Video monitoring is present in housing areas as well as common areas, inmate program areas, areas where inmates may have limited direct supervision, and areas where inmates may be at elevated risk of victimization.</p> |

The agency has weekly command staff meetings and monthly divisional command meetings where any staffing issues or concerns about inmate supervision or safety can be addressed. When the video surveillance system was upgraded in 2013, consideration was given to addressing blind-spots, enhancing supervision of inmates where direct supervision may be limited, and improving inmate monitoring in areas where they may be at an elevated risk (i.e. intake cells, inmate program areas, laundry, kitchen area).

115.13 (b). Any deviations from the staffing plan are addressed through voluntary or mandatory overtime. Based on the availability of staff, the facility reported that there were no deviations from the staffing plan as outlined in Policy 2A-1-01. Facility staff reported no instances of having inadequate or too few officers to work and ensure safety of inmates and other staff members.

115.13 (c). The PREA coordinator and the PREA compliance manager both indicated that staffing levels are reviewed at weekly command staff meetings, as well as during monthly divisional meetings, which involve supervisory staff. Any issues related to the staffing plan or the deployment of video and other monitoring technologies would be brought up and considered at these meetings. Changes to the staffing plan would result in changes to RCDOC Policy 2A-2-01. No changes to the staffing plan have been made or noted during weekly command staff meetings.

115.13 (d). RCDOC Policy 2A-1-07 requires supervisory staff to conduct both announced and unannounced rounds of all areas occupied by inmates, as well as other facility activity areas. (pg. 2) Supervisors are encouraged to have informal contact with staff and inmates, as well as informally observe living and working conditions. The policy states that "staff shall not be alerted when supervisors are conducting unannounced rounds." (pg. 2)

Supervisory staff acknowledged that they conduct unannounced rounds of housing areas and other areas of the facility during their shift. Supervisory staff did not believe that staff alerted other officers when they were conducting rounds, as staff knew they could come in at any time or view them from the video surveillance equipment even if they were not in the housing unit or area where the staff member was. Line staff confirmed that supervisory staff would come in periodically during the shift. Although required by policy, staff indicated that these rounds are not always entered into the log.

Prior to the end of the on-site phase of the audit, the agency had made a change in their jail management system allowing for supervisory rounds to be entered and tracked more effectively.

Corrective Action:

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

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| 115.14 | Youthful inmates |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. RCDOC Pre-Audit Questionnaire (PAQ) b. New Hampshire House Bill 1624 (HB 1624-FN – Final Version) 2. Interviews <ol style="list-style-type: none"> a. Random agency staff 3. Site Review Observations <ol style="list-style-type: none"> a. Observations during on-site review of facility b. Observations from records and file reviews <p>Findings (By Provision):</p> <p>115.14 (a)(b)(c). The RCDOC is an adult detention facility which houses offenders over the age of 18. In 2014, New Hampshire House Bill 1624 was passed. The intent of the bill was to modernize the juvenile justice system in New Hampshire to ensure rehabilitation and preservation of rights for juveniles. One part of this legislation changed the age of minority for juvenile delinquency proceedings from 17 to 18 years of age. As a result of this change in legislation, persons under the age of 18 are not detained or housed at the RCDOC.</p> <p>During interviews with various random staff, I was informed that juveniles are not brought to RCDOC in compliance with state law. Additionally, I did not observe any inmates who either appeared to be or were identified as youthful inmates. During record and files reviews, I did not observe any information which showed that youthful inmates are detained or housed at RCDOC.</p> <p>Corrective Action:</p> <p>Based on the review and analysis of all the available evidence, the auditor has determined that the agency is substantially compliant with this standard. No corrective action is required.</p> |

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| 115.15 | Limits to cross-gender viewing and searches |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. RCDOC Pre-Audit Questionnaire (PAQ) b. RCDOC Policy 2C-1-01 (Personal Searches) c. RCDOC Policy 7B-1-01 (Block Operations) 2. Interviews <ol style="list-style-type: none"> a. PREA Coordinator b. Random Staff c. Random Inmates (male and female) 3. Site Review Observations <ol style="list-style-type: none"> a. Observations during on-site review of facility b. Observations from records and file reviews <p>Findings (By Provision):</p> <p>115.15 (a)(b)(c). The RCDOC, although responsible for the detention of both male and female inmates, primarily houses male inmates. This is done through the use of contracts with other county facilities to house female offenders who will be incarcerated beyond two to three days. Females housed at RCDOC during this time remain in the intake area rather than being brought to a housing area. Because of this, the frequency or need for cross-gender searches in general is greatly diminished.</p> <p>RCDOC Policy 2C-1-01 prohibits both pat searches and unclothed searches of inmates by correctional staff who are not the same “gender identity” as the inmate. (pg. 4) This prohibition includes body cavity searches. There is no provision for cross-gender searches to be performed under situations where exigent circumstances exist. The facility reported that no cross-gender searches of inmates, clothed (pat) or unclothed, have been conducted in the 12 months prior to the on-site audit.</p> <p>Staff interviews confirmed that they do not perform cross-gender pat searches or unclothed searches. Since a majority of the staff and inmate population is male, the only circumstance where this becomes an issue is if a female inmate is incarcerated, and no female staff are working. In these circumstances, the inmate would not be searched until a female staff member was available. During the on-site phase of the audit, there were two females in the intake area who were interviewed. Both inmates confirmed that they had only been searched by female staff. Both inmates stated that they were given opportunities for out-of-cell time and did not believe that they were denied or had restricted access to programming because female staff were not available to conduct searches as needed.</p> <p>RCDOC Policy 2C-1-01 requires that all body cavity searches will be documented and will only be conducted by staff who are the same gender identity of the inmate.</p> |

115.15 (d). RCDOC Policy 7B-1-01 requires that staff entering a housing unit announce themselves if they are not the same gender as the inmates in that housing unit. (pg. 2) This is required to be done at the change of shift if a female officer will be assigned to a male housing unit and logged into the jail management system. Male staff entering the area of intake where females are often housed are required to do the same.

Staff report that cross-gender supervision announcements are frequently done, although sometimes they are not done if a female officer is returning from a break back to the male housing unit she was assigned to. During the on-site review, I observed a limited number of cross-gender announcements, based largely on the fact that the facility does not have a designated housing unit for females, and the number of female staff members is small compared to male staff. I reviewed entries in the jail logs and saw where female staff entering a housing unit at the start of shift were noting that a cross-gender supervision announcement was made.

Inmates indicated that female officers do not make announcements as often as female civilians who may be entering the housing unit. During the on-site review, I noted that, because of the design of some of the housing areas, general announcements made when entering the housing unit may not be heard by all inmates, especially if there is background noise or the inmate is in their cell resting.

Inmates are, for the most part, able to shower, perform bodily functions, and change clothing without cross-gender viewing by non-medical staff. The showers in the housing areas have coverings that limit viewing, or that are designed to prevent viewing from staff outside the shower area. Inmates reported no concerns related to privacy when showering, performing bodily functions, or changing clothes, and stated that staff were respectful of their privacy.

During the on-site review of the facility, I noted that a female was changing in a holding cell which was in full view of the video surveillance camera which was being monitored in the Central Control room by two male officers. Further review of the video surveillance system showed that some of the camera placement or coverage allowed for cross-gender viewing of inmates who were changing clothes or using a toilet. The PREA Coordinator indicated that the facility was aware of this issue but was reluctant to make changes or modifications to the system which could negatively impact the safety and security of the facility.

115.15 (e). RCDOC Policy 2C-1-01 states that searches of inmates will be conducted by staff who are the same gender identity as the inmate. The policy does not specifically prohibit a search to determine genital status, however the policy gives a great deal of weight to the stated gender identity of the inmate. The agency reported that no searches were conducted in the 12 months prior to the on-site audit for the sole purpose of determining the inmate's genital status. Interviews with staff showed that no one had ever been asked or ordered to perform a search of an inmate for the sole purpose of determining the inmate's genital status.

115.15 (f). Based on the prohibition of cross-gender searches of inmates by security staff in RCDOC Policy 2C-1-01, no training is provided to staff on how to conduct a cross-gender pat search, or searches of transgender and intersex inmates. Staff training takes places in-house, as well as through a training academy. Randomly interviewed staff denied receiving any

training related to cross-gender searches, or searches of transgender and intersex inmates.

Corrective Action:

Review camera coverage of all video surveillance cameras to insure that cross-gender monitoring of inmates does not occur, except as expressed in the FAQ on cross-gender supervision, dated March 17, 2016, which states “in order to maintain the ability to conduct thorough and effective investigations and incident reviews involving sexual abuse, sexual harassment, and other misconduct, appropriately trained internal and external investigators, and senior facility and agency administrators are not prohibited by this rule from viewing any cross-gender recorded camera footage in conjunction with an investigation or incident review.”

Verification of Correction Action since the Interim Audit Report:

The auditor gathered, analyzed and retained the following additional evidence provided by the facility during the corrective action period relevant to the requirements of this standard:

Additional Documentation Reviewed:

- a. Photographs of holding cells and areas used for temporary housing of male and female inmates

The facility provided evidence through photographs showing holding cells and areas used for temporary housing of male and female inmates before being released, transferred, or placed in a regular housing area. These holding cells were identified during the on-site phase of the audit process as having cameras whose placement could allow for cross-gender viewing of inmates by staff when inmates may be changing clothes or performing bodily functions. The photographs provided by the facility show that cameras covering areas where a toilet was visible have been modified. The modification (covering) blocks the area where the toilet is, preventing staff from viewing an inmate who may be performing a bodily function. The modification still allows staff to effectively view an inmate in other areas of the cell or holding area to ensure the safety of the inmate. The facility indicated that if an inmate is required to change clothes, they are moved to an area where camera placement does not allow for cross-gender viewing.

The facility has effectively demonstrated compliance during the corrective action period with the supporting documentation. The facility is now in compliance with this provision.

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| 115.16 | Inmates with disabilities and inmates who are limited English proficient |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. RCDOC Pre-Audit Questionnaire (PAQ) b. Securus Hearing Impaired Services Agreement c. PrimeCare Language Services Policy d. PREA pamphlet (English and Spanish) e. PREA Risk Assessment (English and Spanish) 2. Interviews <ol style="list-style-type: none"> a. Agency Head b. Random agency staff c. Targeted inmates 3. Site Review Observations <ol style="list-style-type: none"> a. Observations during on-site review of facility b. Observations from records and file reviews c. Testing of Language Services system <p>Findings (By Provision):</p> <p>115.16 (a). The RCDOC has established procedures to ensure that inmates with disabilities can participate in or benefit from the agency's efforts to prevent, detect and respond to sexual abuse and sexual harassment. Inmates who are identified or self-report as having a disability receive the same information as other inmates but may also receive assistance in being able to understand the information.</p> <p>The classification department would determine what additional needs or services could benefit the inmate and ensure that those services are provided. Through the inmate kiosk system, inmates who are deaf or hard of hearing are able to access a video relay service to aid with communication to family, friends, or other outside services. The kiosk system also has a PREA informational video that can be accessed by all inmates and provides additional information about safety and response to incidents of sexual abuse and sexual harassment.</p> <p>During interviews, I spoke with an inmate who self-reported having a learning disability and had difficulty writing. The inmate said that during the intake process, the booking officer asked him questions from the PREA risk assessment form and wrote down his responses. The inmate further stated that he knew he could speak with an officer or other staff member if there was a problem. The inmate indicated that he had no issues reading or understanding the information that he was provided.</p> <p>115.16(b). The RCDOC has taken reasonable steps to ensure access to all aspects of the agency's efforts to prevent, detect and respond to sexual abuse and sexual harassment for inmates who are limited-English proficient. It was determined by the agency and through observation that Spanish is the most common language for inmates who do not speak English as their primary language. The facility provides both the PREA pamphlet and PREA risk</p> |

assessment in Spanish, as well as having the PREA video available in Spanish. For inmates who do not speak English or Spanish, the facility has access to a language interpreting service through their medical contract with PrimeCare. This service provides access to interpreters for most languages. During the on-site review of the facility, I had one of the medical staff test the system. The staff member knew how to access the service and established the connection in a reasonable period of time (approximately 5 minutes). For inmates who are Spanish speaking there are often staff available who are fluent in both English and Spanish. During interviews with staff and inmates it was found that inmates felt comfortable communicating with these staff members in Spanish if they needed to get information or ask a question.

115.16 (c). The use of inmate interpreters is not specifically prohibited by policy, however the use of this would only be limited to instances where another means of communication was not readily available, and a delay would compromise the inmate's safety. The availability of Spanish-speaking staff members and the access to language interpreting services limit the number of times that inmate interpreters would be required.

The agency reported that inmate interpreters may be used on an 'as-needed' basis during a disciplinary hearing to ensure that an inmate was afforded due process. The agency reports no instances in the 12 months prior to the on-site audit when an inmate interpreter was used.

Corrective Action:

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

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| 115.17 | Hiring and promotion decisions |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. RCDOC Pre-Audit Questionnaire (PAQ) b. RCDOC Policy 2A-6-06 (SPOTS and CJIS Use) c. RCDOC Policy 5A-1-04 (Human Services Programs) d. Applicant Release of Information e. Pre-Employment Polygraph Questionnaire f. Collective Bargaining Agreement - RCDOC and NCEU, Local 118 g. Collective Bargaining Agreement - County of Rockingham and Teamsters Local 633 h. Employment and Hiring Files and Records i. Volunteer and Contract Files and Records 2. Interviews <ol style="list-style-type: none"> a. Agency Head b. Facility Head c. PREA Manager d. Programs Coordinator 3. Site Review Observations <ol style="list-style-type: none"> a. Observations during on-site review of facility <p>Findings (By Provision):</p> <p>115.17 (a). RCDOC policy does not specifically state that they will not hire, promote, or enlist the services of anyone who may have contact with inmates who has engaged in conduct as outlined in this standard. As part of the screening and hiring process, a background check of person who will have contact with inmate is completed. For contractors and volunteers, this includes a criminal records check through the New Hampshire State Police Online Telecommunication System (SPOTS). This check provides charging and conviction data for criminal offenses however would not contain information about civil or administrative adjudication for activity described in paragraph (a)(2) of this standard.</p> <p>RCDOC requires that applicants for security staff positions provide a release of information so that references and other employers can be contacted and interviewed. In addition, they are required to submit to and successfully pass a pre-employment polygraph examination. The applicant background questionnaire contains questions related to past employment (pgs. 8-9), sexual activity (pgs. 19-20), and criminal activity (pgs. 23-26) which may aid in determining if an applicant has engaged in conduct as outlined in this standard.</p> <p>Additional steps in the background check include an internet search of the applicant to determine if records exist, as well as contacting previous employers for applicants who have worked in a correctional setting. For promotional processes, the facility would consider any past issues with the candidate to determine if they had engaged in any conduct as outlined in this standard. For promotions, the agency indicated that it was unlikely that someone who had engaged in prohibited conduct would maintain their employment.</p> |

I reviewed the hiring paperwork for two correctional officers. One was hired within 12 months of the on-site phase of the audit, and one was previously employed as a correctional officer. Records show that a criminal background check was completed, however specific questions related to prohibited conduct as outlined in this standard were not asked.

115.17 (b). RCDOC policy does not specifically state that incidents of sexual harassment will be considered when determining whether to hire, promote, or enlist the services of a person who will have contact with inmates. Applicants are not specifically required to disclose this information as part of the application or screening process.

The facility head indicated that information related to prior incidents of sexual abuse or sexual harassment would be considered as part of a hiring or promotional decision. The facility was not able to provide any documentation to support this, and I did not find any records as part of my review of employment and hiring records that indicated that questions related to incidents of sexual harassment are asked.

115.17 (c). As part of the hiring process for new employees who may have contact with inmates, the facility conducts criminal background records checks through SPOTS. In addition, they contact prior employers for applicants who may have worked in an institutional setting to gather information about allegations of sexual abuse or sexual harassment.

The facility indicated that in the 12 months previous to the on-site review, 21 criminal background record checks were conducted for person hired who may have contact with inmates. The facility head stated that the criminal background check is a requirement to be hired at RCDOC. If an applicant has previously worked in an institutional setting, RCDOC will attempt to get information from a previous employer, however they are typically provided with limited information. RCDOC requires applicants to provide a release of information so that previous employers can disclose information.

115.17 (d). As part of the screening process for contractors who may have contact with inmates, RCDOC requires that they complete a criminal background records check. This process is similar to that completed for new employees, except that a pre-employment polygraph is not required. The background check includes a criminal background records check through SPOTS. The facility did not provide information about the number of contracts for service where criminal background checks were conducted. Records provided to the auditor during the on-site phase of the audit for volunteers and contractors did not include evidence of criminal background records checks.

115.17 (e). The facility reports that criminal background checks are conducted at least every five years for current employees and contractors who may have contact with inmates. RCDOC Policy 2A-6-06 allows for the use of SPOTS “as needed for the periodic screening of existing employees to meet the requirements of the Prison Rape Elimination Act (PREA) or for other correctional purposes.” (pg. 2) The agency did not provide any records or information to show that checks are being conducted at least every five years.

115.17 (f). The RCDOC does not specifically ask all applicants and employees who may have contact with inmates about previous misconduct as described in paragraph (a) of this standard. The agency does not require an affirmative duty to disclose any such misconduct on employees.

115.17 (g). The Collective Bargaining Agreement (CBA) between RCDOC and NCEU, Local 118 and the CBA between the County of Rockingham and Teamsters Local 633 both include provisions relating to providing materially false information, which subjects them to discipline. The CBA between RCDOC and NCEU, Local 118 applies to correctional officers. Article XIV addresses disciplinary actions, which include "lying relative to any County business, or relative to any employment or personnel matter on the County." (pg. 14) Disciplinary measures may include discharge from employment.

The CBA between the County of Rockingham and Teamsters Local 633 applies to supervisory staff, including sergeant, corporal, education and program facilitator, mental health supervisor, substance abuse counselor and case manager. (pg. 3) Article XXIV addresses discipline and disciplinary procedures which includes dishonesty and "willful insubordination by altering or falsifying any records or the willful making of misstatements of fact in any phase of County government." (pg. 16) Discipline may include discharge from employment.

Additionally, the employment application includes a paragraph at the bottom which states that the applicant understands that "false or misleading information given in my application or interview(s) may result in disqualification and or discharge."

115.17 (h). RCDOC does not have a specific policy related to providing information to another facility or institution where a former employee of RCDOC may have applied for employment. The facility head indicated that, with an appropriate release of information, RCDOC would provide information to a requesting institutional employer, unless prohibited by law.

Corrective Actions:

Amend policy to indicate a prohibition of hiring or promoting anyone, or enlisting the services of a contractor who may have engaged in conduct as outlined in §115.17(a).

Provide evidence that a criminal background records check has been completed for new employees and anyone having contact with inmates.

Provide evidence that a criminal background records check is conducted at least every five years for employees and anyone having contact with inmates.

Develop a practice that includes asking all applicants and employees directly about previous misconduct as outlined in §115.17(a), that meets the requirements of §115.17(f).

Verification of Correction Action since the Interim Audit Report:

The auditor gathered, analyzed and retained the following additional evidence provided by the facility during the corrective action period relevant to the requirements of this standard:

Additional Documentation Reviewed:

a. RCDOC Policy 4D-1-01 (revised date 4/21/2020)

b. RCDOC Policy 2A-6-06 (revised date 4/15/2020)

b. New Employee Questionnaire

RCDOC Policy 2A-6-06 was revised to reflect that background checks will be performed before hiring any new employee or contractor that may have contact with inmates (pg. 3). Additionally the revision shows that background checks will be performed thereafter at least every 5 years (pg. 3). The background checks will seek to determine if the applicant has engaged in conduct as outlined in §115.17(a). If the individual has engaged in any of the

prohibited conduct, they shall not be hired or contracted by RCDOC (pg. 3).

Additionally, RCDOC Policy 2A-6-06 was revised to show that promotional decisions will consider whether a candidate has engaged in conduct as outlined in §115.17(a). If a candidate has engaged in such conduct, that individual will not be promoted (pg. 4).

The auditor reviewed supplemental employment questionnaires submitted by the facility for candidates who were considered for employment during the corrective action period. These questionnaires directly asked questions about prohibited conduct as outlined in §115.17(a). Additionally the auditor reviewed documentation from the facility showing that the facility has completed background checks, which include a criminal background check, on all employees and persons having contact with inmates, as required by this standard.

The facility has effectively demonstrated compliance during the corrective action period with the supporting documentation. The facility is now in compliance with this provision.

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| 115.18 | Upgrades to facilities and technologies |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. RCDOC Pre-Audit Questionnaire (PAQ) 2. Interviews <ol style="list-style-type: none"> a. Agency Head b. Assistant Superintendent c. PREA Coordinator d. PREA Manager 3. Site Review Observations <ol style="list-style-type: none"> a. Observations during on-site review of facility <p>Findings (By Provision):</p> <p>115.18 (a)(b). The RCDOC was originally built in 1980. Upgrades to the facility were made in 1993, which added an additional three housing units. Since this time, there have been no substantial expansions or modification made to the facility.</p> <p>Because of a reduction in inmate population, there were two housing areas that were vacant during the on-site phase of the audit. Although substantial modifications were not being made to these areas the facility was taking the opportunity to improve these areas. In addition to general maintenance and repair, the facility was making upgrades to the lighting in these areas by replacing the existing lighting fixtures with LED fixtures. The new LED fixtures are not only more energy efficient, they provide better, brighter lighting to these areas. Additionally, they are adding inmate kiosks and modifying existing video surveillance systems to provide better coverage and enhance their ability to protect inmates.</p> <p>The video monitoring system was upgraded in 2013. During this upgrade, additional cameras were installed and in certain areas, the type of camera was changed to improve coverage and enhance the agency’s ability to monitor and protect inmates. The video monitoring software was upgraded as well, providing better access and review to video footage. When the agency implements changes, upgrades to technology are considered as well to ensure that issues such as blind spots can be addressed. In 2018, the agency acquired a piece of screening equipment, which was placed outside the intake area. Due to its location, the agency made additional upgrades to the video monitoring system at that time to increase and enhance their ability to monitor and protect inmates.</p> <p>During the on-site review, the auditor was able to observe the coverage provided by the video monitoring systems. In areas where there was limited staff supervision or where staff were with inmates more one-on-one, camera placement provided coverage which enhanced supervision and provided safety for both inmates and staff. As the auditor was moving throughout the facility it was apparent that monitoring systems allowed staff to supervise</p> |

movement, evidenced by the fact that electronic doors and access to areas was almost immediate, and often without the need to use an intercom or portable radio.

Staff interviews confirmed that upgrades to technology have improved their ability to monitor inmates and prevent sexual abuse. The system also enhances their ability to more effectively respond to and investigate allegations of alleged sexual abuse and harassment.

