# PREA AUDIT QUESTIONNAIRE
# ADULT PRISONS & JAILS

NATIONAL PREA RESOURCE CENTER

BJA Bureau of Justice Assistance U.S. Department of Justice

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| **Original date completed:** | |
| **Dates revised:** | |
| **Completed by:** Susan Beam | |
| **Title:** Corrections Officer/PREA Coordinator | |
| **Date of last agency PREA audit (if applicable):** N/A | |
| **Date of last facility PREA audit (if applicable):** N/A | |

## AGENCY INFORMATION (IF APPLICABLE)

**Name of agency:** Shelby County Jail

**Governing authority or parent agency:** *(if applicable)* Shelby County Sheriff's Office

**Physical address:** 555 Gearhart Road, Sidney, Ohio 45365

**Mailing address:** *(if different from above)* 555 Gearhart Road, Sidney, Ohio 45365

**Telephone number:** (937) 498-7831

| **The agency is:** | | | |
|---|---|---|---|
| | Military | County XXX | Federal |
| | Private for profit | Municipal | State |
| | Private not for profit | | |

**Agency mission:** *To provide quality public safety services to our community by providing a safe environment through local law enforcement and citizen interaction with an emphasis on integrity, fairness, compassion, courtesy and professionalism.*

**Agency Chief Executive Officer**

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|---|---|
| **Name:** Sgt. Karla Pleiman | Title: Jail Administrator |
| **Email address:** karla.pleiman@shelbycountysheriff.com | **Telephone Number:** (937) 494-2106 |

**Agency-Wide PREA Coordinator**

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|---|---|
| **Name:** Susan Beam | **Title:** Correction Officer |
| **Email address:** susan.beam@shelbycountysheriff.com | **Telephone Number:** (937) 498-7831 |

**PREA coordinator reports to:** Sgt. Karla Pleiman, Jail Administrator

**Number of compliance managers who report to PREA coordinator:** 1

**Agency website with PREA information:** www.shelbycountysheriff.com

**Is the agency accredited by any other organization?** Yes No XXX

# AUDIT FINDINGS

## NARRATIVE:

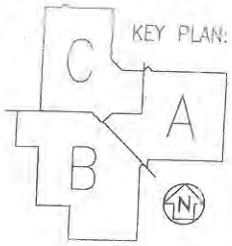
The audit of the Shelby County Jail was conducted on the dates of July 21 & 22, 2014 by Ronda Gibson, DOJ Certified PREA Auditor. On the first day, an entrance meeting was held with the PREA Team comprised of Jail Administrator Sgt. Karla Pleiman, PREA Coordinator Susan Beam, PREA Compliance Manager Dawn Greishop and Supervisor Nick Palmisano and a tour was also conducted. The first audit day also included a review of standards related to policy and procedures as well as interviews with staff and volunteers. The second day included final policy review as well as the conclusion of staff interviews and inmate interviews. A total of 11 inmates were interviewed – eight (8) males and three (3) females. During the audit, the jail did not house any known hearing impaired, limited English proficient or youthful inmates. There were also no inmates that were identified as transgender, intersex, lesbian or bi-sexual individuals housed at the time of the visit. Interviews with staff (13), contract staff (4) and a volunteer (1) were also held over the two days.

### Facility Staff Demographics

The correctional staff consists of 21 full-time corrections staff, four (4) part-time correction officers, and a Jail Administrator/Sergeant. The agency head is Sheriff John R. Lenhart. There are no other command staff other than the Jail Administrator – shift leaders are assigned to each shift but do not hold rank. Assisting with the PREA audit were a team comprised of PREA Coordinator Susan Beam, PREA Compliance Manager Dawn Greishop and Supervisor Nick Palmisano. Contracted services at the Shelby County Jail include food services (A.B.L.), medical (Premier Health Services), GED (Upper Valley Career Center ) and psychological services (Shelby County Counseling). There are also a number of individuals who provide volunteer faith based services.