Corrective Action:

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

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| 115.21 | Evidence protocol and forensic medical examinations |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. RCDOC Pre-Audit Questionnaire (PAQ) b. RCDOC Policy 4D-1-01 (Prison Rape Elimination Act) c. RCDOC Policy 2C-2-01 (Evidence & Contraband Collection & Preservation) d. PrimeCare Policy RCDOC, J-F-06 (Response to Sexual Abuse) e. Investigative Files 2. Interviews <ol style="list-style-type: none"> a. PREA Compliance Manager b. Investigative Staff c. Mental Health Staff d. Medical Staff e. Random Staff 3. Site Review Observations <ol style="list-style-type: none"> a. Observations during on-site review of facility <p>Findings (By Provision):</p> <p>115.21 (a)(b). RCDOC Policy 4D-1-01, Procedure D, pages 5-6, indicates that all evidence associated with a sexual assault shall be collected in a manner consistent with RCDOC Policy 2C-2-01. It provides further guidelines related to preventing contamination of evidence, packaging evidence in a manner that will not destroy it or negatively impact biological testing, and maintaining a chain of custody for each piece of evidence.</p> <p>RCDOC Policy 2C-2-01 provides additional information about proper handling of wet and dry evidence, how to properly secure evidence, and how to maintain a chain of custody. The evidence collection protocol contained in these policies is consistent with guidelines contained in "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents" as it relates to evidence collection and handling. The facility indicated in the PAQ that the protocol was adapted from or otherwise based upon this publication.</p> <p>Interviews with agency staff showed that they were familiar with their role and responsibilities related to obtaining physical evidence if an inmate alleged sexual abuse. Based on the number of staff typically available, most staff indicated that their role in obtaining physical evidence would consist primarily of securing the area to ensure that evidence was not damaged or destroyed. Additionally, staff indicated the importance of using gloves when handling evidence to avoid contamination, as well as when evidence would need to be packaged in paper.</p> <p>115.21(c)(d). RCDOC Policy 4D-1-01, Procedure B, indicates that a victim of sexual abuse that has occurred within five days of the report will be taken to Exeter Hospital for further medical treatment and evidence collection. (pg. 4) RCDOC is required to provide medical treatment at the nearest, appropriate medical facility. Exeter Hospital has SAFE/SANE nurses</p> |

on staff who provide forensic medical examinations.

PrimeCare Policy RCDOC, J-F-06, indicates that “if a patient discloses an incident of sexual abuse that occurred within 96 hours, physical evidence may still be collected” and the patient should be sent for an examination. (pg.2) The policy further indicates that “the facility should make available a victim advocate to accompany the victim through the forensic medical exam process.” (pg. 3) Medical staff believed that in most cases, an advocate was provided to the patient when they arrived at Exeter Hospital as part of their response. Medical staff confirmed that services related to sexual assault victimization were provided at no cost to the victim. This includes any services that the victim might receive outside of the facility in the community. I reviewed one investigative file where a victim reported a sexual assault that was within the period where evidence could likely be collected. The inmate was asked if he would consent to a forensic examination and he agreed. The inmate was transported to Exeter Hospital where a forensic examination was completed by a SAFE/SANE nurse. The inmate was provided information upon discharge from the hospital about follow-up care and community-based support services available.

115.21 (e)(h). In the event that Exeter Hospital was unable to provide an advocate for a victim of sexual assault, the facility would provide a staff member with specialized training regarding sexual assault and forensic examination issues, such as a nurse or mental health staff, who the victim felt comfortable with, if requested by the victim. When an inmate returned from treatment at the hospital, emotional support, information, and crisis intervention would be provided by either contracted or in-house mental health staff.

115.21 (f). The RCDOC engages in a coordinated response to reports of sexual assault with the Rockingham County Sheriff’s Office. Evidence related to a sexual assault is maintained and stored with the Sheriff’s Office. Services provided to the victim are coordinated and managed through the RCDOC. Even though the RCDOC and Sheriff’s Office are separate agencies, their response and protocols relevant to sexual assault within the RCDOC are shared.

Corrective Action:

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

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| 115.22 | Policies to ensure referrals of allegations for investigations |
| | <p data-bbox="248 170 898 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="248 248 523 282">Auditor Discussion</p> <p data-bbox="248 327 1273 360">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="248 416 1038 913" style="list-style-type: none"> <li data-bbox="248 416 1038 450">1. Documents (Policies, directives, forms, files, records, etc.) <ol data-bbox="248 461 979 618" style="list-style-type: none"> <li data-bbox="248 461 799 495">a. RCDOC Pre-Audit Questionnaire (PAQ) <li data-bbox="248 506 979 539">b. RCDOC Policy 4D-1-01 (Prison Rape Elimination Act) <li data-bbox="248 551 517 584">c. Investigative Files <li data-bbox="248 595 491 629">d. Agency website <li data-bbox="248 674 416 707">2. Interviews <ol data-bbox="248 719 517 797" style="list-style-type: none"> <li data-bbox="248 719 459 752">a. Agency Head <li data-bbox="248 763 517 797">b. Investigative Staff <li data-bbox="248 842 619 875">3. Site Review Observations <ol data-bbox="248 887 858 920" style="list-style-type: none"> <li data-bbox="248 887 858 920">a. Observations during on-site review of facility <p data-bbox="248 976 560 1010">Findings (By Provision):</p> <p data-bbox="248 1021 1485 1267">115.22 (a). RCDOC Policy 4D-1-01, Page 2, Procedure A-2 indicates that “all complaints of sexual abuse shall be investigated by the Safety and Security Lieutenant or designee.” If the allegation made relates to criminal sexual assault, the policy further states that the Rockingham County Sheriff’s Department will be the lead investigative agency (pg. 3). RCDOC Policy 4D-1-01 does not specifically state that conduct or behavior consistent that may be considered sexual harassment will result in a completed investigation.</p> <p data-bbox="248 1279 1449 1391">The RCDOC PAQ indicated that there were two allegations of sexual abuse or sexual harassment that resulted in completed investigations. A review of the allegations shows that there was:</p> <ul data-bbox="248 1402 1398 1514" style="list-style-type: none"> <li data-bbox="248 1402 1398 1469">• One allegation of sexual assault (inmate/unknown offender) that was determined to be Unfounded. <li data-bbox="248 1480 1273 1514">• One allegation of sexual harassment (inmate/inmate) that was Substantiated. <p data-bbox="248 1525 1477 1693">Both investigations were investigated in accordance with RCDOC Policy 4D-1-01. A review of both investigative files showed no factual basis for a criminal investigation to be conducted. As a result, there were no reported allegations forwarded for criminal investigation in the past 12 months.</p> <p data-bbox="248 1704 1449 1951">Interviews with the agency head and investigative staff showed that the Safety and Security Lieutenant is the primary investigator, who has the role of fact finder. In the event an allegation may involve criminal conduct, information related to the complaint is provided to a designated investigator at the Rockingham County Sheriff’s Department who will conduct a criminal investigation. The facility head reviews all investigations involving alleged sexual abuse and sexual harassment and makes decisions about possible sanctions.</p> <p data-bbox="248 2007 1449 2163">115.22 (b) (c). RCDOC Policy 4D-1-01, Page 3, Procedure 8.F states that “the Rockingham County Sheriff’s Department will be the lead agency for all criminal sexual assault investigations.” In the event an allegation is made against a member of the Sheriff’s Department, the New Hampshire State Police will be the lead agency for an investigation.</p> |

The Rockingham County Sheriff's Department is a separate entity from the RCDOC. The RCDOC is under the authority of the Rockingham County Board of Commissioners, who appoints a Superintendent to oversee the operation of the RCDOC. The Rockingham County Sheriff's Department has an elected High Sheriff, who oversees the operations of that department. Even though the RCDOC and Rockingham County Sheriff's Department are located within the same building, authority and oversight of both entities is separate from one another.

The agency website contains information stating that "all reports of sexual assault will be promptly investigated" however the website does not make a clear distinction between who is responsible for conducting an administrative investigation, and who is responsible for conducting a criminal investigation. Information provided on the website only refers to investigations related to sexual assault, and not investigations related to sexual harassment. Interviews with investigative staff and agency head show that if an allegation involves potential criminal conduct, an investigator from the Rockingham County Sheriff's Department is contacted, who will conduct a separate criminal investigation. If a referral for criminal investigation is made to the Sheriff's Department, a notation in the facility's investigative report would be made. The reporting software used by the facility includes the option to mark an incident as "arrested or referred to law enforcement agency" as well as "referred to prosecution."

115.22 (d) (e). The auditor is not required to audit these provisions.

Corrective Action:

Amend language in RCDOC Policy 4D-1-01 to include both sexual assault and sexual harassment allegations as allegations that will be investigated either administratively or criminally.

Publish RCDOC Policy 4D-1-01 on the agency website, or make the policy available through other means, as required by Standard 115.22 (b).

Ensure that responsibilities for any agency conducting investigations is described, as required by Standard 115,22 (c).

Verification of Correction Action since the Interim Audit Report:

The auditor gathered, analyzed and retained the following additional evidence provided by the facility during the corrective action period relevant to the requirements of this standard:

Additional Documentation Reviewed:

a. RCDOC Policy 4D-1-01 (revised date 4/21/2020)

b. Review of RCDOC website

RCDOC Policy was revised to include that allegations of both sexual assault and sexual harassment will be investigated criminally and/or administratively based on the nature of the allegation. This applies to reports that are received which are determined to be acute (within 5 days) as well as reports that are beyond 5 days (pgs. 5-6). All complaints will be investigated until completion, or until a finding is reached in the case of an administrative investigation (pg. 8).

A review of the RCDOC website shows that the revised version of Policy 4D-1-01 is published

and publically accessible. The policy outlines the responsibilities for conducting both criminal and administrative investigations related to reports of sexual abuse and sexual harassment. In the event an investigation is conducted by an outside entity, Policy 4D-1-01 describes the responsibilities for those agencies conducting the investigation (pg. 8).

The facility has effectively demonstrated compliance during the corrective action period with the supporting documentation. The facility is now in compliance with this provision.

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| 115.31 | Employee training |
| Auditor Overall Determination: Meets Standard | |
| Auditor Discussion | |
| <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. RCDOC Pre-Audit Questionnaire (PAQ) b. RCDPC Policy 4D-1-01 (Prison Rape Elimination Act) c. PREA Training PowerPoint – Class d. PREA Training PowerPoint – Policy e. PREA Training Roster 2. Interviews <ol style="list-style-type: none"> a. Random agency staff 3. Site Review Observations <ol style="list-style-type: none"> a. Observations during on-site review of facility <p>Findings (By Provision):</p> <p>115.31 (a)(b)(c). RCDOC Policy 4D-1-01 states that “Staff members will be provided PREA information and training on the PREA policy during new hire orientation and periodically during annual in-service training periods. This training shall include the PREA policy, any updated information on the PREA act, responsibilities and how to proceed once a sexual abuse complaint is made.” (pg. 2)</p> <p>The PREA training provided through the PowerPoint presentations includes information of:</p> <p>Zero-tolerance policy for sexual abuse and sexual harassment: The PREA training PowerPoint – Class provides a definition for sexual harassment and provides information on what conduct might constitute sexual harassment. The PREA training PowerPoint – Policy reviews the RCDOC PREA policy, which does not provide specific language related to sexual harassment.</p> <p>How to fulfill responsibilities: The PREA training provided to staff members includes information about prevention, detection, reporting and response policies and procedures as it related to incidents of sexual abuse or assault. The training includes areas of discussion around these topics to encourage student participation.</p> <p>Inmates’ rights to be free from sexual abuse and sexual harassment: The PREA training gives information to staff about their responsibility to provide a safe environment for inmates that is free from sexual abuse and sexual harassment. The training provides information about the history of PREA and what some of the common myths and misconceptions about sexual abuse in a confinement setting have been over time.</p> <p>Right to be free from retaliation for reporting sexual abuse and sexual harassment: The PREA training PowerPoint – Policy provides information from 4D-1-01 which states “No inmate, staff member or contractor shall be retaliated against, in any manner, for reporting an allegation of sexual abuse.” (pg. 4) The training, and policy, do not specifically address retaliation for sexual harassment.</p> <p>The dynamics of sexual abuse and sexual harassment in confinement: The PREA training provides good information about the dynamics of sexual abuse and sexual harassment in confinement by detailing how people in confinement may be more vulnerable to sexual abuse</p> | |

or sexual harassment. This point is emphasized by giving information about Rodney Hulin, Jr. who was incarcerated, and subsequently committed suicide after experiencing sexual abuse while in prison.

Common reactions of sexual abuse and sexual harassment victims: The PREA training PowerPoint – Class gives information about common reactions of sexual abuse victims, including a reluctance to disclose abuse and trauma responses associated with abuse. The training does not include specific information as it relates to common reactions of sexual harassment victims.

How to detect and respond to threatened and actual sexual abuse: Both the PREA training PowerPoint lessons give detailed information about detecting sexual abuse, and how to appropriately respond to incidents of threatened and actual sexual abuse. Emphasized in the training is providing safety and care of the alleged victim, protecting possible physical evidence, and ensuring that an effective investigation can be completed.

How to avoid inappropriate relationships with inmates: The PREA training gives information about how relationships between staff and inmates can happen, and how to prevent incidents from occurring. The training gives information from local cases involving correctional staff from New Hampshire being criminally charged for inappropriate relationships with inmates and holding other staff members accountable if they observe what they believe to be inappropriate behavior with an inmate.

How to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates: The training does not include information about communicating effectively with inmates who may be lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates.

How to comply with relevant mandatory reporting laws: The training provides information regarding New Hampshire laws pertaining to sexual assault for incarcerated people by correctional staff. The policy training includes the affirmative duty of staff members to respond to and report suspected or actual incidents of sexual abuse.

Although RCDOC primarily houses male inmates, they do receive and house female inmates who may later be transferred to another contracted facility. The training provided is tailored to and addresses issues related to both male and female inmates.

All staff who were interviewed acknowledged that they had received PREA training. Training was provided both in-house through RCDOC as well as through training offered through the academy corrections training attended by correctional staff within their first two years of employment. For staff who had not yet attended the academy training, RCDOC provided PREA training as part of the new hire orientation.

I reviewed training records for staff currently employed at RCDOC. The staff rosters provided by RCDOC showed 85 staff members, including administrative, supervisory, correctional, and civil staff, who have contact with inmates. The facility provided records showing that all 85 staff members had received PREA training as required by this standard.

115.31 (d). The agency provided sign-in rosters as documentation showing that staff had participated in PREA training. The rosters do not indicate or provide evidence that the employees understood the training they had received.

Based on staff interviews, the level of familiarization, understanding and retention of information from PREA training varied from individual to individual.

Recommended Action:

Provide criterion testing or some other method for PREA-related training to ensure that

participants have received critical elements of the training, as well as to help the agency identify areas where training may need to be updated or improved.

Corrective Actions:

Update training materials to include specific information about sexual harassment as it relates to provisions of this standard.

Update training to include information about an inmate and employees right to be free from retaliation for reporting an allegation of sexual abuse or sexual harassment.

Update training to include specific information related to common reactions of victims of sexual harassment.

Update training to include specific information about how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates.

Ensure that documentation of training shows that an employee understands the training they have received.

Verification of Correction Action since the Interim Audit Report:

The auditor gathered, analyzed and retained the following additional evidence provided by the facility during the corrective action period relevant to the requirements of this standard:

Additional Documentation Reviewed:

- a. RCDOC Policy 4D-1-01 (revised date 4/21/2020)
- b. Update PREA PowerPoint
- c. Respectful Communication Practices
- d. Training Records

RCDOC Policy 4D-1-01 was updated to include language specific to a zero-tolerance standard for sexual harassment as well as language related to protection from retaliation for inmates, staff, or others who report an allegation or cooperate in an investigation (pgs. 4-5). The updated policy is included in a revised training PowerPoint for existing and newly hired staff.

The updated training materials contain information specific to common reactions of victims of sexual harassment (slide 69-73) as well as respectful communication practices when speaking with LGBTI inmates.

A review of training records show that the updated materials are part of the training received by new corrections officers at RCDOC. There is an acknowledgement signed by the student showing they have had an opportunity to ask relevant questions and understand the training they have received.

The facility has effectively demonstrated compliance during the corrective action period with the supporting documentation. The facility is now in compliance with this provision.

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| 115.32 | Volunteer and contractor training |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. RCDOC Pre-Audit Questionnaire (PAQ) b. RCDOC Policy 4D-1-01 (Prison Rape Elimination Act) c. RCDOC Policy 5A-1-04 (Human Services Programs) d. PREA Protection Flyer e. Training Records 2. Interviews <ol style="list-style-type: none"> a. Volunteer Coordinator b. Volunteer and Contractors who have contact with Inmates 3. Site Review Observations <ol style="list-style-type: none"> a. Observations during on-site review of facility <p>Findings (By Provision):</p> <p>115.32 (a)(b)(c). RCDOC Policy 4D-1-01 pertains to “all inmates, staff, civilians and contractors who fall under the jurisdiction of the Rockingham County Department of Corrections.” (pg. 1) It provides information related to the prevention, detection, and response to incidents of sexual abuse, with duties and responsibilities pertaining primarily to staff members.</p> <p>RCDOC Policy 5A-1-04 addresses human services programs and provides for training of program volunteers on Policy 4D-1-01. There is no specific language in either policy that covers training for contractors who may have contact with inmates.</p> <p>The training provided to volunteers includes a review of the PREA policy, what constitutes sexual abuse, reporting requirements when sexual abuse is reported or suspected, and cross-gender supervision announcements. The PREA Protection flyer provides information to volunteers about the facility’s zero-tolerance policy, signs that an inmate might be experiencing sexual victimization, and how to report if sexual abuse is discovered or suspected.</p> <p>Volunteers are given a training sheet, which is included as Attachment 1 of RCDOC Policy 5A-1-04, that includes a training acknowledgement at the bottom. The acknowledgement provides that the volunteer has received the training and has had an “opportunity to ask questions or get clarification on any issue” regarding their volunteer activities with the RCDOC.</p> <p>In the PAQ, the facility reported that 62 volunteers or contractors who may have contact with inmates have received training based on the level of service they provide and the level of contact they have with inmates. The facility reported in the PAQ that there are 221 volunteers, and 4 contractors, who have contact with inmates and are currently authorized to enter the facility. Based on the information provided by the facility, the percentage of volunteers and contractors who have received training as required by this standard is 27.5%,</p> <p>The volunteer coordinator oversees volunteers, as well as others who are not security staff. The volunteer coordinator stated that PREA training involves reviewing the information</p> |

included on the training sheet, and having the volunteer acknowledge that they have received the training. The volunteer coordinator provided documentation of training but indicated that the rosters of active volunteers was not up to date and reflected people that no longer had contact with inmates at RCDOC.

I spoke formally and informally with volunteers and other non-security staff who had contact with inmates. This included the County contracted staff from Glendale Senior Dining, which provides meals for inmates at RCDOC. Inmates from RCDOC are assigned as workers to assist contracted staff with kitchen duties. At the time of the on-site phase of the audit, there was one inmate assigned to the kitchen. Glendale Senior Dining staff supervise inmates who are assigned, with no security staff present. Inmate workers are dropped off and picked up from the Rockingham County Nursing Home, located on the County campus proximate to the RCDOC.

Staff from Glendale Senior Dining indicated that they had not received formal training related to PREA, however indicated that PREA-related information was provided near the time clock. The information available was the PREA Protection flyer.

Non-security staff who I interviewed who had received the training had knowledge of the zero-tolerance policy regarding sexual abuse and sexual harassment and understood their responsibility to report suspected incidents of sexual abuse or sexual harassment to security staff.

Recommended Action:

Ensure that applicable policies reflect that volunteers and contractors who have contact with inmates are required to receive training as required by this standard.

Corrective Actions:

Provide documentation showing that all current volunteers and contractors who have contact with inmates have received training as required by this standard.

Ensure that the level of training provided to volunteers and contractors is based on the level of service they provide, and the level of contact they have with inmates. At a minimum, this training shall include notification of the agency's policy regarding sexual abuse and sexual harassment and how to report such incidents.

Verification of Correction Action since the Interim Audit Report:

The auditor gathered, analyzed and retained the following additional evidence provided by the facility during the corrective action period relevant to the requirements of this standard:

Additional Documentation Reviewed:

- a. RCDOC Policy 4D-1-01 (revised date 4/21/2020)
- b. Volunteer and Contractor training PowerPoint
- c. Training Acknowledgement Sheets

RCDOC updated training materials for volunteers and contractors which includes training that defines prohibited conduct defined in RCDOC Policy 4D-1-01 as well as the obligation to report based on observations or reports of alleged sexual harassment or sexual assault. The training is relevant to volunteers and contractors with varying levels of contact with inmates. The training communicates RCDOC's policy of zero tolerance for instances of sexual assault

and sexual harassment.

The auditor received an updated list of approved volunteers and contractors who have received the appropriate level of training required by this standard. The auditor reviewed training records showing that volunteers and contractors who have contact with inmates have received training as required by this standard.

The facility has effectively demonstrated compliance during the corrective action period with the supporting documentation. The facility is now in compliance with this provision.

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| 115.33 | Inmate education |
| Auditor Overall Determination: Meets Standard | |
| Auditor Discussion | |
| <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. RCDOC Pre-Audit Questionnaire (PAQ) b. RCDOC Policy 4D-1-01(Prison Rape Elimination Act) c. Inmate Orientation Booklet d. PREA pamphlet e. Inmate Rulebook (12th edition) f. Receipt of PREA-related information 2. Interviews <ol style="list-style-type: none"> a. Interviews with Staff b. Interviews with Inmates c. Interviews with Classification Staff 3. Site Review Observations <ol style="list-style-type: none"> a. Observations during on-site review of facility <p>Findings (By Provision):</p> <p>115.33 (a). RCDOC Policy 4D-1-01, Page 2, Procedure A-1 states that “all inmates under the jurisdiction of the Rockingham County Department of Corrections will receive written and verbal notification on how to report instances of sexual abuse.” In the same policy, Page 2, Procedure A-6, states that “all inmates will receive a sexual assault awareness handout as part of the booking procedure and prior to being housed in general population.”</p> <p>The PREA pamphlet, provided to inmates during the intake process, does not specifically state the RCDOC zero-tolerance policy however does indicate that:</p> <ul style="list-style-type: none"> • Inmates cannot legally consent to sexual contact with anyone while incarcerated, • Inmates can have no sexual contact with another inmate, RCDOC staff, volunteers, and/or contractors or vendors. • It is never appropriate for RCDOC staff, volunteers, etc., to make sexual advances or comments, or to engage in sexual contact with inmates. <p>The PREA pamphlet is titled “Sexual Assault Awareness” and, although mentioned, does not make clear that sexual harassment is a violation that should be reported.</p> <p>The PREA pamphlet provides information on multiple ways for an inmate to report sexual assault, including in-person, mail, hotline, and through submission of a medical slip or request form.</p> <p>The Inmate Orientation Booklet, provided during the intake process, provides the inmate with information related to the court process, bail information, as well as information the inmate might need during their incarceration at RCDOC (i.e. money and phone account information, visitation, mail, programming). The PREA information in the Inmate Orientation Booklet (pgs. 4-6) is the same information provided in the PREA pamphlet.</p> | |

The Inmate Rulebook (pgs. 6-7), also provided during the intake process, contains the same information given in the inmate orientation booklet and PREA pamphlet.

Through staff interviews, it was determined that during the intake process, inmates are provided with this information and sign a receipt that they have been given the information. Inmates who were interviewed provided evidence that the information was given, however there was some confusion between inmates as to what information they received.

During the site review, the auditor observed that the Inmate Rulebook, PREA pamphlet, and Inmate Orientation Booklet are included with a clothing bundle given to the inmate during the intake process.

The RCDOC PAQ indicates that there were 2,952 inmates admitted to their facility in the past 12 months, and that all inmates received information about the RCDOC zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment.

The auditor reviewed 9 inmate records randomly selected from the list of inmates who were interviewed during the on-site portion of the audit. All but 2 of the inmates had signed receipt showing they had received the Inmate Rulebook, Inmate Orientation Booklet, and PREA pamphlet. The 2 inmates who had not signed receipt were still being housed in the intake area and had not completed the intake process. Staff who were interviewed who may work in the intake area stated that inmates receive the PREA materials as part of the intake process.

115.33 (b) (c). The RCDOC PAQ indicates that all inmates receive comprehensive education related to sexual abuse, sexual harassment, retaliation for reporting incidents, and agency policies and procedures for responding to such incidents within 30 days through a video incorporated as part of the inmate kiosk system. The RCDOC PAQ indicated that viewing was mandatory in order to utilize the kiosk system.

During the site review, the auditor was able to determine that the video was viewable by inmates, however there was no mechanism in place to require that the inmate view the video within a specific time frame, and there was no mechanism in place to show which inmates had and had not viewed the video.

RCDOC Policy 4D-1-01, Page 2, Procedure A-6 states that "inmate safety forms (Attachment 3) will be completed during the classification interview and made part of the inmate's permanent record." The inmate safety form provides information to reduce the possibility of victimization, how to report sexual misconduct, and the process once a report of sexual misconduct is made.

Interviews with classification staff showed that the inmate safety form was reviewed with all inmates as part of the classification interview. The inmate safety form has areas of sign-off for both the inmate and the classification officer completing the review of information. Interviews showed that these interviews are completed typically within 1-2 weeks of intake but may be completed sooner depending on the status of the inmate and the workload of classification staff.

The auditor reviewed 9 inmate records randomly selected from the list of inmates who were interviewed during the on-site portion of the audit. Of the 9 records reviewed, 5 records contained completed inmate safety forms as part of comprehensive inmate education which were completed within 30 days of intake. The remaining 4 records that did not have completed safety forms were for 2 inmates who had not completed the intake process and 2 inmates who had not been classified at the time of the on-site audit.

115.33 (d). The PREA pamphlet provided to inmates at the time of intake is offered in both English and Spanish. The Inmate Orientation Handbook and Inmate Rulebook were only

offered in English, however the PREA-related information contained in these materials mirrors the information contained in the PREA pamphlet.

Interviews with staff and inmates showed that English is the primary language spoken at RCDOC. For non-English speaking inmates, Spanish is the primary language. One inmate whose primary language is Spanish indicated that he received materials and in Spanish. Another inmate who stated he could not read or write well indicated that materials were read to him during the intake and classification processes.

Both inmates and staff indicated that there are Spanish-speaking staff available who can translate for inmates who need it. In addition, a language translation service is available through the medical contract with PrimeCare which allows for translation services for inmates who are not Spanish speaking.

During the site review, the auditor observed copies of the PREA pamphlet, in both English and Spanish, posted in the housing areas. The PREA video on the inmate kiosk is offered in English only, and subtitles are not included for inmates who might be deaf or hearing impaired. The inmate kiosk does include the option for hearing impaired services which can be activated for inmates who need it.

115.33 (e). The RCDOC jail management system allows for documents to be scanned and attached to an inmate record. This documentation is accessible through the jail management system, with controlled access to specific documents based on security permissions. The auditor was able to review inmate records which showed that documentation of inmate receipt of PREA education materials, as well as inmate participation in the classification interview where comprehensive education was received by the inmate.

As indicated earlier, the inmate kiosk system which contains a PREA video for inmates does not track or keep records showing which inmates have accessed or viewed the video.

115.33 (f). RCDOC provides inmates with an Inmate Handbook, Inmate Orientation Booklet, and PREA pamphlet at the time of intake. These materials are given to the inmate for the course of their incarceration. These materials contain information about sexual misconduct and how to report incidents of sexual assault. Additionally, copies of the PREA pamphlet were posted and visible in all housing units during the site review. It was noted that some of the posted materials were torn or damaged, however were still readable. The copies were also posted in a manner that would make it easy for them to be removed or tampered with.

Recommended Actions:

Ensure that materials containing key information for inmates that is readily available and visible to inmates is posted in such a way as to avoid damage making them unreadable and to prevent them from being removed or tampered with.

Corrective Actions:

Inmates are required to 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 and sexual harassment. Information provided to inmates should be amended to reflect both sexual abuse and sexual harassment.

Verification of Correction Action since the Interim Audit Report:

The auditor gathered, analyzed and retained the following additional evidence provided by the facility during the corrective action period relevant to the requirements of this standard:

Additional Documentation Reviewed:

- a. RCDOC Policy 4D-1-01 (revised date 4/21/2020)
- b. Inmate Orientation Booklet
- c. PREA pamphlet

The facility provided updated copies of both the Inmate Orientation Booklet and PREA pamphlet provided to inmates when they are received. The Inmate Orientation Booklet includes information relevant to sexual abuse and sexual harassment (pgs. 4-5), and includes information about the ways an inmate can make a report of this conduct (pg. 6). The PREA pamphlet has been updated to include language relevant to sexual harassment as well as sexual assault.

The facility provided updated versions of the PREA pamphlet for both English and Spanish speaking inmates.

The facility has effectively demonstrated compliance during the corrective action period with the supporting documentation. The facility is now in compliance with this provision.

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| 115.34 | Specialized training: Investigations |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. RCDOC Pre-Audit Questionnaire (PAQ) b. Training files and records 2. Interviews <ol style="list-style-type: none"> a. Investigative Staff 3. Site Review Observations <ol style="list-style-type: none"> a. Observations during on-site review of facility <p>Findings (By Provision):</p> <p>115.34 (a)(b)(c). RCDOC policy does not specifically require that investigators who conduct sexual abuse investigations are trained in conducting such investigations in confinement settings. The facility did provide documentation for two staff members who are tasked with conducting these investigations. One staff member, the Safety and Security Lieutenant, had been responsible for conducting investigations. The other staff member is newly assigned to these duties and has not completed the required training.</p> <p>The current investigator has received specialized training in:</p> <p>Investigating Sexual Abuse in a Confinement Setting through the National Institute of Corrections.</p> <p>Internal Affairs Investigations through NH Police Standards & Training Council</p> <p>Law Enforcement Interview Tactics through Granite State Police Career Counseling, LLC</p> <p>This specialized training is in addition to training received pursuant to §115.31.</p> <p>The investigator who is being trained has received the following specialized training:</p> <p>Internal Affairs Investigations through NH Police Standards & Training Council</p> <p>Law Enforcement Interview Tactics through Granite State Police Career Counseling, LLC</p> <p>During the interviews, the current investigator said that he has also attended training as part of the facility Sexual Assault Response Team (SART).</p> <p>Topics covered in the training included techniques for interviewing victims of sexual abuse, use of Garrity and Miranda warnings, evidence collection in a confinement setting, and criteria and evidence required to substantiate a case for administrative or criminal prosecution.</p> <p>The staff member newly assigned to conduct sexual abuse investigations stated that he is currently receiving training related to these duties however has not been tasked to conduct any investigations related to sexual abuse yet.</p> <p>Corrective Action:</p> <p>Amend RCDOC Policy 4D-1-01 to require that investigators are trained in conducting sexual abuse investigations in confinement settings as required by this standard.</p> <p>Verification of Correction Action since the Interim Audit Report:</p> |

The auditor gathered, analyzed and retained the following additional evidence provided by the facility during the corrective action period relevant to the requirements of this standard:

Additional Documentation Reviewed:

a. RCDOC Policy 4D-1-01 (revised date 4/21/2020)

b. Training records

RCDOC Policy 4D-1-01 was updated to require all personnel assigned or designated to perform sexual assault or sexual harassment investigations be trained investigators who have, at a minimum, completed training specific to conducting investigations in a confinement setting.

The auditor received and reviewed training records for individuals currently designated to perform sexual assault or sexual harassment investigations. The records show that training through the National Institute of Corrections was successfully completed during the corrective action period.

The facility has effectively demonstrated compliance during the corrective action period with the supporting documentation. The facility is now in compliance with this provision.

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| 115.35 | Specialized training: Medical and mental health care |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. PrimeCare Policy RCDOC J-F-06 (Response to Sexual Abuse) b. RCDOC Policy 4D-1-01 (Prison Rape Elimination Act) c. Training files and records for medical and mental health staff 2. Interviews <ol style="list-style-type: none"> a. Medical and Mental Health Staff 3. Site Review Observations <ol style="list-style-type: none"> a. Observations during on-site review of facility <p>Findings (By Provision):</p> <p>115.35 (a)(c)(d). PrimeCare Policy RCDOC J-F-06 requires that medical and mental health practitioners receive PREA-related training mandated for employees. (pg. 7) The policy also states that sexual abuse training is a mandatory annual in-service topic. (pg. 8) Contracted medical and mental health PrimeCare staff receive training from the facility, through their own in-house training, as well as through distance learning. The training topics covered include, at a minimum, those required in provision (a) of this standard. The training included real events to highlight the key elements of the training including duty to report, official response, and appropriately detecting and assessing signs of sexual abuse and sexual harassment.</p> <p>Training also included information related to preservation of physical evidence in incidents of sexual abuse, however PrimeCare Policy RCDOC J-F-06 provides that “RCDOC medical staff does not conduct rape exams nor collects evidence related to a reported sexual assault.” (pg. 9)</p> <p>Staff interviews confirmed that medical and mental health staff receive training as required in provision (a) of the standard. Staff stated they received training specific to RCDOC, which included training on the facility’s zero-tolerance policy of sexual abuse and sexual harassment, as well as how to report suspected incidents.</p> <p>I received training records, maintained by the health services administrator, showing that there were 19 medical and mental health staff who work regularly in the facility. Of these staff, I received documentation showing that 100% had received specialized training as required in provision (a) of this standard.</p> <p>115.35 (b). PrimeCare Policy RCDOC J-F-06 provides that “RCDOC medical staff does not conduct rape exams nor collects evidence related to a reported sexual assault.” (pg. 9) RCDOC Policy 4D-1-01 requires that victims of sexual assault will be taken to Exeter Hospital for treatment by a SAFE/SANE nurse.</p> <p>Since medical staff employed by RCDOC do not conduct forensic examinations, this provision is N/A.</p> |

Corrective Action:

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

115.41 Screening for risk of victimization and abusiveness

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

- 1. Documents (Policies, directives, forms, files, records, etc.)
 - a. RCDOC Pre-Audit Questionnaire (PAQ)
 - b. RCDOC Policy 4D-1-01 (Prison Rape Elimination Act)
 - c. RCDOC Policy 2A-6-01 (Inmate Classification)
 - d. RCDOC Policy 2A-6-02 (Inmate Reclassification)
 - e. RCDOC Policy 2A-7-01 (Protective Custody Classifications)
 - f. PREA Risk Assessment form
 - g. Inmate Safety Sheet
 - h. Inmate records
- 2. Interviews
 - a. PREA Coordinator
 - b. PREA Compliance Manager
 - c. Staff Responsible for Risk Screening
 - d. Random Inmates
- 3. Site Review Observations
 - a. Observations during on-site review of facility

Findings (By Provision):

115.41 (a)(b). RCDOC Policy 4D-1-01 requires that “upon arrival, all inmates will be screened to determine potential vulnerabilities to sexual abuse.” (pg. 3) The policy further states that “all inmate files, transfer packets, and criminal history information will be reviewed during the intake process to identify potential vulnerabilities, behavioral issues and sexually aggressive behaviors.” (pg. 3) RCDOC policies do not require that inmates are screened for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours of their intake. RCDOC is a single-facility agency, therefore there is not a requirement that they include in policy language related to inmates being assessed upon transfer to another facility (within the agency).

The facility reported that in the 12 months prior to the audit, there were 427 inmates who entered the facility whose length of stay in the facility was for 72 hours or more. The facility reported that 100% of these inmates were screened for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours of their intake.

Interviews with staff showed that they rotate through the intake area as a post assignment. For those staff who have worked in intake all stated that inmates are screened upon entry into the facility for risk of sexual victimization or sexually abusive behavior toward others. The screening is done using the PREA Risk Assessment form that contains questions that are answered by inmates either on their own or by staff asking them the questions on the form. Interviews with inmates showed that 81% (17/21) specifically recalled being asked questions related to sexual victimization, gender identity, or by filling out a ‘checklist’ during the intake process. The remaining 19% (4/21) did not specifically recall being asked this information at

intake.

I took a random sampling of 33% (7/21) of the inmates who were interviewed and reviewed their inmate records. I found that all of the inmates sampled had been assessed for victimization using the PREA Risk Assessment form during the intake process.

115.41 (c)(d)(e). Screening assessments are conducted using the PREA Risk Assessment form. The form contains all of the criteria listed in provision (d) of this standard. In addition to the Risk Assessment form, the screening process also takes into consideration “all inmate files, transfer packets, and criminal history information will be reviewed during the intake process to identify potential vulnerabilities, behavioral issues and sexually aggressive behaviors”, as provided in RCDOC Policy 4D-1-01, Page 3.

Interviews with staff show that inmates are either asked the questions on Risk Assessment form by intake staff or are given the option of answering the questions themselves. Inmates who respond “YES” to six or more of the assessment questions are referred to either the shift supervisor or classification officer. If needed, a referral to a mental health counselor is made as well. (RCDOC Policy 4D-1-01, Page 3)

115.41 (f). RCDOC Policy 2A-6-01 requires that a classification interview will be conducted by a classifications officer, with the inmate present to gather additional information not collected during the intake process. In addition, a PREA interview and inmate safety sheet are completed. (pg. 4) The classification interview also confirms that the inmate received documentation, including the PREA pamphlet. RCDOC policies do not specifically require that within a set time frame, not to exceed 30 days from the inmate’s arrival at the facility, that the facility will reassess the inmate’s risk of victimization or abusiveness.

The inmate safety sheet provides information to inmates on how to avoid sexual assault, and how to report sexual misconduct. It explains the process once a report of sexual misconduct is made, and possible outcomes to an investigation. The classification process also includes questions regarding prior sexually aggressive behavior, prior victimization, and previous criminal history, in addition to other questions.

Interviews with classifications staff show that the reassessment of inmates is done within one to two weeks from the date the inmate is received into the facility. The time frame can be affected by the inmate’s status, such as for an inmate who may be on a special watch. The classifications process, among other things, determines appropriate, longer term housing options for inmates. Classifications staff stated that, at no time, does the reassessment of inmates take longer than 30 days from the date of initial intake.

I reviewed a random sample of 7 inmate records to determine if they had been reassessed for risk of victimization or abusiveness. One inmate in the sample group had been in the facility less than 24 hours, so had not been interviewed by classifications at the time. Of the remaining 6 inmates, all had been interviewed by classification to reassess their risk of victimization or abusiveness. The average time period from date of initial arrival to reassessment was 11.66 days.

115.41 (g). RCDOC Policy 2A-6-01 states that “classification reviews will be conducted when warranted/needed” in accordance to the Inmate Reclassification policy. (pg. 5) RCDOC Policy 2A-6-02 states that an inmate will be reclassified based upon referrals, requests, or reports indicating that an inmate is identified as “being at risk for harassment, physical harm, or intimidation.” (pg. 3) An inmate may be reclassified to a more restrictive or less restrictive housing assignment based on the specific circumstances. (pg. 2)

Interviews with classification staff showed that the initial referral for reclassification or reassessment would likely go to the Safety and Security Lieutenant or classifications. The reassessment would look at issues or concerns related to sexual abuse or sexual harassment, and if the inmate was at risk of victimization or was abusive to other inmates. The inmate's classification status would be adjusted based on the finding of the reassessment.

115.41 (h). The facility reports that inmates are not disciplined for refusing to answer, or for not disclosing complete information, related to questions as contained in this provision. RCDOC policies do not contain specific language prohibiting discipline related to refusing to answer or not disclosing complete information.

Interviews with staff responsible for screening showed that inmates are not subject to discipline for answering questions during the intake screening or classifications processes.

115.41 (i). Access to screening and classifications records are limited to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates. This is accomplished through the jail management system, which has the ability to allow or restrict access to certain records based on a staff member's assignment or rank.

The facility has designated that certain classifications of staff are permitted access to certain records if the need exists for them to need access to make decisions about issues related to safety and security of inmates. If a staff member does not make these types of decisions based on their assignment or rank, they are not given access to these records.

Access to records can be modified if the status of an employee has changed.

Recommended Actions:

Include in policy a requirement that all inmates shall be assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates.

Include in policy that within a set time period, not to exceed 30 days from the inmate's arrival at the facility, RCDOC will reassess the inmate's risk of victimization or abusiveness.

Include in policy a requirement that inmates may not be disciplined for refusing to answer, or for not disclosing complete information in response to questions outlined in provision (h) of this standard.

Corrective Action:

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

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| 115.42 | Use of screening information |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. RCDOC Pre-Audit Questionnaire (PAQ) b. RCDOC Policy 2A-6-01 (Inmate Classification) c. RCDOC Policy 2A-6-02 (Inmate Reclassification) d. RCDOC Policy 2A-7-01 (Protective Custody Classifications) e. PREA Risk Assessment form 2. Interviews <ol style="list-style-type: none"> a. PREA Coordinator b. PREA Compliance Manager c. Staff Responsible for Risk Screening d. Random Inmates 3. Site Review Observations <ol style="list-style-type: none"> a. Observations during on-site review of facility <p>Findings (By Provision):</p> <p>115.42 (a)(b). The booking and medical screening process for newly arriving inmates provide information for appropriate housing until the initial classification interview can be conducted. Inmates are housed based upon individualized needs of the inmate, including medical or mental health concerns, general safety of the inmate, and ensuring that inmates who may be at increased risk for victimization are housed separately from inmates who have an increased risk of being sexually abusive.</p> <p>RCDOC Policy 2A-6-01 states that “inmate management and housing will be determined based on the results of the classification interview.” (pg. 4) A needs assessment determines the “program and individual intervention needs of the inmate” (pg. 4) Based on the results of the classification interview, appropriate housing will be assigned. (pg. 5)</p> <p>Interviews showed that when responses to questions on the PREA Risk Assessment form indicate that an inmate may be at increased risk for sexual victimization or sexually abusive behavior, a supervisor is notified to get additional information to assist in making appropriate housing decisions until the classification interview can be completed. The classification interview provides additional information that assists the facility in making decisions about longer-term housing determinations, as well as inmate access to programs and services.</p> <p>115.42 (c)(d)(e). RCDOC policies do not contain specific language related to housing and program assignments for transgender or intersex inmates. The general screening and classification guidelines provided in RCDOC Policy 2A-6-01 state that inmate management and housing will be based on the results of the classification interview. Additional information that is considered as part of this process includes the inmate’s gender and gender identity. (pg. 4)</p> <p>As part of the intake process, inmates are asked their gender identity, and searches</p> |

conducted on inmates are based primarily on how they respond. Interviews with facility staff show that, for transgender or intersex inmates, decisions about housing and access to programming would result from conversations between the inmate and staff and would be made on a case-by-case basis. Factors that would be taken into consideration would be the gender identity of the inmate, the inmate's perception about where they believed they would feel safe, the facility's ability to provide safety based upon the individual needs of the inmate, and the facility's ability to provide access to appropriate programming and services to the inmate based on their individual needs.

Housing and programming for transgender or intersex inmates would be reassessed every ten days as part of the general review process included in RCDOC Policy 2A-7-01. The review process considers whether there needs to be any changes made to ensure the safety of the inmate or to provide better access to programming or services.

During the on-site phase of the audit, there were no transgender or intersex inmates being housed at RCDOC. Facility staff indicated that instances of transgender or intersex inmates being received at RCDOC are uncommon. Facility staff related that when considering the housing and programming needs of a transgender inmate, the determination was based on the gender identity of the inmate, and where both the inmate and facility believed the inmate could be housed to ensure their safety and access to programming and services.

115.42 (f). RCDOC policies do not contain specific language related to providing transgender or intersex inmates an opportunity to shower separately from other inmates. During the facility review, I saw no shower areas that were open 'group' showers. All shower areas were designed for one inmate at a time. The shower areas provided sufficient privacy for the person inside the shower area.

Interviews with staff indicated that regardless of where a transgender or intersex inmate were housed, they would be given an opportunity to shower in a separate area, outside of their designated housing area. The decision about where the inmate would be given the opportunity to shower would be made based on the individual needs of the inmate.

115.42 (g). RCDOC does not have a dedicated facility, unit, or wing for lesbian, gay, bisexual, transgender, or intersex inmates. Inmates are housed based largely on their own gender identity, and the facility's ability to provide housing that ensures the inmate's safety and access to programming.

Two interviews with inmates who identified as bisexual were conducted during the on-site phase of the audit. Neither inmate stated that they were placed in housing designated for lesbian, gay, bisexual, transgender, or intersex inmates. Both inmates were placed in general inmate housing consistent with their classification and programming needs.

Recommended Action:

Include specific language in RCDOC policy that relate to housing and programming decisions for lesbian, gay, bisexual, transgender, or intersex inmates. Language should provide specific guidelines as to how these determinations are made and should be consistent with provision as required in this standard.

Corrective Action:

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

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| 115.43 | Protective Custody |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. RCDOC Pre-Audit Questionnaire (PAQ) b. RCDOC Policy 2A-7-01 (Protective Custody Classifications) 2. Interviews <ol style="list-style-type: none"> a. Facility Head 3. Site Review Observations <ol style="list-style-type: none"> a. Observations during on-site review of facility <p>Findings (By Provision):</p> <p>115.43 (a). RCDOC Policy 2A-7-01 does not specifically prohibit placing an inmate at high risk for sexual victimization in involuntary segregated housing. The policy does state that an inmate will be assigned the 'protective custody' designation if they are identified as being "at risk for harassment, sexual victimization, physical harm, or intimidation." (pg. 1) This designation will only be assigned if it is determined that an inmate cannot be effectively managed in general population. (pg. 1) Any decision made regarding the classification of a specific inmate is based on input from security, medical, mental health and program staff. (pg. 2)</p> <p>The facility reported that in the 12 months prior to the audit, there were no inmates at risk of sexual victimization who were held in involuntary segregated housing for up to 24 hours before an assessment of available alternatives had been made. I found no records or information during the on-site phase of the audit of inmates at high risk of sexual victimization being placed in involuntary segregated housing.</p> <p>Interviews with facility staff indicated that a determination to place an inmate in involuntary segregated housing would be made after input from security, classifications, and mental health staff. If there was a belief that the facility could not effectively separate the inmate from likely abusers, long-term solutions such as transfer to another facility would be considered.</p> <p>115.43 (b). RCDOC Policy 2A-7-01 provides that inmates placed in protective custody will have access to separate programs and services, upon request, to include educational services, commissary services, social and counseling services, religious and recreational programs, telephone access, and visitation. (pg. 2)</p> <p>During the on-site review of the facility, inmates on protective custody were housed in a manner that allowed access to programs and privileges. Based on the specific reason for the protective custody designation, inmates had access to services as required by this provision as part of the unit plan. Access to video visitation, professional visits and counseling services were available either during scheduled times or upon request.</p> <p>115.43 (c)(d)(e). RCDOC Policy 2A-7-01 requires that protective housing designations will be reviewed at periods not to exceed 10 days, or as directed by the Safety and Security</p> |

Lieutenant. (pg. 2) Decisions to continue an inmate's designation as protective custody are based on whether the factors that created the need for protective custody have changed, been resolved, or are no longer applicable. (pg. 3)

Interviews with facility staff indicated that seeking long-term solutions for inmates placed in protective custody would be considered. If a solution resulted in removing an inmate from protective custody status, or providing for better, less restricted access to programs, privileges, education, or work opportunities, while still ensuring safety of the inmate, the facility would consider that. Specific factors related to the inmate's high risk of sexual victimization would likely impact how long it might take to implement a solution.

During the review process, documentation related to the basis of concern for the inmate's safety and consideration of alternative means of separation would be made. Inmates who are designated as protective custody can appeal a classification decision to assign or maintain this designation.

Recommended Actions:

Amend RCDOC policy to include language about prohibiting placing an inmate 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 to separate from likely abusers. Language should be consistent with all provisions included in this standard.

Corrective Action:

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

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| 115.51 | Inmate reporting |
| Auditor Overall Determination: Meets Standard | |
| Auditor Discussion | |
| <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. RCDOC Pre-Audit Questionnaire (PAQ) b. RCDOC Policy 4D-1-01(Prison Rape Elimination Act) c. PREA pamphlet d. Inmate Rulebook (12th edition) e. Inmate Orientation Booklet 2. Interviews <ol style="list-style-type: none"> a. PREA Compliance Manager b. Random Staff c. Random Inmates d. NH Attorney General's Office 3. Site Review Observations <ol style="list-style-type: none"> a. Observations during on-site review of facility b. Testing of PREA hotline <p>Findings (By Provision):</p> <p>115.51 (a). RCDOC Policy 4D-1-01 states that "all inmates under the jurisdiction of the Rockingham County Department of Corrections will receive written and verbal notification on how to report instances of sexual abuse."(pg. 2) The policy does not specifically refer to instances of sexual harassment, nor does it address retaliation or staff neglect or violation of responsibilities that may have contributed to such violations.</p> <p>The Inmate Rulebook (pgs. 6-7), the Inmate Orientation Booklet (pgs. 4-6) and the PREA pamphlet all provide information about how a person can make a report if they are the victim, or they witness a sexual assault. Inmates can make reports in person, through a medical slip or inmate request form, using a hotline, or writing a letter to the superintendent, the Rockingham County Attorney's Office, or NH Attorney General.</p> <p>Staff were aware that inmates received PREA-related information at the time of intake and were able to provide the auditor with the various ways that inmates could make a report. Staff also indicated that information is readily available through postings in the housing areas, as well as other areas of the facility where inmates have access, that provides this same information.</p> <p>Inmates responded with various answers about how to make a report. The most common responses from inmates on ways to report were telling a staff member, submitting a medical slip, inmate request, or grievance, and using the hotline number.</p> <p>During the on-site review, I observed information posted in housing areas and other areas where inmate have access showing how to make a report of sexual assault. The information in the housing areas was a copy of the PREA pamphlet, posted in both English and Spanish.</p> <p>During the on-site review, I also tested the hotline. The hotline connects to an in-house phone initially and, if no one answers, it rings to a secondary number. I was able to confirm that calls</p> | |

made from the inmate phone system do connect to the Lieutenant of Safety and Security.

115.51 (b). RCDOC provides inmates the ability to make reports to the Rockingham County Attorney's Office or the New Hampshire Attorney General as public entities that are not part of the agency. The NH Attorney General's Office reviews the allegation and, based on the nature of the complaint, would either conduct an investigation into the allegation or forward the information back to the RCDOC to conduct their own investigation. Reports made to the Rockingham County Attorney's Office would be referred either the PREA Coordinator or Rockingham County Sheriff's Office, based on the nature of the allegation. The RCDOC does not house individuals who are detained solely for civil immigration purposes.

Inmates did not express as much knowledge about reporting to an outside agency, however the facility does provide this information to inmates during the booking process, as well as having this information readily accessible throughout the facility.

115.51 (c)(d). RCDOC Policy 4D-1-01 requires staff to accept all reports of sexual abuse from inmates, including verbal, written, anonymous, and third-party. Staff are required to document receipt of the report and notify the shift supervisor. (pg. 3)

Inmates responded that making a report to a staff member was one of the ways to provide information about an allegation of sexual abuse. Staff reported that any report of sexual abuse must be documented and that the shift supervisor would be notified immediately if a report was received, regardless of the method. Staff reported that if needed, they could make a private report of sexual abuse or sexual harassment to the shift supervisor or the Lieutenant of Safety and Security. Staff said that they could do this in-person, through an incident report, or through the jail management system.

Corrective Action:

Amend information provided to inmates and staff to include reporting incidents of sexual harassment, not just incidents of sexual abuse or sexual assault. Include with this the ability to report incidents of retaliation related to making a report of sexual abuse and sexual harassment as well as staff neglect or violation of responsibility that may have contributed to such incidents.

Verification of Correction Action since the Interim Audit Report:

The auditor gathered, analyzed and retained the following additional evidence provided by the facility during the corrective action period relevant to the requirements of this standard:

Additional Documentation Reviewed:

- a. RCDOC Policy 4D-1-01 (revised date 4/21/2020)
- b. Inmate Orientation Booklet
- c. PREA pamphlet

The auditor reviewed revisions to the Inmate Orientation Booklet that reflect inmate reporting for incidents of sexual harassment, in addition to sexual assault (pg. 6). The revision also includes updated language showing that retaliation for reporting any form of sexual assault or sexual harassment is prohibited (pg. 5) and that inmates should report incidents of harassment as well as staff neglect through one of the methods provided (pg. 6).

The auditor reviewed the PREA pamphlet, which has been updated to include language for both sexual assault and sexual harassment. The revision shows both sexual assault and sexual harassment are considered prohibited conduct that should be reported by victims and witnesses through one of the methods described in the pamphlet. Reporting methods listed in both the Inmate Orientation Booklet and the PREA pamphlet include internal reporting options, as well as entities and organizations outside of the facility and county structure.

The facility has effectively demonstrated compliance during the corrective action period with the supporting documentation. The facility is now in compliance with this provision.

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| 115.52 | Exhaustion of administrative remedies |
| Auditor Overall Determination: Meets Standard | |
| Auditor Discussion | |
| <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. RCDOC Pre-Audit Questionnaire (PAQ) b. RCDOC Policy 4D-1-01 (Prison Rape Elimination Act) c. Inmate Rulebook (12th edition) d. Inmate Rulebook revision memorandum (date July 11, 2019) e. Inmate Grievance form 2. Interviews <ol style="list-style-type: none"> a. PREA Compliance Manager 3. Site Review Observations <ol style="list-style-type: none"> a. Observations during on-site review of facility <p>Findings (By Provision):</p> <p>115.52 (a). The Inmate Rulebook provides the administrative procedures for dealing with inmate grievances generally, however there is no language specific to grievances regarding sexual assault. In general, any grievance should first be brought to the attention of the correctional officer on duty and, if a remedy cannot be reached, the inmate must follow the chain of command from corporal, to sergeant, to lieutenant. If resolution has still not been achieved, the inmate may write a grievance to the major. Inmates must present grievances within five days of the event, and the major will review and answer the grievance within days, excluding weekends, holidays and vacations. Emergency grievances will be given directly to the shift supervisor and referred to the major or chain of command as necessary. Grievance decisions that are unsatisfactory can be appealed to the Superintendent.</p> <p>The facility provided a memorandum of proposed changes to the Inmate Rulebook, to be included in the next printing. Proposed revisions include: “Complaints about sexual assault can be made to any trusted staff member and shall be handled under the formal grievance process.” Adding language that “the informal grievance process may be bypass only for portions of a grievance related to a PREA violation or sexual assault.”</p> <p>115.52 (b). Current language in the Inmate Rulebook limits the time to file a grievance to five days from either the event that precipitated the grievance, or five days after the unsuccessful conclusion of an informal process. (pgs. 20-21) Incidents reported more than five days after the incident being grieved may be dismissed by the lieutenant on procedural grounds. (pg. 21) Proposed language changes included in the revision memorandum related to this provision include: “There are no time limitations for reporting any form of sexual assault” “The informal grievance process may be bypassed only for portions of a grievance related to a PREA violation or sexual assault.”</p> | |

115.52 (c). Current language in the Inmate Handbook allows for emergency grievances to be given directly to the shift supervisor. Inmates are also allowed to present issues of concern to any staff member at any time within five days of the precipitating event, for circumstances that would require the inmate to present a grievance to the staff member who is the subject of the complaint. The Rulebook also provides a provision for an inmate to file a complaint about officer misconduct directly to the Superintendent.

Proposed language changes included in the revision memorandum related to this provision include:

Allowing for a grievance to be directed to the Superintendent if the Major is the subject of the complaint.

115.52 (d). The Inmate Handbook states that “all grievances or complaints directed to the Major will be reviewed and answered within five days. (Weekends, Holidays, and vacations excluded). (pg. 20) A separate paragraph states that formal grievances will be reviewed “as soon as possible and normally answered within five days of their receipt.” (pg. 21) There is no provision in the grievance process that allows for the agency to be use more time to respond to the merits of a grievance alleging sexual abuse. There is nothing in the Inmate Handbooks indicating what the status of a grievance is in the event that no response is received within the stated time.

115.52 (e). The Inmate Handbook allows for another inmate or a classification officer to assist in writing a grievance if the inmate is illiterate, disabled, non-English speaking, or is unable to articulate a grievance in writing. The Handbook further states that “no inmate may submit a grievance on another inmate’s behalf.” (pg. 21)

No proposed changes relative to this provision were listed in the revision memorandum.

115.52 (f). The Inmate Handbook language currently allows an inmate to file an emergency grievance, which is given directly to the duty supervisor and immediately referred to the Major or up the chain of command as necessary. There are no time limits provided for emergency grievances that establish a time frame for responding. The language for emergency grievances does not specifically include allegations from an inmate that there is a substantial risk of imminent sexual abuse.

No proposed changes relative to emergency grievances were listed in the revision memorandum.

115.52 (g). The Inmate Handbook does not include any language related to disciplinary action taken against an inmate who files a grievance alleging sexual abuse in bad faith.

No proposed changes relative to this provision were listed in the revision memorandum.

The agency reported receiving no grievances alleging sexual abuse in the 12 months prior to this audit. The PREA compliance manager stated that proposed changes would be made when the next revision of the Inmate Handbook was printed.

Recommended Actions:

Amend the grievance rules and regulations to allow the agency to issue a final decision on the merits of any portion of a grievance alleging sexual abuse within the timeframes provided in provision (d) of this standard.

Amend the grievance rules and regulations to reflect an agency's ability to discipline an inmate for filing a grievance related to sexual abuse when the agency demonstrates the inmate filed the grievance in bad faith, in accordance with provision (g) of this standard.

Corrective Actions:

Amend the grievance rules and regulations to include language as proposed and that is consistent with the requirements of provision (b) of this standard.

Amend the grievance rules and regulations to include language that determines the status of a grievance, at any level of the administrative process, if the inmate does not receive a response within the time allotted to reply.

Amend the grievance rules and regulations to allow for a third party to assist an inmate in filing requests for administrative remedies relating to allegations of sexual abuse as well as allowing such requests to be filed on behalf of inmates, in accordance with provision (e) of this standard.

Amend the grievance rules and regulations to establish a time frame for responding to an emergency grievance alleging a substantial risk of imminent sexual abuse, in accordance with provision (f) of this standard.

Verification of Correction Action since the Interim Audit Report:

The auditor gathered, analyzed and retained the following additional evidence provided by the facility during the corrective action period relevant to the requirements of this standard:

Additional Documentation Reviewed:

a. RCDOC Policy 4D-1-01 (revised date 4/21/2020)

b. Inmate Rulebook (13th edition)

The auditor reviewed the revised Inmate Rulebook submitted by the facility. The revision includes changes that allow for:

- No time limit for filing a grievance when it pertains to an allegation of sexual abuse (pg. 23)
- Setting a time limit of 90 days for when an inmate will receive a written decision related to an allegation of sexual abuse. The time limit may be extended for up to an additional 70 days, however the inmate must be provided written notice which includes an expected completion date (pg. 23)
- Allowing for a third party to assist an inmate in filing a grievance for alleged sexual abuse, or filing a third party grievance on behalf of an inmate victim of sexual abuse (pgs. 23-24)
- The filing of an 'Emergency PREA Grievance' when an inmate believes there is an imminent risk of sexual abuse. Inmates who submit a grievance under this provision will be provided an initial response within 48 hours, and a final decision within 5 days from when the grievance was filed (pg. 24).
- Administering sanctions for an inmate who files an 'Emergency PREA Grievance' which is knowingly false or otherwise filed in bad faith (pg. 24).

The Inmate Rulebook shows that all information related to a grievance of sexual abuse will be documented.

The facility has effectively demonstrated compliance during the corrective action period with the supporting documentation. The facility is now in compliance with this provision.

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| 115.53 | Inmate access to outside confidential support services |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. RCDOC Pre-Audit Questionnaire (PAQ) b. Inmate Orientation Booklet c. PREA pamphlet d. Inmate Rulebook (12th edition) e. Task Force Sex Offender Services Contract f. PrimeCare Consent for Treatment and Release of Information 2. Interviews <ol style="list-style-type: none"> a. Interviews with PREA Compliance Manager b. Interviews with inmates c. Interviews with medical/mental health staff 3. Site Review Observations <ol style="list-style-type: none"> a. Observations during on-site review of facility <p>Findings (By Provision):</p> <p>115.53 (a). The RCDOC PAQ indicates that victim advocate services are provided through a contract with an outside vendor. A review of the services contract, which was awarded to Edge Counseling, LLC, shows that the contract runs from October 1, 2019 through August 31, 2021. The contract seeks to provide services directed more toward offenders of sexual offenses rather than victims looking to access emotional support services related to sexual abuse.</p> <p>A review of the documentation provided to inmates at intake, including the Inmate Orientation Booklet, the Inmate Rulebook, and the PREA pamphlet, shows that the inmates are able contact either the Rockingham County Attorney’s Office or the NH Attorney General via mail. Both are outside entities however these agencies are designated as ones to report allegations of sexual assault to and not agencies that provide emotional support services.</p> <p>Inmates are also able to access a hotline number as part of the inmate phone system however this reporting method is intended for reporting allegations of sexual abuse or sexual harassment, and not to receive emotional support services related to sexual assault. This hotline does not connect to an entity outside the RCDOC.</p> <p>Interviews with inmates determined that, other than being able to report incidents of sexual abuse or sexual harassment, they are not able to access outside support services either by phone or mail. The PREA Compliance Manager stated that he had spoken with representatives from a national organization which provides access to sexual assault support hotlines. The compliance manager said that at this time, the RCDOC did not provide information to access this organization because that organization had no mechanism in place to report allegations back to RCDOC.</p> |

115.53 (b). The Inmate Rulebook states that “telephones are subject to monitoring and recording.” (pg. 13) There is no information provided showing that certain types of calls (i.e. calls made to an outside agency that provides emotional support related to sexual abuse) are exempt from this provision.

The Inmate Rulebook states that “all incoming and outgoing mail is subject to inspection for contraband & appropriateness of content.” (pg. 14) There is no stipulation for privileged mail, such as legal mail or mail being sent to or received from an outside agency who either receives reports of sexual abuse or sexual harassment or provides emotional support services related to sexual abuse.

During interviews with both medical and mental health staff, the auditor was provided with information that shows that, during screenings with medical and mental health staff, inmates are required to consent to treatment. Part of the Consent for Treatment and Release of Information covers rules governing privacy and confidentiality and circumstances in which the provider would have a duty to report.

During the site review, the auditor did not see any information for inmates that would provide access to an outside victim advocate for emotional support services related to sexual abuse. The auditor did observe designated phones in housing areas which were intended to allow contact between an inmate and their attorney. The phone was located centrally in the housing areas and offered little privacy or confidentiality in communication from either other inmates, or correctional staff.

115.53 (c). The service contract between RCDOC and Edge Counseling, LLC provides services geared toward offenders of sexual violence, not emotional support services related to sexual abuse.

The facility provided information about discussions with a national organization who provides access to sexual assault support hotlines in correctional facilities, however no agreement has been established between RCDOC and the organization.

Corrective Actions:

Provide inmate access to outside victim advocates for emotional support services related to sexual abuse by giving them mailing addresses and telephone numbers (including toll-free numbers where available). Contact information should be readily available and visible to inmates in all areas where they have access. The facility may determine if a memorandum of understanding or other agreement is necessary to fulfill the requirements of this standard.

Ensure that communication between inmates and any outside support services is done in as confidential manner as possible, and that inmates are provided information of the extent of any monitoring of such communications. This should also include any mandatory rules for reporting and laws governing privacy and confidentiality, if applicable.

Verification of Correction Action since the Interim Audit Report:

The auditor gathered, analyzed and retained the following additional evidence provided by the facility during the corrective action period relevant to the requirements of this standard:

Additional Documentation Reviewed:

- a. RCDOC Policy 4D-1-01 (revised date 4/21/2020)
- b. Inmate Orientation Booklet
- c. PREA pamphlet
- d. Inmate Rulebook (13th edition)
- e. Inmate Acknowledgement of Receipt

The Inmate Orientation Booklet has been updated to include contact information for external victim advocate services for inmates who have been either a victim or witness to sexual assault (pg. 6). Similar information is also communicated to inmates through the Inmate Rulebook (pg. 9) and the PREA pamphlet. These resources are provided to inmates when they arrive at the facility. The facility provided documentation showing that inmates received during the corrective action period were provided the updated versions of these documents.

Inmates have the ability to access outside services through a variety of methods allowing for them to communicate in a manner that allows for privacy and confidentiality in reporting.

The facility has effectively demonstrated compliance during the corrective action period with the supporting documentation. The facility is now in compliance with this provision.

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| 115.54 | Third-party reporting |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. RCDOC Pre-Audit Questionnaire (PAQ) b. RCDOC Policy 4D-1-01(Prison Rape Elimination Act) c. PREA pamphlet d. Inmate Rulebook (12th edition) e. Inmate Orientation Booklet f. Agency website 2. Interviews <ol style="list-style-type: none"> a. PREA Coordinator 3. Site Review Observations <ol style="list-style-type: none"> a. Observations during on-site review of facility <p>Findings (By Provision):</p> <p>115.54 (a). RCDOC Policy 4D-1-01 directs that the Lieutenant of Safety and Security will conduct investigations of all third-party reports of sexual abuse involving members of the agency or against other inmates. (pg. 3) The policy does not specifically note investigations related to allegations of sexual harassment.</p> <p>The Inmate Rulebook (pgs. 6-7), the Inmate Orientation Booklet (pgs. 4-6) and the PREA pamphlet all provide information about how a person can make a report if they are the victim, or they witness a sexual assault.</p> <p>The agency website provides information for friends or family members to report a sexual assault on behalf of an inmate. This information is located through the 'Inmate Information' hyperlink located on the main RCDOC website page. The hyperlink shows information for family and friends and includes PREA-related information. Friends and family can make a report either by contacting the facility and speaking with the on-duty shift commander, or by submitting a letter to the Superintendent or NH Attorney General.</p> <p>The PREA coordinator confirmed that he is responsible for investigating third-party reports of sexual abuse. During the on-site review, I did not observe any posting or information in the area where visitors to the facility might have access to that indicates how to make a third-party report of sexual abuse or sexual harassment.</p> <p>Recommended Action:</p> <p>Provide information in areas of the facility where the public has access showing how to make a third-party report of sexual abuse or sexual harassment.</p> <p>Corrective Action:</p> <p>Amend information regarding third-party reporting to show that third-party reports of sexual harassment, not just sexual abuse, may be received and will be investigated.</p> |

Verification of Correction Action since the Interim Audit Report:

The auditor gathered, analyzed and retained the following additional evidence provided by the facility during the corrective action period relevant to the requirements of this standard:

Additional Documentation Reviewed:

- a. RCDOC Policy 4D-1-01 (revised date 4/21/2020)
- b. Inmate Rulebook (13th edition)
- c. Agency website

RCDOC Policy 4D-1-01 was updated to show that all complaints of sexual abuse or sexual harassment will be investigated (pg. 8). The agency website provides information to third parties on the ways to report sexual assault, sexual harassment, retaliation, or staff neglect when it involves the RCDOC.

The facility has effectively demonstrated compliance during the corrective action period with the supporting documentation. The facility is now in compliance with this provision.

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| 115.61 | Staff and agency reporting duties |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. RCDOC Pre-Audit Questionnaire (PAQ) b. RCDOC Policy 4D-1-01 (Prison Rape Elimination Act) c. PrimeCare Policy RCDCO J-F-06 (Response to Sexual Abuse) d. PrimeCare Consent for Treatment and Release of Information 2. Interviews <ol style="list-style-type: none"> a. Facility Head b. PREA Coordinator c. Random agency staff d. Medical and Mental Health Staff 3. Site Review Observations <ol style="list-style-type: none"> a. Observations during on-site review of facility <p>Findings (By Provision):</p> <p>115.61 (a)(e). RCDOC Policy 4D-1-01 provides that “whenever a complaint of sexual abuse is reported, identified or observed” the “discovering officer will notify the Shift Supervisor and a preliminary investigation shall begin.” (pg. 3) The policy states that “all complaints of sexual abuse shall be investigated by the Safety and Security Lieutenant or designee.” (pg. 2) This includes “anonymous and third-party complaints of alleged sexual abuse made against members of the agency or third party and anonymous complaints made against other inmates.” (pg. 4) RCDOC Policy 4D-1-01 does not include specific language regarding reports of alleged sexual harassment.</p> <p>RCDOC Policy 4D-1-01 states that “no inmate, staff member or contractor shall be retaliated against, in any manner, for reporting an allegation of sexual abuse” (pg. 4) however there is no language indicating an affirmative duty to report such retaliation. The policy does state that “staff members will also take any report of staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse.” (pg. 3)</p> <p>All staff interviewed stated that they would notify a supervisor if they received a report of sexual abuse, or if they suspected that a sexual assault had occurred. Staff also said that they would report any retaliation or staff neglect if they knew of it or were told of it. Staff was not clear whether there was a requirement to do so, but overwhelmingly believed it would be something that they would need to do.</p> <p>The facility head and investigative staff confirmed that reports would be forwarded to the Safety and Security Lieutenant. This includes reports of both sexual abuse and sexual harassment.</p> <p>I reviewed two investigative files; one of reported sexual abuse and one of reported sexual harassment. In both incidents, the officer receiving the report immediately reported the incident to the shift supervisor. In both incidents, the allegations were investigated without delay and immediate action was taken in both incidents.</p> |

115.61 (b). RCDOC Policy 4D-1-01 states that “all reports of sexual abuse shall be accepted from inmates in a private, secure manner.” (pg. 3) All staff interviewed indicated they would only provide information or details to those who needed to know (i.e. supervisor, medical staff, investigators). Staff indicated that part of their response would include separating the victim and offender and securing inmates in the area.

I reviewed two investigative files and found that in both incidents, information was only shared with staff or responders who needed to be involved.

115.61 (c). PrimeCare Policy RCDOC J-F-06 requires that staff shall “report an inmate’s patient’s allegation of new or recent sexual abuse immediately” to the shift commander. (pg. 2) The policy also includes information regarding staff’s duty to report incidents of sexual abuse that occurred or may occur in a facility. (pg. 5)

PrimeCare staff interviewed stated that they would immediately report an allegation or report of sexual abuse to the shift supervisor. Staff stated that inmates are required to provide a Consent for Treatment and Release of Information before they can be treated by facility medical staff. The form provides information related to limitations of confidentiality.

115.61 (d). RCDOC is an adult facility and does not house inmates under the age of 18. For incidents where the alleged victim was considered a vulnerable adult, the facility would report the allegation through either facility mental health staff or contracted medical and mental health staff.

Corrective Action:

Amend RCDOC Policy 4D-1-01 to include language requiring that staff report immediately and according to agency policy any knowledge, suspicion, or information about an incident of sexual harassment.

Amend RCDOC Policy 4D-1-01 to include language requiring that staff report immediately and according to agency policy retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment.

Verification of Correction Action since the Interim Audit Report:

The auditor gathered, analyzed and retained the following additional evidence provided by the facility during the corrective action period relevant to the requirements of this standard:

Additional Documentation Reviewed:

a. RCDOC Policy 4D-1-01 (revised date 4/21/2020)

RCDOC Policy 4D-1-01 has been modified to show that a report must be immediately made whenever a complaint of sexual abuse or sexual harassment is reported, identified, or observed (pg. 5). This includes incidents which are acute, recent, or in progress, as well as incidents which have occurred previously. This duty to immediately report sexual abuse or sexual harassment includes correctional staff as well as non-correctional staff (pg. 6).

RCDOC Policy 4D-1-01 has been modified to show that retaliation against any inmate, staff, or contractor for reporting or cooperating with an investigation for sexual abuse or sexual harassment is prohibited. Any acts of retaliation are required to be reported to the Shift Supervisor immediately (pgs. 5-6).

All allegations of sexual abuse or sexual assault are forwarded to agency designated personnel for investigation (pg. 8).

The facility has effectively demonstrated compliance during the corrective action period with the supporting documentation. The facility is now in compliance with this provision.

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| 115.62 | Agency protection duties |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. RCDOC Pre-Audit Questionnaire (PAQ) b. RCDOC Policy 4D-1-01 (Prison Rape Elimination Act) c. Investigative Reports 2. Interviews <ol style="list-style-type: none"> a. Agency Head b. Facility Head c. Random agency staff <p>Findings (By Provision):</p> <p>115.62 (a). RCODC Policy 4D-1-01 provides information related to the screening of all inmates upon arrival to determine if they may be at increased risk of sexual abuse. (pg. 3) The policy also includes a requirement by staff to immediately make notification and document any reported, identified or observed incidents of sexual abuse. (pg. 3) The facility reported no incidents in the 12 months prior to the on-site audit where an inmate was subject to a substantial risk of imminent sexual abuse.</p> <p>Interviews with staff showed that shift supervisors have the authority to move inmates when it is determined that they may be at risk. Staff indicated that if they believed an inmate was at risk for any reason, they would notify the shift supervisor.</p> <p>I reviewed a report of alleged sexual harassment that occurred approximately 18 months prior to the start of the audit. The harassment was perceived by the victim inmate as an imminent threat. The housing officer responded to the inmate's report and immediately took action to protect the inmate. Both inmates were interviewed and the alleged offender was subject to discipline.</p> <p>Corrective Action:</p> <p>Based on the review and analysis of all the available evidence, the auditor has determined that the agency is substantially compliant with this standard. No corrective action is required.</p> |

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| 115.63 | Reporting to other confinement facilities |
| | <p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. RCDOC Pre-Audit Questionnaire (PAQ) b. RCDOC Policy 4D-1-01 (Prison Rape Elimination Act) 2. Interviews <ol style="list-style-type: none"> a. Agency Head b. Facility Head <p>Findings (By Provision):</p> <p>115.63 (a)(b)(c). RCDOC Policy 4D-1-01 states that “when the Rockingham County Department of Corrections receives an inmate complaint of sexual abuse that occurred at another facility, the Safety and Security Lieutenant will notify (in writing) the facility where the alleged abuse occurred.” (pg. 3) The requirement for this standard is that the head of the facility that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred. The policy does require that such notification be made in writing however does not provide a time frame for notification to be made. The requirement for this standard is that notification is made no later than 72 hours after receiving the allegation.</p> <p>The facility reported that there were no allegations received by RCDOC that an inmate was abused while confined at another facility in the 12 months prior to the audit.</p> <p>115.63 (d). RCDOC Policy 4D-1-01 does not specifically address allegations received from other facilities however does provide that all third-party reports of sexual abuse will be investigated by the Safety and Security Lieutenant. Interviews with the agency and facility head confirmed that any third-party report of sexual abuse involving an inmate who had been or was under the jurisdiction of the RCDOC would be investigated according to policy.</p> <p>Corrective Action:</p> <p>Amend RCDOC Policy 4D-1-01 to reflect that the agency head of RCDOC shall notify the head of the facility or appropriate office of the agency where alleged abuse was reported. Include a requirement that notification be made as soon as possible, but no later than 72 hours after receiving the allegation.</p> <p>Verification of Correction Action since the Interim Audit Report:</p> <p>The auditor gathered, analyzed and retained the following additional evidence provided by the facility during the corrective action period relevant to the requirements of this standard:</p> <p>Additional Documentation Reviewed:</p> <ol style="list-style-type: none"> a. RCDOC Policy 4D-1-01 (revised date 4/21/2020) |

RCDOC Policy 4D-1-01 was revised to include language that when a complaint of sexual abuse or sexual harassment is received which occurred at another facility, the Superintendent will notify the head of the agency or facility where the alleged conduct occurred as soon as possible, but no later than 72 hours after receiving the complaint. The policy further states that the notification will be documented (pg. 8).

The facility has effectively demonstrated compliance during the corrective action period with the supporting documentation. The facility is now in compliance with this provision.

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| 115.64 | Staff first responder duties |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. RCDOC Pre-Audit Questionnaire (PAQ) b. RCDOC Policy 4D-1-01 (Prison Rape Elimination Act) c. Investigative Files d. PREA Protection flyer 2. Interviews <ol style="list-style-type: none"> a. Random Security Staff b. Random Non-Security Staff <p>Findings (By Provision):</p> <p>115.64 (a). RCDOC Policy 4D-1-01 states that security staff responding to an allegation that an inmate was sexually abused will:</p> <p>“Immediately separate the victim and assailant. Call for Back Up (as needed) and notify the Shift Supervisor.” (pg. 4)</p> <p>“Secure the scene of the assault and consider it a crime scene.” (pg. 4)</p> <p>“As directed by the Medical Department, have the victim transported to Exeter Hospital for further medical treatment and evidence collection.” (pg. 4)</p> <p>The policy does not include language requiring the staff member 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. The policy does not include language requiring the staff member ensure 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. These requirements would be for instances when the abuse occurred with a time period that still allows for the collection of physical evidence.</p> <p>The facility reported no incidents in the 12 months prior to the on-site audit that applied to this standard. There were no inmates housed at RCDOC who were identified as reporting sexual abuse while at the facility.</p> <p>I reviewed one investigative report involving alleged sexual assault that occurred within 12 months prior to the audit. The report indicates that the alleged victim was immediately secured; there was no alleged abuser present. The reported scene of the alleged abuse was secure for possible evidence collection, and the victim inmate’s clothing was secured. The alleged victim was transported to Exeter Hospital for treatment and a sexual assault examination. The report does not indicate that the victim inmate was requested to not take actions that could destroy physical evidence.</p> <p>All staff interviewed indicated that they would take steps to separate the alleged victim and abuser, would preserve the scene and would ensure that the victim received medical attention. Staff was less aware that they should request the alleged victim or abuser to not take any actions that could destroy physical evidence.</p> |

115.64(b). The facility reports that only security staff respond to allegations of sexual abuse. Information and training provided to non-security staff is based on the extent of their interaction with inmates.

RCDOC Policy 4D-1-01 does not include language specifically related to if the first responder is not a security staff member. Non-security staff receive limited training related to this policy and it is based on their role in the facility. Non-security staff are not required to request that an alleged victim not take any actions that could destroy physical evidence. Non-security staff are required to notify a security staff member per the PREA Protection flyer that they receive during their training.

The facility reported and I found no evidence of reports of sexual abuse that were made to a non-security staff member in the 12 months prior to the audit.

I interviewed seven non-security staff members. None indicated that they would request an alleged victim to not take actions that could destroy physical evidence. All indicated that they would immediately report the incident to a security staff member.

Corrective Action:

Amend RCDOC Policy 4D-1-01 to require the first security staff member responding to a report of sexual abuse 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. This requirement is for instances when the abuse occurred with a time period that still allows for the collection of physical evidence.

Amend RCDOC Policy 4D-1-01 to require the first security member responding to a report of sexual abuse to ensure 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. This requirement is for instances when the abuse occurred with a time period that still allows for the collection of physical evidence.

Amend RCDOC Policy 4D-1-01 to require that non-security staff who are the first responder to a report of sexual abuse request that the alleged victim not take any actions that could destroy physical evidence.

Amend RCDOC Policy 4D-1-01 to require that non-security staff who are the first responder to a report of sexual abuse to notify security staff.

Verification of Correction Action since the Interim Audit Report:

The auditor gathered, analyzed and retained the following additional evidence provided by the facility during the corrective action period relevant to the requirements of this standard:

Additional Documentation Reviewed:

a. RCDOC Policy 4D-1-01 (revised date 4/21/2020)

RCDOC Policy 4D-1-01 was revised to include procedures for both correctional and non-correctional staff. These procedures include requirements for:

- The first correctional staff member who responds to render first aid, as well as request and ensure that the alleged victim takes no actions that could destroy physical evidence (pg. 5)
- The first correctional staff member who responds, and who believes that physical

evidence may still exist based on the time period that has elapsed, to take custody of the alleged abuser and ensure they take no actions that could destroy physical evidence (pg. 5).

- The first non-correctional staff member who discovers sexual abuse to advise the alleged victim not to take any actions that could destroy physical evidence (pg. 5). The non-correctional staff member is required to immediately notify the Shift Supervisor of the alleged abuse (pg. 5).
- The actions described in the revised policy that could potentially destroy physical evidence are washing, brushing teeth, using the toilet, and changing clothes (pg. 5).

The facility has effectively demonstrated compliance during the corrective action period with the supporting documentation. The facility is now in compliance with this provision.

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| 115.65 | Coordinated response |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. RCDOC Pre-Audit Questionnaire (PAQ) b. RCDOC Policy 4D-1-01 (Prison Rape Elimination Act) 2. Interviews <ol style="list-style-type: none"> a. Facility Head <p>Findings (By Provision):</p> <p>115.65 (a). RCDOC Policy 4D-1-01 includes a plan for a coordinated response to a report of sexual abuse. When a report is received:</p> <p>The responding staff member notifies the shift supervisor. (pg. 3)</p> <p>The shift supervisor notifies the safety and security lieutenant, medical department, facility administrative staff, mental health, the chaplain, and Exeter Hospital, if needed. (pg. 3)</p> <p>The safety and security lieutenant will notify the Rockingham County Sheriff's Office, the Rockingham County Attorney's Office and the Sexual Assault Response Team (SART) based on the severity and nature of the report. (pg. 3)</p> <p>Attachment 1 of RCDOC Policy 4D-1-01 is the "Sexual Assault Emergency Checklist" that provides a guide for making notifications and documenting steps of the coordinated response. The facility head stated that the checklist contained in the policy is there to ensure that all steps that should be taken in response to a report of sexual abuse are followed.</p> <p>Corrective Action:</p> <p>Based on the review and analysis of all the available evidence, the auditor has determined that the agency is substantially compliant with this standard. No corrective action is required.</p> |

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| 115.66 | Preservation of ability to protect inmates from contact with abusers |
| Auditor Overall Determination: Meets Standard | |
| Auditor Discussion | |
| <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. RCDOC Pre-Audit Questionnaire (PAQ) b. Collective Bargaining Agreement - RCDOC and NCEU, Local 118 c. Collective Bargaining Agreement – County of Rockingham and Teamsters Local 633 2. Interviews <ol style="list-style-type: none"> a. Facility Head <p>Findings (By Provision):</p> <p>115.66 (a). The Collective Bargaining Agreement (CBA) between RCDOC and Nation Correctional Employees Union (NCEU), Local 118 covers all full-time regular and part-time regular correctional officers. The current agreement in place is for the time period from January 1, 2019 through June 30, 2021.</p> <p>Article XIV – Disciplinary Actions states under 14.9 that “the County may suspend an employee with pay during an investigation. A suspension with pay for the purposes of an investigation shall not be considered disciplinary in nature. Such employees shall be advised of the nature of the investigation at the time of the suspension.” (pg. 16)</p> <p>The same article indicates that a procedure of progressive discipline will be used however “the parties acknowledge that there may be cases that will warrant the by-passing of one or more of these progressive discipline steps.” (pg. 15)</p> <p>All newly hired employees must serve a probationary period of 12 months from the date of hire and are not entitled to representation by the Union and are not covered by any of the terms of the agreement. Employees on probation may be disciplined, including suspension or termination by the County, and neither the employee nor the union will have recourse to the grievance procedure. (pg. 9)</p> <p>The CBA between the County of Rockingham and Teamsters Local 633 covers all full-time employees and regular part-time who are sergeant, corporal, education and program facilitator, mental health supervisor, substance abuse counselor, and case manager.</p> <p>Article XXVI – Discipline and Disciplinary Procedures states that “all disciplinary action shall be fair and shall be consistent with the infraction for which the disciplinary action is being taken. The Superintendent shall be responsible for determining discipline, up to and including discharge.” (pg. 15)</p> <p>Article XXXI – Management Rights states allows the County to direct employees, to hire, suspend, demote, discharge or take other disciplinary actions against an employee for just cause, and to take such action as in its judgment the County deems necessary to maintain the efficiency of County operations. (pg. 19)</p> <p>The agency head stated that he does not believe that there is any language in the contract, and would not anticipate an issue with the unions, related to removing an alleged staff sexual abuser from contact with any inmates pending the outcome of an investigation.</p> <p>Corrective Action:</p> | |

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

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| 115.67 | Agency protection against retaliation |
| | <p data-bbox="252 170 896 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 1273 360">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="252 416 1038 875" style="list-style-type: none"> <li data-bbox="252 416 1038 450">1. Documents (Policies, directives, forms, files, records, etc.) <ol data-bbox="252 461 979 528" style="list-style-type: none"> <li data-bbox="252 461 799 495">a. RCDOC Pre-Audit Questionnaire (PAQ) <li data-bbox="252 506 979 539">b. RCDOC Policy 4D-1-01 (Prison Rape Elimination Act) <li data-bbox="252 584 416 618">2. Interviews <ol data-bbox="252 629 799 752" style="list-style-type: none"> <li data-bbox="252 629 459 663">a. Agency Head <li data-bbox="252 674 448 707">b. Facility Head <li data-bbox="252 719 799 752">c. Staff charged with monitoring retaliation <li data-bbox="252 797 619 831">3. Site Review Observations <ol data-bbox="252 842 858 875" style="list-style-type: none"> <li data-bbox="252 842 858 875">a. Observations during on-site review of facility <p data-bbox="252 931 560 965">Findings (By Provision):</p> <p data-bbox="252 976 1477 1178">115.67 (a). RCDOC Policy 4D-1-01 states that “no inmate, staff member or contractor shall be retaliated against, in any manner, for reporting an allegation of sexual abuse.” (pg. 4) RCDOC policy does not contain specific language as required by this provision, which includes protection for all inmates and staff who report sexual harassment, or who cooperate with sexual abuse or sexual harassment investigations.</p> <p data-bbox="252 1189 1477 1391">The agency reports that all staff with the rank of Corporal or higher are designated with monitoring for possible retaliation. There is no specific language in RCDOC policy designating staff members who are responsible for monitoring retaliation. Interviews with staff determined that monitoring for retaliation was more informal than formal and that there were no specific guidelines of what is required of those designated with monitoring retaliation.</p> <p data-bbox="252 1447 1430 1559">115.67 (b). RCDOC policy does not contain specific information of protection measures for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.</p> <p data-bbox="252 1570 1461 1693">Interviews showed that if retaliation was suspected, possible protection measures that could be employed would be reclassifying or rehousing inmates or providing a staff member with a new or different shift, even temporarily.</p> <p data-bbox="252 1749 1477 1951">115.67 (c)(d)(f). RCDOC Policy does not contain specific language requiring monitoring for possible retaliation for a specified period of time. There is no provision for continuing or extending this period of monitoring beyond a specified period of time if a continuing need is identified. In the case of inmates, there is no provision in RCDOC policy that includes periodic status checks as part of monitoring efforts.</p> <p data-bbox="252 1962 1477 2074">The facility reports that monitoring for retaliation is continuous, or until the inmate is released. The facility reports that in the 12 months prior to the audit, there were no incident of retaliation that had occurred.</p> <p data-bbox="252 2085 1430 2163">RCDOC policy does not include language showing that RCDOC’s obligation to monitor for retaliation shall terminate if the agency determines that the allegation is unfounded.</p> |

115.67 (e). RCDOC policy does not include specific language that requires the facility to take appropriate measures to protect from retaliation any other individual who cooperates with an investigation that expresses a fear of retaliation.

Corrective Actions:

Amend RCDOC Policy 4D-1-01 to include specific language required by this standard related to protection for all inmates and staff who report sexual abuse or sexual harassment, or who cooperate with sexual abuse or sexual harassment investigations.

Amend RCDOC policy to include specific designation of staff who are charged with monitoring retaliation, as required by this standard.

Amend RCDOC policy to include multiple protection measures, to include those in provision (b) of this standard, for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.

Amend RCDOC policy to include language that for at least 90 days, RCDOC shall monitor the conduct and treatment of inmates or staff who reported sexual abuse and of inmates who suffered sexual abuse to see if there are any changes that may suggest possible retaliation by inmates or staff, and shall act promptly to remedy any such retaliation. Policy should reflect items RCDOC should monitor, including inmate disciplinary reports, housing or programming changes, or negative performance reviews or reassignment of staff, to determine possible retaliation. Policy should reflect that monitoring will continue beyond 90 days if the initial monitoring indicates a continuing need. Policy should include a schedule of period checks with inmates as part of the monitoring efforts. Policy should include language stating that the facility's obligation to monitor for retaliation shall terminate if the allegation is unfounded.

Amend RCDOC policy to include specific language that requires the facility to take appropriate measures to protect from retaliation any other individual who cooperates with an investigation that expresses a fear of retaliation.

Verification of Correction Action since the Interim Audit Report:

The auditor gathered, analyzed and retained the following additional evidence provided by the facility during the corrective action period relevant to the requirements of this standard:

Additional Documentation Reviewed:

a. RCDOC Policy 4D-1-01 (revised date 4/21/2020)

RCDOC Policy 4D-1-01 was revised to include language which strictly prohibits retaliation against any inmate, staff member, or contractor who reports and allegation or cooperates with an investigation of sexual abuse or sexual harassment. Acts of retaliation are required to be reported immediately to the Shift Supervisor (pgs. 4-5).

RCDOC Policy 4D-1-01 was revised and gives responsibility to the Safety and Security Lieutenant to assign a member of the supervisory staff to monitor for signs of retaliation whenever a report of sexual abuse or sexual harassment is received (pg. 5). Retaliation monitoring will continue for at least 90 days and will include reviewing disciplinary reports, changes in housing or programming, negative performance reviews, and reassignment of staff. The staff member assigned to retaliation monitoring shall check in with monitored inmates on a weekly basis (pg. 5). The obligation for the facility to conduct retaliation monitoring shall terminate if an investigation determines the allegation was unfounded (pg. 5).

In the event that signs of retaliation are still present, the monitoring will continue until such a time that signs are no longer present (pg. 5).

RCDOC Policy 4D-1-01 was revised to include specific measures that may be taken to protect any individual who cooperates with an investigation and expresses fear of retaliation. Safety measures that may be taken include housing change or transfer for inmate victims or abusers, reassignment of staff to prevent contact with victim inmates, and emotional support services (pg. 5).

The facility has effectively demonstrated compliance during the corrective action period with the supporting documentation. The facility is now in compliance with this provision.

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| 115.68 | Post-allegation protective custody |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. RCDOC Pre-Audit Questionnaire (PAQ) b. RCDOC Policy 2A-7-01 (Protective Custody Classifications) 2. Interviews <ol style="list-style-type: none"> a. Facility Head 3. Site Review Observations <ol style="list-style-type: none"> a. Observations during on-site review of facility <p>Findings (By Provision):</p> <p>115.68 (a). RCDOC Policy 2A-7-01 does not specifically prohibit placing an inmate who alleges to have suffered sexual abuse in involuntary segregated housing. The policy does state that an inmate will be assigned the ‘protective custody’ designation if they are identified as being “at risk for harassment, sexual victimization, physical harm, or intimidation.” (pg. 1) This designation will only be assigned if it is determined that an inmate cannot be effectively managed in general population. (pg. 1) Any decision made regarding the classification of a specific inmate is based on input from security, medical, mental health and program staff. (pg. 2)</p> <p>The facility reported that in the 12 months prior to the audit, there were no inmates who alleged to have suffered sexual abuse who were held in involuntary segregated housing for up to 24 hours before an assessment of available alternatives had been made. I found no records or information during the on-site phase of the audit of inmates who alleged to have suffered sexual abuse being placed in involuntary segregated housing.</p> <p>RCDOC Policy 2A-7-01 provides that inmates placed in protective custody will have access to separate programs and services, upon request, to include educational services, commissary services, social and counseling services, religious and recreational programs, telephone access, and visitation. (pg. 2)</p> <p>RCDOC Policy 2A-7-01 requires that protective housing designations will be reviewed at periods not to exceed 10 days, or as directed by the Safety and Security Lieutenant. (pg. 2) Decisions to continue an inmate’s designation as protective custody are based on whether the factors that created the need for protective custody have changed, been resolved, or are no longer applicable. (pg. 3)</p> <p>Interviews with facility staff indicated that a determination to place an inmate in involuntary segregated housing would be made after input from security, classifications, and mental health staff. If there was a belief that the facility could not effectively separate the inmate from likely abusers, long-term solutions such as transfer to another facility would be considered. The determination for which course of action that would be most appropriate would be based on the level of alleged victimization.</p> <p>Recommended Action:</p> |

Amend RCDOC policy to include language that prohibits the placement of inmates who allege to have suffered sexual abuse 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.

Ensure that the use of segregated housing or 'protective custody' designation for inmates who allege to have suffered sexual abuse is subject to the requirements of §115.43.

Corrective Action:

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

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| 115.71 | Criminal and administrative agency investigations |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. RCDOC Pre-Audit Questionnaire (PAQ) b. RCDOC Policy 4D-1-01 (Prison Rape Elimination Act) c. RCDOC Policy 2C-2-01 (Evidence & Contraband Collection and Preservation) d. Investigative Files 2. Interviews <ol style="list-style-type: none"> a. Agency Head b. PREA Coordinator c. Investigative Staff d. Inmate interviews 3. Site Review Observations <ol style="list-style-type: none"> a. Observations during on-site review of facility <p>Findings (By Provision):</p> <p>115.71 (a). RCDOC Policy 4D-1-01, Page 2, Procedure A-2 indicates that “all complaints of sexual abuse shall be investigated by the Safety and Security Lieutenant or designee.” This includes third-party reports as well as anonymous reports (pg. 3) If the allegation made relates to criminal sexual assault, the policy further states that the Rockingham County Sheriff’s Department will be the lead investigative agency (pg. 3). As stated in Standard 115.22, The Rockingham County Sheriff’s Department and the RCDOC are separate entities.</p> <p>RCDOC Policy 4D-1-01 does not specifically state that conduct or behavior consistent that may be considered sexual harassment will result in a completed investigation. It was established through interviews and a review of investigative reports that RCDOC conducts the administrative investigation, and the Rockingham County Sheriff’s Department conducts the criminal investigation as it relates to allegations of sexual abuse and sexual harassment. The RCDOC PAQ indicated that there were two allegations of sexual abuse or sexual harassment that resulted in completed investigations. A review of the allegations shows that there was:</p> <ul style="list-style-type: none"> • One allegation of sexual assault (inmate/unknown offender) that was determined to be Unfounded. • One allegation of sexual harassment (inmate/inmate) that was Substantiated. <p>Both investigations were investigated in accordance with RCDOC Policy 4D-1-01. The investigations were initiated promptly and were completed in a reasonable amount of time based on the allegations. A review of both investigative files showed no factual basis for a criminal investigation to be conducted. As a result, there were no reported allegations forwarded for criminal investigation in the past 12 months.</p> |

115.71 (b). Investigative staff have received training pursuant to the provisions of Standard 115.34. This was determined through interviews with designated investigative staff as well as a review of training records provided to the Auditor. The training received consists of a combination of in-person and online or remote training. Training has included general topics, as well as specialized training related to sexual misconduct investigations, administrative and criminal investigations, and investigations in confinement settings.

115.71 (c). RCDOC Policy 2C-2-01 provides information and guidance related to physical evidence collection and preservation. The policy details how to effectively collect, store, and secure evidence that could have value in a criminal prosecution or administrative facility violation.

Investigative staff indicated that physical evidence gathered as part of an investigation may include clothing, bedding or other linens, letters or writings, and weapons or items used in an assault. Other evidence that would be gathered may include interviews with involved parties (i.e. victim, suspect, staff members, witnesses), phone and video recordings, records of past criminal activity and incarcerations, and medical records. Investigative staff indicated that the type of evidence collected as part of an investigation would be based on the nature of the allegation.

115.71 (d). Neither investigative file provided to the auditor involved an allegation against a staff member, nor was either allegation substantiated or forwarded for criminal investigation or possible prosecution.

Investigative staff indicated that compelled interviews of correctional staff would only be conducted after the employee was given a Garrity warning. Any compelled interview would only be done as part of an administrative investigation by RCDOC investigative staff. Because criminal investigations are conducted by investigative staff from the Rockingham County Sheriff's Department, and are done separate from the administrative investigation, information obtained from a compelled interview would not be shared between the investigators.

115.71 (e). Investigative staff indicated that the credibility of an alleged victim, suspect, or witness would be determined by the totality of the information and not their status as an inmate. Information that would be relied on to determine credibility would include prior history and knowledge of the inmate, other supporting information such as video surveillance or recordings, and information received from other inmates and staff.

Investigative staff indicated that the use of a polygraph in New Hampshire holds no weight with the courts. Other than suggesting to an inmate that they could submit to a polygraph or other truth-telling device as a way of gauging their reaction, having them submit to an actual examination would not occur.

There were no inmates who reported sexual abuse who were either disclosed by RCDOC or interviewed by the auditor.

115.71 (f). RCDOC Policy 4D-1-01, Page 6, Procedure E.1.B states that the PREA Coordinator will evaluate "each incident of sexual abuse to identify any policy, training, or other issues related to the incident that indicate a need to change policy or practice to better prevent, detect, and or respond to incidents of sexual abuse."

The PREA Coordinator said that the review of information would include staff training records and personnel reviews to determine if a lack of training or knowledge contributed to the incident. Additionally, the PREA reporting system used by the facility to document and track incidents of sexual abuse and sexual harassment would provide additional information as part of this review.

There were no substantiated allegations referred for prosecution provided to the auditor to review as it relates to this provision.

115.71 (g). Investigative staff indicated that investigations are documented in record management systems at RCDOC for administrative investigations, and a separate record management system at Rockingham County Sheriff's Department for criminal investigations.

There were no investigations provided to the auditor that had been referred to the Rockingham County Sheriff's Department for criminal investigation.

115.71 (h). RCDOC Policy 4D-1-01, Page 3, Procedure A.8.F indicates that "the Rockingham County Sheriff's Department will be the lead agency for all criminal sexual assault investigations." In the event an allegation is substantiated, and the conduct appears to be criminal, the Rockingham County Sheriff's Department would present the information related to the case to the County Attorney for prosecutions.

The RCDOC PAQ indicated there four substantiated allegations of conduct that appeared to be criminal that were referred for prosecution since August 20, 2012. None of these substantiated allegations occurred within the past year, and the RCDOC did not provide investigative reports for the auditor to review.

115.71 (i). RCDOC Policy 4D-1-01, Page 7, Procedure E.3 states that all data related to a sexual abuse is properly stored and protected. The data includes reports, investigative files, and incident files. The PREA reporting system utilized by RCDOC retains electronic records of investigations related to allegations of both sexual assault and sexual harassment. Physical copies of records, including paper copies of reports, statements, and other materials, are maintained in a locked storage area located in the RCDOC building. The policy states that records are stored and maintained for 10 years.

All investigative reports provided by the RCDOC and reviewed by the auditor met the requirements of this provision.

115.71 (j). RCDOC Policy 4D-1-01 does not specifically indicate that if an alleged abuser or victim leaves employment or control of the facility that it becomes the basis for terminating an investigation.

Investigative staff said that, in the event of a criminal allegation against a staff member, the administrative investigation may be terminated however any criminal investigation being conducted by the Rockingham County Sheriff's Department would continue. If an inmate left control of the facility, both a criminal and administrative investigation would continue as long as the investigator was able to maintain contact and cooperation from the alleged victim or

abuser.

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

115.71 (l). Investigative staff from RCDOC conduct administrative investigations related to sexual abuse and the Rockingham County Sheriff's Department conducts a criminal investigation when it is believed that there may be criminal conduct. In situations where there can be a sharing of information between these two agencies, investigative staff are able to provide information related to the allegation to assist in the progress, thoroughness, and objectivity of the investigations.

Investigative staff who deal with allegations of sexual abuse and sexual harassment, also conduct investigations that may be both administrative and criminal in nature. In these instances, information and evidence is shared between investigators from RCDOC and the Rockingham County Sheriff's Department, when appropriate, to aid each other in their investigations.

When information related to the progress of a criminal investigation is needed, the PREA Coordinator acts as a liaison between the RCDOC and the Rockingham County Sheriff's Department to obtain the information.

Recommendations:

Ensure that the data storage provision of 10 years provided in RCDOC Policy 4D-1-01, is sufficient time to prevent investigative records from being destroyed or purged sooner than 5 years from the time an alleged abuser has been employed or incarcerated by the agency.

Corrective Action:

Amend language in RCDOC Policy 4D-1-01 to include that allegations of sexual abuse and sexual harassment will be investigated, and that the investigation will be completed.

Ensure that if an administrative investigation is initiated, and an employee of RCDOC who is an alleged abuser or victim leaves employment prior to the conclusion of the investigation, that the investigation is not terminated based solely on their separation from employment, but continues until a finding can be reached.

Verification of Correction Action since the Interim Audit Report:

The auditor gathered, analyzed and retained the following additional evidence provided by the facility during the corrective action period relevant to the requirements of this standard:

Additional Documentation Reviewed:

a. RCDOC Policy 4D-1-01 (revised date 4/21/2020)

RCDOC Policy 4D-1-01 was revised to ensure that all allegations of sexual abuse and sexual harassment will be completely investigated. Both administrative and criminal investigations will be conducted until completion. In the event that an administrative investigation is being conducted on a staff member who separates from the employment with RCDOC, the investigation will continue until a finding has been reached (pg. 8).

RCDOC Policy 4D-1-01 was revised to include language that Founded or Substantiated allegations of sexual abuse or sexual harassment that were part of an administrative

investigation shall be immediately referred (within 24 hours) for criminal investigation when the conduct includes potentially criminal behavior (pg. 8).

The facility has effectively demonstrated compliance during the corrective action period with the supporting documentation. The facility is now in compliance with this provision.

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| 115.72 | Evidentiary standard for administrative investigations |
| | <p data-bbox="252 170 896 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 1273 360">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="252 416 1038 831" style="list-style-type: none"> <li data-bbox="252 416 1038 450">1. Documents (Policies, directives, forms, files, records, etc.) <ol data-bbox="252 461 979 573" style="list-style-type: none"> <li data-bbox="252 461 799 495">a. RCDOC Pre-Audit Questionnaire (PAQ) <li data-bbox="252 506 979 539">b. RCDOC Policy 4D-1-01 (Prison Rape Elimination Act) <li data-bbox="252 551 517 584">c. Investigative Files <li data-bbox="252 629 416 663">2. Interviews <ol data-bbox="252 674 517 707" style="list-style-type: none"> <li data-bbox="252 674 517 707">a. Investigative Staff <li data-bbox="252 763 619 797">3. Site Review Observations <ol data-bbox="252 808 858 842" style="list-style-type: none"> <li data-bbox="252 808 858 842">a. Observations during on-site review of facility <p data-bbox="252 887 560 920">Findings (By Provision):</p> <p data-bbox="252 931 1469 1133">115.72 (a). RCDOC Policy 4D-1-01 states that “all complaints of sexual abuse shall be investigated by the Safety and Security Lieutenant or designee. A preponderance of the evidence shall be the standard for determining whether an allegation is “founded” or “substantiated.”” (pg. 2) The policy does not contain specific language indicating the standard of proof when determining if an allegation of sexual harassment is substantiated.</p> <p data-bbox="252 1144 1469 1469">Interviews with investigative staff determined that a standard of preponderance of the evidence is used to determine when allegations of both sexual abuse and sexual harassment are substantiated. Investigative staff defined preponderance of the evidence as 51% proof. I reviewed two investigative reports. One report related to an allegation of sexual abuse and one report was for an allegation of sexual harassment. The allegation of sexual abuse was unfounded. The allegation of sexual harassment was substantiated. Based on the facts and evidence included in the investigative report, a standard of preponderance of the evidence was used in the determination.</p> <p data-bbox="252 1525 552 1559">Recommended Action:</p> <p data-bbox="252 1570 1469 1693">Amend RCDOC Policy 4D-1-01 to include language stating that a preponderance of the evidence shall be the standard for determining whether an allegation of sexual harassment is substantiated.</p> <p data-bbox="252 1749 485 1783">Corrective Action:</p> <p data-bbox="252 1794 1453 1861">Based on the review and analysis of all the available evidence, the auditor has determined that the agency is substantially compliant with this standard. No corrective action is required.</p> |

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| 115.73 | Reporting to inmates |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. RCDOC Pre-Audit Questionnaire (PAQ) b. RCDOC Policy 4D-1-01 (Prison Rape Elimination Act) c. PREA Reporting software d. Investigative Files 2. Interviews <ol style="list-style-type: none"> a. Facility Head b. Investigative Staff 3. Site Review Observations <ol style="list-style-type: none"> a. Observations during on-site review of facility <p>Findings (By Provision):</p> <p>115.73 (a)(c)(d). RCDOC policy does not contain specific language or procedures about notification to an inmate who has alleged sexual abuse in the facility about the determination of the investigation. There is no language regarding notification about the status of a staff member if the alleged abuser was a staff member. There is no language about notification about the status of an inmate, if the alleged abuser was an inmate.</p> <p>Interviews with staff indicated that such notification would likely be done by the Safety and Security Lieutenant. In cases involving criminal conduct, a victim advocate from the county attorney's office might assist with the notification. The notification would include the finding, but no details related to the investigation itself.</p> <p>The PREA Reporting software has the ability to generate a case status screen that can assist in providing information to the victim.</p> <p>115.73 (b). The facility reports that if an outside entity were to conduct an investigation, the outside entity would report to the facility who, would in turn provide notification to the inmate regarding the outcome of the investigation.</p> <p>The facility reported 2 investigations of alleged inmate sexual abuse in the facility that were completed by an outside agency in the 12 months prior to the audit. I reviewed one investigative report of alleged sexual abuse that was determined to be unfounded. I found no documented evidence that the inmate who alleged sexual abuse was notified of the outcome of the investigation.</p> <p>115.73 (e)(f). RCDOC policy does not contain specific language or procedures to ensure that notifications or attempted notifications to inmates as described by provisions of this standard are documented.</p> <p>I reviewed one investigative report from the 12 months prior to the audit. A determination of unfounded was reached following the investigation. I found no documented evidence that notification was provided to the inmate about the finding of the investigation.</p> |

Corrective Action:

Amend RCDOC policy to provide specific language and procedures about how notification following an investigation will be made to an inmate who alleged that he or she suffered sexual abuse in the facility. Ensure that policy contains language as required by provision (c) and (d) of this standard.

Create a procedure to ensure that if an outside entity conducts an investigation into alleged sexual abuse, that relevant information is received from the outside entity regarding the investigation to inform the inmate of the outcome of the investigation.

Amend RCDOC policy to require that notifications or attempted notifications made to an inmate as required by this standard are documented. Policy can reflect that the agency's obligation under this standard shall terminate if the inmate is released from the agency's custody.

Verification of Correction Action since the Interim Audit Report:

The auditor gathered, analyzed and retained the following additional evidence provided by the facility during the corrective action period relevant to the requirements of this standard:

Additional Documentation Reviewed:

a. RCDOC Policy 4D-1-01 (revised date 4/21/2020)

RCDOC Policy 4D-1-01 was revised to include language as required by provision (c) and (d) of this standard. Specifically, the policy requires inmate notification for allegations against a staff member when:

- The staff member is not assigned to the inmate's housing unit (pg. 9)
- The staff member is no longer employed by the agency (pg. 9)
- The staff member has been indicted on a criminal charge related to the allegation (pg. 9)
- The staff member has been convicted of a criminal charge related to the allegation (pg. 9)

If the allegation of inmate sexual abuse was against another inmate, notification is required when the facility learns:

- The alleged abuser has been indicted on a criminal charge related to the allegation (pg. 9)
- The alleged abuser has been convicted of a criminal charge related to the allegation (pg. 9)

If an outside entity conducted the investigation, the PREA Coordinator is responsible to obtaining information and any resolution from the outside agency and for providing the notification.

Regardless of the nature of the finding, the inmate alleging the abuse shall be notified of the finding (pg. 9). In all cases, notifications will be documented and securely stored by the PREA Coordinator (pg. 9). The agency requirement to provide notification terminates once the victim inmate is released from custody.

The facility has effectively demonstrated compliance during the corrective action period with the supporting documentation. The facility is now in compliance with this provision.

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| 115.76 | Disciplinary sanctions for staff |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. RCDOC Pre-Audit Questionnaire (PAQ) b. RCDOC Policy 4D-1-01 (Prison Rape Elimination Act) c. RCDOC Policy 7A-2-01 (Staff and Inmate Relations) d. Collective Bargaining Agreement - RCDOC and NCEU, Local 118 e. Collective Bargaining Agreement – County of Rockingham and Teamsters Local 633 2. Interviews <ol style="list-style-type: none"> a. Agency Head 3. Site Review Observations <ol style="list-style-type: none"> a. Observations during on-site review of facility <p>Findings (By Provision):</p> <p>115.76 (a)(b)(c). RCDOC Policy 7A-1-01 states that “employees who fail to report a personal contact or social relationship or who engage in prohibited relationships with an inmate or an inmate’s family member may face disciplinary actions up to and including termination.” (pg. 4) The policy also states that no employee may engage in “any form of a sexual relationship, sexual harassment, sexual assault or voyeurism with an inmate who is in the custody or under the jurisdiction of the Superintendent.” (pg. 2)</p> <p>The Collective Bargaining Agreement (CBA) between RCDOC and Nation Correctional Employees Union (NCEU), Local 118 covers all full-time regular and part-time regular correctional officers. The current agreement in place is for the time period from January 1, 2019 through June 30, 2021.</p> <p>Article XIV – Disciplinary Actions states under 14.9 that “the County may suspend an employee with pay during an investigation. A suspension with pay for the purposes of an investigation shall not be considered disciplinary in nature. Such employees shall be advised of the nature of the investigation at the time of the suspension.” (pg. 16)</p> <p>The same article indicates that a procedure of progressive discipline will be used however “the parties acknowledge that there may be cases that will warrant the by-passing of one or more of these progressive discipline steps.” (pg. 15) Disciplinary actions provided in this article include discharge from employment.</p> <p>The CBA between the County of Rockingham and Teamsters Local 633 covers all full-time employees and regular part-time who are sergeant, corporal, education and program facilitator, mental health supervisor, substance abuse counselor, and case manager.</p> <p>Article XXVI – Discipline and Disciplinary Procedures states that “all disciplinary action shall be fair and shall be consistent with the infraction for which the disciplinary action is being taken. The Superintendent shall be responsible for determining discipline, up to and including discharge.” (pg. 15)</p> <p>The Superintendent reported that if an employee was found to have engaged in sexual abuse, his decision would be to discharge the employee. Sanctions for employees who were found to</p> |

have engaged in conduct that violated sexual abuse or sexual harassment, were the conduct was not determined to constitute sexual abuse, would be based on the specific circumstances of the allegation, as well as past history or issues with the employee.

The agency reported that in the 12 months prior to the audit, there were no incidents of staff violating sexual abuse or sexual harassment policies, or who were terminated, or resigned prior to termination, for violating these policies. I found no records of this during the on-site phase of the audit process.

115.76 (d) RCDOC Policy 4D-1-01 provides that all allegations of sexual abuse involving a staff member will be investigated either by the Safety and Security Lieutenant or the Rockingham County Sheriff's Office (pg. 3) if the allegation is criminal in nature. RCDOC does not have a licensing body that it is required to report misconduct or criminal activity.

Corrective Action:

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

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| 115.77 | Corrective action for contractors and volunteers |
| | <p data-bbox="252 170 896 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 1273 360">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="252 416 1038 913" style="list-style-type: none"> <li data-bbox="252 416 1038 450">1. Documents (Policies, directives, forms, files, records, etc.) <ol data-bbox="252 461 979 618" style="list-style-type: none"> <li data-bbox="252 461 799 495">a. RCDOC Pre-Audit Questionnaire (PAQ) <li data-bbox="252 506 979 539">b. RCDOC Policy 4D-1-01 (Prison Rape Elimination Act) <li data-bbox="252 551 959 584">c. RCDOC Policy 7A-2-01 (Staff and Inmate Relations) <li data-bbox="252 595 967 629">d. RCDOC Policy 5A-1-04 (Human Services Programs) <li data-bbox="252 674 416 707">2. Interviews <ol data-bbox="252 719 523 786" style="list-style-type: none"> <li data-bbox="252 719 456 752">a. Facility Head <li data-bbox="252 763 523 797">b. PREA Coordinator <li data-bbox="252 842 619 875">3. Site Review Observations <ol data-bbox="252 887 858 913" style="list-style-type: none"> <li data-bbox="252 887 858 913">a. Observations during on-site review of facility <p data-bbox="252 969 560 1003">Findings (By Provision):</p> <p data-bbox="252 1014 1477 1473">115.77 (a)(b). RCDOC Policy 7A-2-01 states that “no employee, visitor, contractor or criminal justice entity may engage in any form of a sexual relationship, sexual harassment, sexual assault or voyeurism with an inmate who is in the custody or under the jurisdiction of the Superintendent.” (pg. 2) Employees as defined in this policy include “all individuals working for the Rockingham County Department of Corrections in a full-time or part-time capacity, any contractor, maintenance personnel, per-diem workers, and the Medical Department.” (pg. 2) RCDOC Policy 4D-1-01 requires that all complaints of sexual abuse involving an outside agency or contractor will be investigated by the Safety and Security Lieutenant. Investigations involving alleged conduct that may criminal in nature would be referred to the Rockingham County Sheriff’s Office for investigation. Policy also states that the outside agency or contractor’s supervisor would be notified. (pg. 3)</p> <p data-bbox="252 1485 1433 1597">The agency reported that in the 12 months prior to the audit, there were no incidents of volunteers or contractors being reported to law enforcement agencies or relevant licensing bodies for reported sexual abuse of inmates.</p> <p data-bbox="252 1608 1485 1865">Interviews with facility staff showed that if a volunteer or contractor was alleged to have engaged in sexual abuse of an inmate, they would be barred from entering the facility while an investigation was conducted. If the allegation could not be determined to be unfounded, the visitor or contractor would likely be prohibited from entering the facility. For incidents involving allegations that might be a violation of sexual abuse or sexual harassment policies that are not criminal in nature, sanctions would be based on the specific circumstances of the allegation.</p> <p data-bbox="252 1910 483 1944">Corrective Action:</p> <p data-bbox="252 1955 1453 2033">Based on the review and analysis of all the available evidence, the auditor has determined that the agency is substantially compliant with this standard. No corrective action is required.</p> |

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| 115.78 | Disciplinary sanctions for inmates |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. RCDOC Pre-Audit Questionnaire (PAQ) b. RCDOC Policy 4D-1-01 (Prison Rape Elimination Act) c. RCDOC Policy 3A-1-01 (Inmate Rules and Discipline) d. Inmate Rulebook 12th edition e. Inmate Orientation Booklet 2. Interviews <ol style="list-style-type: none"> a. Facility Head b. Medical and Mental Health Staff 3. Site Review Observations <ol style="list-style-type: none"> a. Observations during on-site review of facility <p>Findings (By Provision):</p> <p>115.78 (a). RCDOC Policy 4D-1-01 states that if an inmate is found to have engaged in sexual abuse as the result of an administrative investigation by a preponderance of the evidence with a finding of substantiated, that inmate will be subject to disciplinary action and criminal prosecution. (pg. 2) Disciplinary hearings and sanctions are subject to the procedures outlined in RCDOC Policy 3A-1-01 (pgs. 3-4)</p> <p>Behaviors that may constitute sexual abuse are contained in the Inmate Rulebook. (pgs. 9-11)</p> <p>The agency reports that in the 12 months prior to the audit, there were no administrative or criminal findings of guilt for inmate-on-inmate sexual abuse that occurred at the facility.</p> <p>115.78 (b)(c). Sanctions imposed as part of the disciplinary process are commensurate with the violation that was committed. Violations are categorized as Class A, B, or C offenses, with Class A offenses being the most severe. Findings of 'guilty' may result in sanctions based on the nature of the alleged conduct. Disciplinary board staff must "administer disciplinary actions in a fair and consistent manner. Discipline will not be arbitrary, retaliatory, or vengeful." (pg. 2)</p> <p>Interviews with staff showed that a number of factors are considered when determining what sanctions are appropriate. These factors include the severity of the offense, the inmate's disciplinary history, and whether the sanctions are consistent with those given to other inmates for similar conduct. An inmate's mental health or mental disability is also considered when determining what sanctions, if any are appropriate.</p> <p>115.78 (d). RCDOC contracts with a counselor who provides services for inmates who are identified as being sexually aggressive as part of a Sexual Offender Accountability Program. One of the program goals is to provide early intervention for offenders who are incarcerated to prevent recidivism. Inmates who were found to have engaged in sexual abuse would fall under the services provided by this contract.</p> |

115.78 (e). RCDOC Policy 4D-1-01 includes in the definition of sexual abuse that “Rockingham County Department of Corrections does not acknowledge the right to consent” for sexual acts by any inmate, staff member, civilian or contractor. (pg. 1) Disciplinary actions for inmates would be consistent with those outlined in provision (a) of this standard.

115.78 (f). RCDOC Policy 4D-1-01 states that “no inmate, staff member or contractor shall be retaliated against, in any manner, for reporting an allegation of sexual abuse.” (pg. 4) The agency states that this includes reports of sexual abuse that are made in good faith that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation.

115.78 (g). The Inmate Rulebook and Inmate Orientation Booklet establish that “an inmate can have no sexual contact with another inmate, RCDOC staff, volunteers, and/or contractors or vendors.” (pg. 6 and pg. 4 respectively) Allegations of sexual contact between inmates is subject to investigation as provided in RCDOC Policy 4D-1-01.

A determination of whether sexual contact constituted sexual abuse would be determined as a result of such investigation. In cases where coercion was not present, the behavior may be determined to constitute conduct that is not sexual abuse.

Recommended Actions:

Include language in RCDOC policy to show that the agency may discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact.

Corrective Action:

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

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| 115.81 | Medical and mental health screenings; history of sexual abuse |
| Auditor Overall Determination: Meets Standard | |
| Auditor Discussion | |
| <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. RCDOC Pre-Audit Questionnaire (PAQ) b. PREA Risk Assessment form c. Inmate Medical Records d. PrimeCare Consent for Treatment and Release of Information 2. Interviews <ol style="list-style-type: none"> a. Staff responsible for Risk Screening b. Medical and Mental Health Staff 3. Site Review Observations <ol style="list-style-type: none"> a. Observations during on-site review of facility <p>Findings (By Provision):</p> <p>115.81 (a)(b). RCDOC is a designated as a county jail facility, not a prison. These provisions are not applicable to compliance with this standard.</p> <p>115.81 (c) Screening pursuant to §115.41 is conducted by intake staff, who complete the PREA Risk Assessment form. Information gathered during this screening process is provided to contracted medical staff to be used as part of their intake screening of inmates. Medical staff complete a receiving screening for inmates received at RCDOC. If the screening by either intake staff or medical staff indicate that an inmate has experienced prior sexual victimization, the inmate is offered a follow-up meeting with a medical or mental health practitioner. When an inmate discloses prior sexual victimization, the receiving screening generates a workflow for a mental health provider to follow-up with an inmate. Follow-up meetings with a medical or mental health practitioner are done as part of regular patient contacts, and typically occur with 14 days of the intake screening. I reviewed seven random inmate medical records and found that two inmates had disclosed prior sexual victimization. One inmate was released prior to a follow-up meeting with a medical or mental health practitioner. The other inmate met with a mental health provider two days after the intake screening.</p> <p>115.81 (d). Information related to sexual victimization or abusiveness that occurred in a correctional setting that is gathered as a result of the medical receiving screening is limited to medical and mental health staff, as well as staff who need such information to determine treatment plans or make decisions related to security or inmate management. Security and inmate management decision include housing determination as well as access to programming and other inmate services.</p> <p>Medical screening records, as well as other medical records, are maintained through an electronic medical records (EMR) system. Access to the information on the EMR system is limited to PrimeCare personnel needing access to this information. If information needs to be</p> | |

communicated to security staff for security and inmate management decisions, it is typically done in person with a supervisor, and a note of the communication is provided in the EMR.

115.81 (e). Informed consent is obtained from inmates during the receiving screening process. The release of information allows for release of records to a primary care physician, specialty care physician, or other health care provider to facilitate continuity of care. Interviews with medical staff who conduct receiving screenings showed the consent for treatment and release of information form is completed before the receiving screening is conducted. I conducted a random sampling of eight inmate medical records and found that the consent for treatment and release of information form was completed for all 8 (100%) of the sampled medical records.

Corrective Action:

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

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| 115.82 | Access to emergency medical and mental health services |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. RCDOC Pre-Audit Questionnaire (PAQ) b. RCDOC Policy 4D-1-01 (Prison Rape Elimination Act) c. RCDOC Policy 4C-1-04 (Health Care) d. RCDOC Policy 4C-1-03 (Mental Health Care) e. PrimeCare Policy RCDOC J-F-06 (Response to Sexual Abuse) f. Inmate Medical Records 2. Interviews <ol style="list-style-type: none"> a. Medical and Mental Health Staff 3. Site Review Observations <ol style="list-style-type: none"> a. Observations during on-site review of facility <p>Findings (By Provision):</p> <p>115.82 (a). RCDOC Policy 4D-1-01 requires that, as part of the initial response to a report of sexual abuse, the victim will be given emergency first-aid if needed and taken to the infirmary for medical attention. (pg. 4) PrimeCare Policy RCDOC J-F-06 states that when medical or mental health staff learn of such a report they must:</p> <ul style="list-style-type: none"> Remain with the patient to offer fist aid and emotional support (pg. 2) Refer the victim to a community facility for treatment and gathering of evidence (pg. 2) Provide a victim advocate to accompany the victim through the forensic medical exam process. (pg. 3) PrimeCare medical staff do not conduct rape exams or gather evidence (pg. 9) <p>Documentation related to emergency medical treatment and crisis intervention services are entered into the EMR system used by PrimeCare. I reviewed 2 inmate records for inmates who had reported sexual abuse. In both instances, documentation as required by this provision was found in the EMR system.</p> <p>115.82 (b) PrimeCare is contracted to provide 24-hour medical coverage at RCDOC. Interviews with RCDOC staff and medical staff indicated that there have been no instances that a qualified medical or mental health practitioner was not on duty and able to take preliminary steps pursuant to §115.62.</p> <p>115.82 (c). PrimeCare Policy RCDOC J-F-06 provides that “prophylactic treatment or emergency contraception and follow-up form sexually transmitted or other communicable disease will be offered to the victim as clinically indicated.</p> <p>Interviews with medical staff indicated that this may be done at Exeter Hospital at the time of examination, or by PrimeCare staff. If a patient is given a prescription, or there are medical orders received for the continued care of the victim when they return to RCDOC, PrimeCare staff will comply with those orders.</p> |

I reviewed 2 inmate medical records where inmates were treated for reported sexual abuse. In both instances, documentation as required by this provision was found in the EMR system.

115.82 (d). PrimeCare Policy RCDOC J-F-06 states that "forensic medical exams are provided free of charge to the victim." (pg. 4) Interviews with medical staff showed that victims who receive any treatment services related to a reported sexual abuse do not get billed for any of these services. This includes both emergent treatment as well as any follow-up mental health or medical services that result from the reported sexual abuse.

Corrective Action:

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

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| 115.83 | Ongoing medical and mental health care for sexual abuse victims and abusers |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. RCDOC Pre-Audit Questionnaire (PAQ) b. RCDOC Policy 4D-1-01 (Prison Rape Elimination Act) c. RCDOC Policy 4C-1-04 (Health Care) d. RCDOC Policy 4C-1-03 (Mental Health Care) e. PrimeCare Policy RCDOC J-F-06 (Response to Sexual Abuse) f. Inmate Medical Records 2. Interviews <ol style="list-style-type: none"> a. Medical and Mental Health Staff 3. Site Review Observations <ol style="list-style-type: none"> a. Observations during on-site review of facility <p>Findings (By Provision):</p> <p>115.83 (a)(b). PrimeCare Policy RCDOC J-F-06 states that if a patient discloses sexual abuse during the receiving screening, they will receive treatment as appropriate. This includes disclosures that occurred while incarcerated or in the community. (pg. 2) If the victimization occurred within 96 hours of the receiving screening, the patient will be sent to Exeter Hospital for examination and collection of possible evidence. (pg.2)</p> <p>In all cases when patients disclose prior victimization, a referral is made for the patient to be seen for further mental health evaluation. (pg. 2)</p> <p>Evaluation and treatment plans are determined based on the needs of the patient. In the event that an individual’s care exceeds the capacity that can be offered at RCDOC, patients are referred to services outside of RCDOC. These services include both in-patient and out-patient services.</p> <p>115.83 (c). Medical and mental health services provided to victims of sexual abuse include a combination of both RCDOC-provided services as well as services administered at the community level. If care exceeds the capacity that can be offered at RCDOC through PrimeCare or other services within RCDOC, patients are referred to community care providers. These services include both in-patient and out-patient services.</p> <p>115.83 (d)(e)(f). PrimeCare Policy RCDOC J-F-06 provides that “prophylactic treatment or emergency contraception and follow-up for sexually transmitted or other communicable disease will be offered to the victim as clinically indicated. (pg. 3) Health care staff encourage and offer follow-up testing for HIV and viral hepatitis 6-8 weeks following sexual abuse. (pg. 3) If there was vaginal penetration, the victim will be offered pregnancy testing at the time of medical evaluation, and again approximately six weeks later if the initial testing was negative. (pg. 3) Victims who have positive tests will receive counseling and have access to all pregnancy-related services. (pg. 4)</p> |

Interviews with medical staff indicated that this may be done at Exeter Hospital at the time of examination, or by PrimeCare staff. If a patient is given a prescription, or there are medical orders received for the continued care of the victim when they return to RCDOC, PrimeCare staff will comply with those orders.

I reviewed 2 inmate medical records where inmates were treated for reported sexual abuse. In both instances, documentation as required by this provision was found in the EMR system.

115.83 (g). PrimeCare Policy RCDOC J-F-06 states that "forensic medical exams are provided free of charge to the victim." (pg. 4) Interviews with medical staff showed that victims who receive any treatment services related to a reported sexual abuse do not get billed for any of these services. This includes both emergent treatment as well as any follow-up mental health or medical services that result from the reported sexual abuse.

115.83 (h). RCDOC is a county jail facility, not a prison. Because they are not a prison, this provision is not applicable to compliance with this standard.

Corrective Action:

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

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| 115.86 | Sexual abuse incident reviews |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. RCDOC Pre-Audit Questionnaire (PAQ) b. RCDOC Policy 4D-1-01(Prison Rape Elimination Act) 2. Interviews <ol style="list-style-type: none"> a. Facility Head b. PREA Compliance Manager 3. Site Review Observations <ol style="list-style-type: none"> a. Observations during on-site review of facility <p>Findings (By Provision):</p> <p>115.86 (a)(b)(c). RCDOC Policy 4D-1-01 contains provisions for a sexual abuse incident review to be conducted at the conclusion of every sexual abuse investigation, unless the allegation is determined to be unfounded. The policy states:</p> <p>All instances of sexual abuse will be treated as critical incidents to be examined by the command staff, with input from line supervisors and investigators. (Procedure E.1.A, page 6)</p> <p>The PREA Coordinator / Safety and Security Lieutenant will evaluate each incident of sexual abuse to identify any policy, training, or other issues related to the incident that indicate a need to change policy or practice to better prevent, detect, and/or respond to incidents of sexual abuse. (Procedure E.1.B, page 6)</p> <p>The PREA Coordinator / Safety and Security Lieutenant will also consider whether incidents were motivated by race or group dynamics. When incidents are determined to be motivated by racial or group dynamics, the PREA Coordinator/Safety and Security Lieutenant immediately notifies the Major and Superintendent and begins taking steps to rectify underlying problems. (Procedure E.1.C, page 6)</p> <p>The PREA Coordinator / Safety and Security Lieutenant will prepare a report of the findings and recommendations for improvement and submits it to the Major and Superintendent. (Procedure E.1.D, page 6)</p> <p>There is no provision in the policy indicating the time frame in which the facility should conduct a sexual abuse incident review. The facility reported that there were no sexual abuse incident reviews conducted in the 12 months prior to the audit.</p> <p>Interviews with the facility head and PREA compliance manager indicated that a sexual abuse incident review would likely be done during a weekly command staff meeting. The command staff meetings include jail leadership (lieutenant and up), medical and mental health staff, and classifications.</p> <p>115.86(d). RCDOC Policy 4D-1-01 includes provision for a review by the Safety and Security Lieutenant to determine if the incident or allegation indicates a need to change policy or practice to better prevent, detect, and/or respond to incidents of sexual abuse. Additionally, the policy includes provision for a review by the Safety and Security Lieutenant to also</p> |

consider whether the incident or allegation was motivated by race or group dynamics. The policy does generally provide for a review by command staff, with input from front line supervisors and investigators, that may address other factors as outlined in this provision however does not specially address these factors.

Corrective Actions:

Formalize the sexual abuse incident review process to include when a review will be conducted, the timeframe in which a review will ordinarily be conducted, who will participate on the review team, and items that the review team will consider as part of the review.

Recommendations for improvement should be included in a report to the Superintendent and PREA compliance manager. The sexual abuse incident review process should include specific provisions, as contained in the standard.

Amend RCDOC Policy 4D-1-01 to ensure that language for an incident review team reflects changes made in the process.

Verification of Correction Action since the Interim Audit Report:

The auditor gathered, analyzed and retained the following additional evidence provided by the facility during the corrective action period relevant to the requirements of this standard:

Additional Documentation Reviewed:

a. RCDOC Policy 4D-1-01 (revised date 4/21/2020)

RCDOC Policy 4D-1-01 was revised to include provisions for incident review at the conclusion of investigations for allegations of sexual abuse. The policy indicates that RCDOC treats all instances of sexual abuse as critical incidents, and requires that a sexual abuse incident review will occur for all investigations that are substantiated (pg. 9).

The incident review team will be comprised of at least three members of the command staff, including the PREA Coordinator, and will consider input from supervisory staff and investigators. The review will normally take place within 30 days of the conclusion of the investigation (pg. 9). The incident review team will prepare a report that will be forwarded to the Superintendent, Major, and PREA Compliance Manager that will include recommendations for improvement.

As part of the critical incident review, the team will consider:

- The need to change policy or practice to better prevent, detect and/or respond to incidents of sexual abuse (pg. 9)
- Whether incidents were motivated by actual or perceived racial or group dynamics, gang affiliation, or LGBTQIA orientations (pg. 9)
- The physical layout of the facility where the abuse occurred (pg. 10)
- The adequacy of staffing levels (pg. 10)
- The use of additional monitoring technology (pg. 10)

Recommendations for improvement shall be implemented (pg. 10). If recommendations are not implemented, the reasons why shall be documented and a report filed with the Superintendent, Major, and PREA Compliance Manager (pg. 10).

The facility has effectively demonstrated compliance during the corrective action period with the supporting documentation. The facility is now in compliance with this provision.

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| 115.87 | Data collection |
| | <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. RCDOC Pre-Audit Questionnaire (PAQ) b. RCDOC Policy 4D-1-01 (Prison Rape Elimination Act) c. PREA Reporting Software 2. Interviews <ol style="list-style-type: none"> a. PREA Coordinator b. PREA Compliance Manager 3. Site Review Observations <ol style="list-style-type: none"> a. Observations during on-site review of facility <p>Findings (By Provision):</p> <p>115.87 (a)(c). RCDOC Policy 4D-1-01 states that the PREA Coordinator will collect accurate, uniform data for every reported incident of sexual abuse using the 'Offender Protection Investigation Form Investigation Details' which is included as Attachment 2 of this policy. (pg. 7) The data collected should include, at a minimum, the data necessary to answer all questions from the most recent version of the Bureau of Justice Statistics (BJS) Survey on Sexual Violence.</p> <p>The PREA Coordinator demonstrated the PREA reporting software that is used to enter data for reported allegations of sexual abuse and sexual harassment. The report generated from the software contains uniform data that can be collected for incidents of sexual abuse and sexual harassment.</p> <p>115.87 (b)(d). RCDOC Policy 4D-1-01 states that aggregate data will be collected from multiple sources including reports, investigative files, and sexual abuse incident files. The policy requires that data is aggregated annually. (pg. 7)</p> <p>The facility indicated that the data is stored in the PREA reporting software as part of individual records. The sexual abuse data has not been aggregated, in accordance with this provision.</p> <p>115.87 (e). There is no provision in the policy to provide that the facility will receive incident-based and aggregate data from facilities with which it contracts for the confinements of its inmates.</p> <p>115.87 (f). The facility indicated in the PAQ that the Department of Justice did not request data as indicated in this standard from the previous calendar year. During my file and records review, I found no evidence that the Department of Justice had requested this information from RCDOC in the previous calendar year.</p> <p>This provision of the standard is N/A to this audit.</p> <p>Corrective Actions:</p> |

Aggregate data, in accordance with the provisions of this standard, for at least the previous reporting year. Ensure that data collected includes, at a minimum data necessary to answer all questions from the most recent version of the Bureau of Justice Statistics (BJS) Survey on Sexual Violence.

Obtain incident-based and aggregate data from all facilities with which RCDOC contracts with for the confinement of inmates.

Verification of Correction Action since the Interim Audit Report:

The auditor gathered, analyzed and retained the following additional evidence provided by the facility during the corrective action period relevant to the requirements of this standard:

Additional Documentation Reviewed:

- a. RCDOC Policy 4D-1-01 (revised date 4/21/2020)
- b. 2019 Annual Sexual Assault Review and Report
- c. Facility website

RCDOC Policy 4D-1-01 was revised to include language requiring that the Critical Incident Review Team meet annually to complete the Annual Sexual Assault Aggregate Data Review / Annual Report (pg. 10). The report includes aggregate data for all sexual assault and sexual harassment investigations conducted by the agency in a given calendar year. The data reports sexual assault and sexual harassment investigations involving inmate/inmate and staff/inmate investigations. Each category shows the finding, if applicable, of the investigation (Attachment 4). Recommendations made by the review team for substantiated sexual abuse investigations are noted on the report as well.

For subsequent years of review, the attachment includes a report for the previous year's aggregate data. The comparison between years is intended to provide an opportunity to compare corrective action and implementation progress between years, as well as to provide a basis for additional improvement assessment.

Addendum A of Attachment 4 provides aggregate data of sexual abuse and sexual harassment investigations for facilities who RCDOC contracts with for the housing of inmates.

The data collected and aggregated by the agency provides information necessary to answer questions from the most recent version of the Bureau of Justice Statistics (BJS) Survey on Sexual Violence.

The auditor reviewed the agency website and found that aggregate data for RCDOC as well as contracted facilities has been posted and is publically viewable on the site. The aggregate data included is for calendar year 2019, which is the time period for the year prior to this audit.

The facility has effectively demonstrated compliance during the corrective action period with the supporting documentation. The facility is now in compliance with this provision.

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| 115.88 | Data review for corrective action |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. RCDOC Pre-Audit Questionnaire (PAQ) b. RCDOC Policy 4D-1-01 (Prison Rape Elimination Act) c. RCDOC website 2. Interviews <ol style="list-style-type: none"> a. Agency Head b. PREA Coordinator c. PREA Compliance Manager 3. Site Review Observations <ol style="list-style-type: none"> a. Observations during on-site review of facility <p>Findings (By Provision):</p> <p>115.88 (a). RCDOC Policy 4D-1-01 states that “The PREA Coordinator/Safety and Security Lieutenant evaluates each incident of sexual abuse to identify policy, training, or other issues related to the incident that indicate a need to change policy or practice to better prevent, detect, and/or respond to incidents of sexual abuse.” (pg. 6) The policy does not provide that the review will be based on aggregate data pursuant to §115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection and response policies, practices, and training.</p> <p>A review in accordance with this provision would include identifying problem areas, taking corrective action on an ongoing basis, and preparing an annual report of its finding and corrective actions for the facility.</p> <p>The Superintendent indicated that this type of review would typically take place during weekly command staff meetings, or monthly divisional command meetings which are attended by all supervisory staff. If an issue is brought up in these meetings, the participants attempt to determine what may have contributed to the issue as well as possible corrective actions.</p> <p>115.88 (b)(c)(d). The facility reports that it has not completed an annual report as required by these provisions. The PREA compliance manager stated that, once certified, the facility would complete an annual report in compliance with this standard.</p> <p>The Superintendent stated that when an annual report is completed, he would review and approve it. The PREA Coordinator stated the annual report would be reviewed to ensure that no personally identifiable information, or information that would present a specific threat to the facility was contained.</p> <p>I reviewed the RCDOC website and found no annual report.</p> <p>Corrective Actions:</p> <p>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. As part of the review, the facility should consider points contained in provision (a)</p> |

of this standard including preparing an annual report.

Prepare an annual report in accordance with the provisions of this standard. Once approved by the Superintendent, the report should be made readily available to the public through the RCDOC website.

Verification of Correction Action since the Interim Audit Report:

The auditor gathered, analyzed and retained the following additional evidence provided by the facility during the corrective action period relevant to the requirements of this standard:

Additional Documentation Reviewed:

- a. RCDOC Policy 4D-1-01 (revised date 4/21/2020)
- b. 2019 Annual Sexual Assault Review and Report
- c. Facility website

RCDOC Policy 4D-1-01 was revised to include language requiring that the Critical Incident Review Team meet annually to complete the Annual Sexual Assault Aggregate Data Review / Annual Report (pg. 10). The report includes aggregate data for all sexual assault and sexual harassment investigations conducted by the agency in a given calendar year. The data reports sexual assault and sexual harassment investigations involving inmate/inmate and staff/inmate investigations. Each category shows the finding, if applicable, of the investigation (Attachment 4). Recommendations made by the review team for substantiated sexual abuse investigations are noted on the report as well.

For subsequent years of review, the attachment includes a report for the previous year's aggregate data. The comparison between years is intended to provide an opportunity to compare corrective action and implementation progress between years, as well as to provide a basis for additional improvement assessment.

Addendum A of Attachment 4 provides aggregate data of sexual abuse and sexual harassment investigations for facilities who RCDOC contracts with for the housing of inmates.

The auditor reviewed the agency website and found that aggregate data for RCDOC as well as contracted facilities has been posted and is publically viewable on the site. The aggregate data included is for calendar year 2019, which is the time period for the year prior to this audit. The report included a review of the data that considered needs for operational or physical plant changes, consideration for changes in policies or practices, and other factors that may improve their ability to reduce or prevent incidents of sexual abuse and harassment.

The report was an initial report so there was no comparison to previous years of corrective actions and implementation progress. The report was approved by the agency head.

The facility has effectively demonstrated compliance during the corrective action period with the supporting documentation. The facility is now in compliance with this provision.

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| 115.89 | Data storage, publication, and destruction |
| | <p data-bbox="248 168 898 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="248 248 523 284">Auditor Discussion</p> <p data-bbox="248 329 1273 365">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="248 409 1038 918" style="list-style-type: none"> <li data-bbox="248 409 1038 445">1. Documents (Policies, directives, forms, files, records, etc.) <ol data-bbox="248 454 979 618" style="list-style-type: none"> <li data-bbox="248 454 799 490">a. RCDOC Pre-Audit Questionnaire (PAQ) <li data-bbox="248 499 979 535">b. RCDOC Policy 4D-1-01 (Prison Rape Elimination Act) <li data-bbox="248 544 616 580">c. PREA Reporting software <li data-bbox="248 589 499 624">d. RCDOC website <li data-bbox="248 669 419 705">2. Interviews <ol data-bbox="248 714 651 790" style="list-style-type: none"> <li data-bbox="248 714 523 750">a. PREA Coordinator <li data-bbox="248 759 651 790">b. PREA Compliance Manager <li data-bbox="248 835 620 871">3. Site Review Observations <ol data-bbox="248 880 860 918" style="list-style-type: none"> <li data-bbox="248 880 860 918">a. Observations during on-site review of facility <p data-bbox="248 969 563 1005">Findings (By Provision):</p> <p data-bbox="248 1014 1469 1178">115.89 (a)(d). RCDOC Policy 4D-1-01 states that the “PREA Coordinator/Safety and Security Lieutenant will ensure all collected sexual abuse data is properly stored, securely retained, protected and entered into the PREA Investigative Module.” The data shall be retained for ten years. (pg. 7)</p> <p data-bbox="248 1187 1453 1350">The PREA Coordinator stated that sexual abuse data is secured and stored within the PREA Reporting system. The system is uses cloud-based storage and access to these records is limited. Sexual abuse data retained on the PREA Reporting system begins in 2015 when the facility began using the software.</p> <p data-bbox="248 1359 1453 1435">Additionally, incident reports related to sexual abuse may be located on the jail management system. Reports on this system would begin in 2013.</p> <p data-bbox="248 1444 1453 1565">Hard copies (paper) of reports are stored on-site in a locked area of a secure storage room. During the on-site review of the facility, I observed that records are securely retained. Specific incident-based and aggregate data has not been collected.</p> <p data-bbox="248 1619 1453 1783">115.89 (b)(c). The agency reports that they do not make aggregated sexual abuse data from its facility and facilities with which it contracts readily available to the public. The agency indicates they intend to publish this data on the RCDOC website when they are PREA-certified.</p> <p data-bbox="248 1792 1437 1868">I reviewed the RCDOC website and found no aggregated sexual abuse data as required by these provisions.</p> <p data-bbox="248 1921 499 1957">Corrective Actions:</p> <p data-bbox="248 1966 1155 2002">Ensure that data collected pursuant to §115.87 are securely retained.</p> <p data-bbox="248 2011 1437 2132">Make all aggregated sexual abuse data, from RCDOC and any contracted agencies readily available to the public at least annually through the RCDOC website. Ensure that any data made publicly available contains no personal identifiers.</p> |

Verification of Correction Action since the Interim Audit Report:

The auditor gathered, analyzed and retained the following additional evidence provided by the facility during the corrective action period relevant to the requirements of this standard:

Additional Documentation Reviewed:

- a. RCDOC Policy 4D-1-01 (revised date 4/21/2020)
- b. Agency website

RCDOC Policy 4D-1-01 was revised to ensure that aggregate data collected as required by this standard is retained for a period of 10 years from the date the investigation is completed (pg. 10). The policy requires the PREA Coordinator to ensure that all collected data is properly stored, securely retained, and entered into the PREA Investigative module (pg. 10).

The auditor reviewed the agency website and found that the aggregate data report was posted and publically available for viewing. The report did not include any personally identifiable information that should not be included in such a report. The aggregate data report included information for RCDOC as well as facilities who they contract with for housing inmates.

The facility has effectively demonstrated compliance during the corrective action period with the supporting documentation. The facility is now in compliance with this provision.

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| 115.401 | Frequency and scope of audits |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. RCDOC Pre-Audit Questionnaire (PAQ) b. Agency Website 2. Interviews <ol style="list-style-type: none"> a. PREA Compliance Manager 3. Site Review Observations <ol style="list-style-type: none"> a. Observations made during on-site review of the facility <p>Findings (By Provision):</p> <p>115.401 (a)(b). The RCDOC is a single-facility adult detention facility. I was contracted with RCDOC to perform their initial PREA audit. A review of the RCDOC website and interview with the PREA compliance manager confirmed that they had not been audited previously. The audit of the RCDOC began after August 20, 2019, which is the first year of the current audit cycle.</p> <p>115.401 (h)(i)(m). During the audit process, I was given full access to and allowed to observe all areas of RCDOC. This included areas where inmates would not normally be allowed access, but staff could access. I was provided with access to relevant documentation, including information that was stored electronically. I was provided space to conduct private interviews with inmates, staff, and other in areas that had limited foot traffic and distraction.</p> <p>115.401 (n). Prior to the on-site phase of the audit, I provided the facility with postings to be placed in several areas of the facility. I observed these postings in all housing areas, intake, and other areas where inmates or staff may be present. The posting included my mailing address for inmates to contact me.</p> <p>Corrective Action:</p> <p>Based on the review and analysis of all the available evidence, the auditor has determined that the agency is substantially compliant with this standard. No corrective action is required.</p> |

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| 115.403 | Audit contents and findings |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. RCDOC Pre-Audit Questionnaire (PAQ) b. Agency Website 2. Interviews <ol style="list-style-type: none"> a. PREA Compliance Manager <p>Findings (By Provision): 115.403 (f). The RCDOC is a single-facility adult detention facility. I was contracted with RCDOC to perform their initial PREA audit. A review of the RCDOC website and interview with the PREA compliance manager confirmed that they had not been audited previously, therefore no Final Audit Report for RCDOC has ever been issued. Based on my findings, this standard is Not Applicable (N/A) for this audit.</p> <p>Corrective Action: Based on the review and analysis of all the available evidence, the auditor has determined that the agency is substantially compliant with this standard. No corrective action is required.</p> |

| Appendix: Provision Findings | | |
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| 115.11 (a) | Zero tolerance of sexual abuse and sexual harassment; PREA coordinator | |
| | Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? | yes |
| | Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? | yes |
| 115.11 (b) | Zero tolerance of sexual abuse and sexual harassment; PREA coordinator | |
| | Has the agency employed or designated an agency-wide PREA Coordinator? | yes |
| | Is the PREA Coordinator position in the upper-level of the agency hierarchy? | yes |
| | Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities? | yes |
| 115.11 (c) | Zero tolerance of sexual abuse and sexual harassment; PREA coordinator | |
| | If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.) | na |
| | Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.) | na |
| 115.12 (a) | Contracting with other entities for the confinement of inmates | |
| | If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.) | yes |
| 115.12 (b) | Contracting with other entities for the confinement of inmates | |
| | Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure 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 |
| 115.13 (a) | Supervision and monitoring | |
| | Does the facility have a documented staffing plan that provides for | yes |

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| | 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 |
| | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy? | yes |
| | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies? | yes |
| | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies? | yes |
| | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)? | yes |
| | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population? | yes |
| | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff? | yes |
| | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift? | yes |
| | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards? | yes |
| | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? | yes |
| | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? | yes |

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| 115.13 (b) | Supervision and monitoring | |
| | In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.) | na |
| 115.13 (c) | Supervision and monitoring | |
| | In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? | yes |
| | In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies? | yes |
| | In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? | yes |
| 115.13 (d) | Supervision and monitoring | |
| | Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? | yes |
| | Is this policy and practice implemented for night shifts as well as day shifts? | yes |
| | Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? | yes |
| 115.14 (a) | Youthful inmates | |
| | Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates (inmates <18 years old).) | na |

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| 115.14 (b) | Youthful inmates | |
| | In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates (inmates <18 years old).) | na |
| | In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates (inmates <18 years old).) | na |
| 115.14 (c) | Youthful inmates | |
| | Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates (inmates <18 years old).) | na |
| | Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates (inmates <18 years old).) | na |
| | Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates (inmates <18 years old).) | na |
| 115.15 (a) | Limits to cross-gender viewing and searches | |
| | Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners? | yes |
| 115.15 (b) | Limits to cross-gender viewing and searches | |
| | Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.) | yes |
| | Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.) | yes |
| 115.15 (c) | Limits to cross-gender viewing and searches | |
| | Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? | yes |
| | Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)? | yes |

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| 115.15 (d) | Limits to cross-gender viewing and searches | |
| | Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? | yes |
| | Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? | yes |
| | Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit? | yes |
| 115.15 (e) | Limits to cross-gender viewing and searches | |
| | Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status? | yes |
| | If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? | yes |
| 115.15 (f) | Limits to cross-gender viewing and searches | |
| | Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? | yes |
| | Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? | yes |
| 115.16 (a) | Inmates with disabilities and inmates who are limited English proficient | |
| | Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing? | yes |
| | Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual | yes |

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| | abuse and sexual harassment, including: inmates who are blind or have low vision? | |
| | Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities? | yes |
| | Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities? | yes |
| | Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities? | yes |
| | Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes.) | yes |
| | Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing? | yes |
| | Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? | yes |
| | Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities? | yes |
| | Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills? | yes |
| | Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: are blind or have low vision? | yes |

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| 115.16 (b) | Inmates with disabilities and inmates who are limited English proficient | |
| | Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient? | yes |
| | Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? | yes |
| 115.16 (c) | Inmates with disabilities and inmates who are limited English proficient | |
| | Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations? | yes |

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| 115.17 (a) | Hiring and promotion decisions | |
| | Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? | yes |
| | Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? | yes |
| | Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above? | yes |
| | Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? | yes |
| | Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? | yes |
| | Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above? | yes |
| 115.17 (b) | Hiring and promotion decisions | |
| | Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates? | yes |
| | Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates? | yes |

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| 115.17 (c) | Hiring and promotion decisions | |
| | Before hiring new employees who may have contact with inmates, does the agency perform a criminal background records check? | yes |
| | Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? | yes |
| 115.17 (d) | Hiring and promotion decisions | |
| | Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates? | yes |
| 115.17 (e) | Hiring and promotion decisions | |
| | Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees? | yes |
| 115.17 (f) | Hiring and promotion decisions | |
| | Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? | yes |
| | Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? | yes |
| | Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? | yes |
| 115.17 (g) | Hiring and promotion decisions | |
| | Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? | yes |

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| 115.17 (h) | Hiring and promotion decisions | |
| | Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) | yes |
| 115.18 (a) | Upgrades to facilities and technologies | |
| | If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.) | na |
| 115.18 (b) | Upgrades to facilities and technologies | |
| | If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.) | yes |
| 115.21 (a) | Evidence protocol and forensic medical examinations | |
| | If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) | yes |

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| 115.21 (b) | Evidence protocol and forensic medical examinations | |
| | Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) | yes |
| | Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) | yes |
| 115.21 (c) | Evidence protocol and forensic medical examinations | |
| | Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? | yes |
| | Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? | yes |
| | If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? | yes |
| | Has the agency documented its efforts to provide SAFEs or SANEs? | yes |
| 115.21 (d) | Evidence protocol and forensic medical examinations | |
| | Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? | yes |
| | If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency always makes a victim advocate from a rape crisis center available to victims.) | yes |
| | Has the agency documented its efforts to secure services from rape crisis centers? | yes |

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| 115.21 (e) | Evidence protocol and forensic medical examinations | |
| | As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? | yes |
| | As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? | yes |
| 115.21 (f) | Evidence protocol and forensic medical examinations | |
| | If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) | na |
| 115.21 (h) | Evidence protocol and forensic medical examinations | |
| | If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency always makes a victim advocate from a rape crisis center available to victims.) | yes |
| 115.22 (a) | Policies to ensure referrals of allegations for investigations | |
| | Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? | yes |
| | Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? | yes |
| 115.22 (b) | Policies to ensure referrals of allegations for investigations | |
| | Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? | yes |
| | Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? | yes |
| | Does the agency document all such referrals? | yes |

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| 115.22 (c) | Policies to ensure referrals of allegations for investigations | |
| | If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).) | yes |
| 115.31 (a) | Employee training | |
| | Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? | yes |
| | Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? | yes |
| | Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment? | yes |
| | Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment? | yes |
| | Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement? | yes |
| | Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims? | yes |
| | Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse? | yes |
| | Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates? | yes |
| | Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates? | yes |
| | Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? | yes |

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| 115.31 (b) | Employee training | |
| | Is such training tailored to the gender of the inmates at the employee's facility? | yes |
| | Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa? | yes |
| 115.31 (c) | Employee training | |
| | Have all current employees who may have contact with inmates received such training? | yes |
| | Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? | yes |
| | In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? | yes |
| 115.31 (d) | Employee training | |
| | Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? | yes |
| 115.32 (a) | Volunteer and contractor training | |
| | Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures? | yes |
| 115.32 (b) | Volunteer and contractor training | |
| | Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)? | yes |
| 115.32 (c) | Volunteer and contractor training | |
| | Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? | yes |

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| 115.33 (a) | Inmate education | |
| | During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? | yes |
| | During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? | yes |
| 115.33 (b) | Inmate education | |
| | Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? | yes |
| | Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents? | yes |
| | Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents? | yes |
| 115.33 (c) | Inmate education | |
| | Have all inmates received the comprehensive education referenced in 115.33(b)? | yes |
| | Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility? | yes |
| 115.33 (d) | Inmate education | |
| | Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient? | yes |
| | Does the agency provide inmate education in formats accessible to all inmates including those who are deaf? | yes |
| | Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired? | yes |
| | Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled? | yes |
| | Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills? | yes |

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| 115.33 (e) | Inmate education | |
| | Does the agency maintain documentation of inmate participation in these education sessions? | yes |
| 115.33 (f) | Inmate education | |
| | In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats? | yes |
| 115.34 (a) | Specialized training: Investigations | |
| | In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) | yes |
| 115.34 (b) | Specialized training: Investigations | |
| | Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) | yes |
| | Does this specialized training include proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) | yes |
| | Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) | yes |
| | Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) | yes |
| 115.34 (c) | Specialized training: Investigations | |
| | Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) | yes |

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| 115.35 (a) | Specialized training: Medical and mental health care | |
| | Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) | yes |
| | Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) | yes |
| | Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) | yes |
| | Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or 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 |
| 115.35 (b) | Specialized training: Medical and mental health care | |
| | If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.) | na |
| 115.35 (c) | Specialized training: Medical and mental health care | |
| | Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) | yes |

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| 115.35 (d) | Specialized training: Medical and mental health care | |
| | Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.) | yes |
| | Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.) | yes |
| 115.41 (a) | Screening for risk of victimization and abusiveness | |
| | Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? | yes |
| | Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? | yes |
| 115.41 (b) | Screening for risk of victimization and abusiveness | |
| | Do intake screenings ordinarily take place within 72 hours of arrival at the facility? | yes |
| 115.41 (c) | Screening for risk of victimization and abusiveness | |
| | Are all PREA screening assessments conducted using an objective screening instrument? | yes |

| 115.41 (d) | Screening for risk of victimization and abusiveness | |
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| | Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability? | yes |
| | Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? | yes |
| | Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate? | yes |
| | Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated? | yes |
| | Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent? | yes |
| | Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child? | yes |
| | Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? | yes |
| | Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? | yes |
| | Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability? | yes |
| | Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? | yes |

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| 115.41 (e) | Screening for risk of victimization and abusiveness | |
| | In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior acts of sexual abuse? | yes |
| | In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior convictions for violent offenses? | yes |
| | In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: history of prior institutional violence or sexual abuse? | yes |
| 115.41 (f) | Screening for risk of victimization and abusiveness | |
| | Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening? | yes |
| 115.41 (g) | Screening for risk of victimization and abusiveness | |
| | Does the facility reassess an inmate's risk level when warranted due to a referral? | yes |
| | Does the facility reassess an inmate's risk level when warranted due to a request? | yes |
| | Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse? | yes |
| | Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness? | yes |
| 115.41 (h) | Screening for risk of victimization and abusiveness | |
| | Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section? | yes |
| 115.41 (i) | Screening for risk of victimization and abusiveness | |
| | Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates? | yes |

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| 115.42 (a) | Use of screening information | |
| | Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments? | yes |
| | Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments? | yes |
| | Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments? | yes |
| | Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments? | yes |
| | Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments? | yes |
| 115.42 (b) | Use of screening information | |
| | Does the agency make individualized determinations about how to ensure the safety of each inmate? | yes |
| 115.42 (c) | Use of screening information | |
| | When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? | yes |
| | When making housing or other program assignments for transgender or intersex inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems? | yes |

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| 115.42 (d) | Use of screening information | |
| | Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate? | yes |
| 115.42 (e) | Use of screening information | |
| | Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? | yes |
| 115.42 (f) | Use of screening information | |
| | Are transgender and intersex inmates given the opportunity to shower separately from other inmates? | yes |
| 115.42 (g) | Use of screening information | |
| | Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) | yes |
| | 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 |
| | 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 |

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| 115.43 (a) | Protective Custody | |
| | Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers? | yes |
| | If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment? | yes |
| 115.43 (b) | Protective Custody | |
| | Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible? | yes |
| | Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible? | yes |
| | Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible? | yes |
| | Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible? | yes |
| | If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.) | na |
| | If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.) | na |
| | If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.) | na |

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| 115.43 (c) | Protective Custody | |
| | Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged? | yes |
| | Does such an assignment not ordinarily exceed a period of 30 days? | yes |
| 115.43 (d) | Protective Custody | |
| | If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety? | yes |
| | If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? | yes |
| 115.43 (e) | Protective Custody | |
| | In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS? | yes |
| 115.51 (a) | Inmate reporting | |
| | Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment? | yes |
| | Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment? | yes |
| | Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents? | yes |

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| 115.51 (b) | Inmate reporting | |
| | Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? | yes |
| | Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? | yes |
| | Does that private entity or office allow the inmate to remain anonymous upon request? | yes |
| | Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility never houses inmates detained solely for civil immigration purposes.) | na |
| 115.51 (c) | Inmate reporting | |
| | Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? | yes |
| | Does staff promptly document any verbal reports of sexual abuse and sexual harassment? | yes |
| 115.51 (d) | Inmate reporting | |
| | Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates? | yes |
| 115.52 (a) | Exhaustion of administrative remedies | |
| | Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. | no |

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| 115.52 (b) | Exhaustion of administrative remedies | |
| | Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) | yes |
| | Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) | yes |
| 115.52 (c) | Exhaustion of administrative remedies | |
| | Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) | yes |
| | Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) | yes |
| 115.52 (d) | Exhaustion of administrative remedies | |
| | Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) | yes |
| | If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) | yes |
| | At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) | yes |

| 115.52 (e) | Exhaustion of administrative remedies | |
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| | Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.) | yes |
| | Are those third parties also permitted to file such requests on behalf of inmates? (If a third party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) | yes |
| | If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.) | yes |

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| 115.52 (f) | Exhaustion of administrative remedies | |
| | Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) | yes |
| | After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.) | yes |
| | After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) | yes |
| | After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.) | yes |
| | Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) | yes |
| | Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) | yes |
| | Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) | yes |
| 115.52 (g) | Exhaustion of administrative remedies | |
| | If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.) | yes |

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| 115.53 (a) | Inmate access to outside confidential support services | |
| | Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? | yes |
| | Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, 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.) | na |
| | Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? | yes |
| 115.53 (b) | Inmate access to outside confidential support services | |
| | Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? | yes |
| 115.53 (c) | Inmate access to outside confidential support services | |
| | Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse? | yes |
| | Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? | yes |
| 115.54 (a) | Third-party reporting | |
| | Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? | yes |
| | Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate? | yes |

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| 115.61 (a) | Staff and agency reporting duties | |
| | Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? | yes |
| | Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment? | yes |
| | Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? | yes |
| 115.61 (b) | Staff and agency reporting duties | |
| | Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? | yes |
| 115.61 (c) | Staff and agency reporting duties | |
| | Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section? | yes |
| | Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? | yes |
| 115.61 (d) | Staff and agency reporting duties | |
| | If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws? | yes |
| 115.61 (e) | Staff and agency reporting duties | |
| | Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators? | yes |

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| 115.62 (a) | Agency protection duties | |
| | When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate? | yes |
| 115.63 (a) | Reporting to other confinement facilities | |
| | Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? | yes |
| 115.63 (b) | Reporting to other confinement facilities | |
| | Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? | yes |
| 115.63 (c) | Reporting to other confinement facilities | |
| | Does the agency document that it has provided such notification? | yes |
| 115.63 (d) | Reporting to other confinement facilities | |
| | Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? | yes |

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| 115.64 (a) | Staff first responder duties | |
| | Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser? | yes |
| | Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? | yes |
| | Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? | yes |
| | Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? | yes |
| 115.64 (b) | Staff first responder duties | |
| | If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? | yes |
| 115.65 (a) | Coordinated response | |
| | Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? | yes |
| 115.66 (a) | Preservation of ability to protect inmates from contact with abusers | |
| | Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limit the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? | yes |

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| 115.67 (a) | Agency protection against retaliation | |
| | Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff? | yes |
| | Has the agency designated which staff members or departments are charged with monitoring retaliation? | yes |
| 115.67 (b) | Agency protection against retaliation | |
| | Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations? | yes |

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| 115.67 (c) | Agency protection against retaliation | |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? | yes |
| | Except in instances where the agency determines that a report of 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 |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? | yes |
| | Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? | yes |
| 115.67 (d) | Agency protection against retaliation | |
| | In the case of inmates, does such monitoring also include periodic status checks? | yes |

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| 115.67 (e) | Agency protection against retaliation | |
| | If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation? | yes |
| 115.68 (a) | Post-allegation protective custody | |
| | Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43? | yes |
| 115.71 (a) | Criminal and administrative agency investigations | |
| | When the agency conducts its own investigations into allegations 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 |
| | Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).) | yes |
| 115.71 (b) | Criminal and administrative agency investigations | |
| | Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34? | yes |
| 115.71 (c) | Criminal and administrative agency investigations | |
| | Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? | yes |
| | Do investigators interview alleged victims, suspected perpetrators, and witnesses? | yes |
| | Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? | yes |
| 115.71 (d) | Criminal and administrative agency investigations | |
| | When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? | yes |

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| 115.71 (e) | Criminal and administrative agency investigations | |
| | Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff? | yes |
| | Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? | yes |
| 115.71 (f) | Criminal and administrative agency investigations | |
| | Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? | yes |
| | Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? | yes |
| 115.71 (g) | Criminal and administrative agency investigations | |
| | Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? | yes |
| 115.71 (h) | Criminal and administrative agency investigations | |
| | Are all substantiated allegations of conduct that appears to be criminal referred for prosecution? | yes |
| 115.71 (i) | Criminal and administrative agency investigations | |
| | Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? | yes |
| 115.71 (j) | Criminal and administrative agency investigations | |
| | Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation? | yes |
| 115.71 (l) | Criminal and administrative agency investigations | |
| | When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).) | yes |

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| 115.72 (a) | Evidentiary standard for administrative investigations | |
| | Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? | yes |
| 115.73 (a) | Reporting to inmates | |
| | Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? | yes |
| 115.73 (b) | Reporting to inmates | |
| | If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) | yes |
| 115.73 (c) | Reporting to inmates | |
| | Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit? | yes |
| | Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility? | yes |
| | Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? | yes |
| | Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? | yes |

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| 115.73 (d) | Reporting to inmates | |
| | Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility? | yes |
| | Following an inmate's allegation that he or she has been sexually 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 |
| 115.73 (e) | Reporting to inmates | |
| | Does the agency document all such notifications or attempted notifications? | yes |
| 115.76 (a) | Disciplinary sanctions for staff | |
| | Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? | yes |
| 115.76 (b) | Disciplinary sanctions for staff | |
| | Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? | yes |
| 115.76 (c) | Disciplinary sanctions for staff | |
| | Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? | yes |
| 115.76 (d) | Disciplinary sanctions for staff | |
| | Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies(unless the activity was clearly not criminal)? | yes |
| | Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? | yes |

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| 115.77 (a) | Corrective action for contractors and volunteers | |
| | Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates? | yes |
| | Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? | yes |
| | Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? | yes |
| 115.77 (b) | Corrective action for contractors and volunteers | |
| | In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates? | yes |
| 115.78 (a) | Disciplinary sanctions for inmates | |
| | Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process? | yes |
| 115.78 (b) | Disciplinary sanctions for inmates | |
| | Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories? | yes |
| 115.78 (c) | Disciplinary sanctions for inmates | |
| | When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior? | yes |
| 115.78 (d) | Disciplinary sanctions for inmates | |
| | If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits? | yes |
| 115.78 (e) | Disciplinary sanctions for inmates | |
| | Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact? | yes |

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| 115.78 (f) | Disciplinary sanctions for inmates | |
| | For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? | yes |
| 115.78 (g) | Disciplinary sanctions for inmates | |
| | If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.) | yes |
| 115.81 (a) | Medical and mental health screenings; history of sexual abuse | |
| | If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison). | na |
| 115.81 (b) | Medical and mental health screenings; history of sexual abuse | |
| | If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.) | na |
| 115.81 (c) | Medical and mental health screenings; history of sexual abuse | |
| | If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a jail). | yes |
| 115.81 (d) | Medical and mental health screenings; history of sexual abuse | |
| | Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law? | yes |

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| 115.81 (e) | Medical and mental health screenings; history of sexual abuse | |
| | Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18? | yes |
| 115.82 (a) | Access to emergency medical and mental health services | |
| | Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment? | yes |
| 115.82 (b) | Access to emergency medical and mental health services | |
| | If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62? | yes |
| | Do security staff first responders immediately notify the appropriate medical and mental health practitioners? | yes |
| 115.82 (c) | Access to emergency medical and mental health services | |
| | Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? | yes |
| 115.82 (d) | Access to emergency medical and mental health services | |
| | Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? | yes |
| 115.83 (a) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? | yes |

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

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| 115.83 (h) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.) | na |
| 115.86 (a) | Sexual abuse incident reviews | |
| | Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? | yes |
| 115.86 (b) | Sexual abuse incident reviews | |
| | Does such review ordinarily occur within 30 days of the conclusion of the investigation? | yes |
| 115.86 (c) | Sexual abuse incident reviews | |
| | Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? | yes |

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| 115.86 (d) | Sexual abuse incident reviews | |
| | Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? | yes |
| | Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? | yes |
| | Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? | yes |
| | Does the review team: Assess the adequacy of staffing levels in that area during different shifts? | yes |
| | Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? | yes |
| | Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? | yes |
| 115.86 (e) | Sexual abuse incident reviews | |
| | Does the facility implement the recommendations for improvement, or document its reasons for not doing so? | yes |
| 115.87 (a) | Data collection | |
| | Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? | yes |
| 115.87 (b) | Data collection | |
| | Does the agency aggregate the incident-based sexual abuse data at least annually? | yes |
| 115.87 (c) | Data collection | |
| | Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? | yes |

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| 115.87 (d) | Data collection | |
| | Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews? | yes |
| 115.87 (e) | Data collection | |
| | Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.) | yes |
| 115.87 (f) | Data collection | |
| | Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.) | na |
| 115.88 (a) | Data review for corrective action | |
| | Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? | yes |
| | 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 |
| | 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 |
| 115.88 (b) | Data review for corrective action | |
| | Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse? | yes |
| 115.88 (c) | Data review for corrective action | |
| | Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? | yes |

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| 115.88 (d) | Data review for corrective action | |
| | Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? | yes |
| 115.89 (a) | Data storage, publication, and destruction | |
| | Does the agency ensure that data collected pursuant to § 115.87 are securely retained? | yes |
| 115.89 (b) | Data storage, publication, and destruction | |
| | Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? | yes |
| 115.89 (c) | Data storage, publication, and destruction | |
| | Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? | yes |
| 115.89 (d) | Data storage, publication, and destruction | |
| | Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? | yes |
| 115.401 (a) | Frequency and scope of audits | |
| | During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.) | no |

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| 115.401 (b) | Frequency and scope of audits | |
| | Is this the first year of the current audit cycle? (Note: a “no” response does not impact overall compliance with this standard.) | yes |
| | If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.) | na |
| | If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.) | na |
| 115.401 (h) | Frequency and scope of audits | |
| | Did the auditor have access to, and the ability to observe, all areas of the audited facility? | yes |
| 115.401 (i) | Frequency and scope of audits | |
| | Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? | yes |
| 115.401 (m) | Frequency and scope of audits | |
| | Was the auditor permitted to conduct private interviews with inmates, residents, and detainees? | yes |
| 115.401 (n) | Frequency and scope of audits | |
| | Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? | yes |
| 115.403 (f) | Audit contents and findings | |
| | The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.) | na |