## DESCRIPTION OF FACILITY CHARACTERISTICS:

The Shelby County Jail is located on 12.28 acres of land at 555 Gearhart Road, Sidney, Ohio. The building is owned by the Shelby County Board of Commissioners and was constructed in 1994. The jail facility, itself, has a square footage of almost 62,000 feet. The current Shelby County Jail was constructed in 1994 and has a current capacity of 188 inmates – having 138 beds for males, 38 beds for females and another 12 special housing beds (swing cells which could be used for either male or female). The facility was built in a podular design (see left, three main areas with two areas having upper levels). All housing units are comprised of cells (no dormitory areas) and operate as in-direct supervision. The Jail has an isolation cell as well as an individual housing cell to be used as a medical unit or for juvenile offender(s). The Jail operates a work release program and utilizes inmate workers to assist with details such as food service. Inmate population consists of local inmates as well as detainees held by contract for the U.S. Marshall's Office. On the first day of the audit, facility inmate population was 111.



**SUMMARY OF AUDIT FINDINGS:**

Number of standards exceeded: 3
Number of standards met: 35
Number of standards not met: 0
Number of standards not applicable: 5

## PREVENTION PLANNING

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

☒Exceeds Standard
☐Meets Standard
☐Does not Meet Standard
☐Not Applicable

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

Compliance with this standard is identified in the Jail Rules, Policy 6.1.1 as well as the Shelby County Sheriff's Table of Organization. The agency exemplifies a zero tolerance policy towards sexual abuse and/or harassment and has identified ways in which to prevent, detect and respond to sexual abuse and harassment. The PREA Coordinator is a correction officer who does not hold an upper-level management position due to the facility having no middle-management between the Jail Administrator and correction officers. Even though the Jail has only one facility, it has still designated a correction officer as a PREA Compliance Manager. When questioned, both the PREA Coordinator and PREA Compliance Manager feel they have the ability to coordinate directly with the Jail Administrator and have sufficient time to complete the necessary tasks. Both the Coordinator and the Compliance Manager are identified in the agency's table of organization.

**§ 115.12 Contracting with other entities for the confinement of detainees.**

☐Exceeds Standard
☐Meets Standard
☐Does not Meet Standard
☒Not Applicable

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

The Shelby County Jail does not contract out for housing.

**§ 115.13 Supervision and monitoring.**

☐Exceeds Standard
☒Meets Standard
☐Does not Meet Standard
☐Not Applicable

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

Review of staff schedules and observation of jail operations would indicate Shelby County Jail has adequate staffing to perform normal operations and conduct hourly surveillance rounds throughout the facility. Average daily population for this facility runs in the low 130's even though the facility has a rated capacity of 188. The policy requires an annual review of the staffing plan with the Jail Administrator.

Unannounced rounds are required in Policy 3.1.1 and are conducted among all shifts by supervisors and are also documented.

Cameras were reviewed at each post in an effort to determine any blind spots. This auditor did determine two locations where cameras should be installed to assist with observation of inmates between rounds. The law library currently has no camera or intercom abilities even though inmates are locked in the room in order to look at legal references. From the hallway, it is also difficult to see the entire room through the window. In addition, a walk-through of the laundry room found only one camera which provided limited visibility of the area where inmate workers are frequently used. Therefore, additional camera coverage should be added to the laundry room location. The facility has recently been approved for a security system replacement to upgrade its cameras, locks, and intercoms. Expected installation is within six months by Stanley Systems.

During a tour of the facility, the Auditor also found a maintenance closet in a housing unit which was not locked. Discussion with staff indicated the door was never locked. The door did not have a window to allow observation in the room. Such closets were also present in other housing units.

The agency has taken action since the original auditor site visit to install camera monitoring in the areas of laundry and the law library which previously had blind spots. In addition, the facility has also incorporated a practice to now only allow limited access to maintenance/cleaning closets in inmate housing areas during limited time periods to reduce opportunities for being confined in a closet.

**§ 115.14 Juveniles and youthful detainees.**

☐Exceeds Standard
☒Meets Standard
☐Does not Meet Standard
☐Not Applicable

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

During the tour, this auditor went into the youthful offender cell which is separated from the general housing areas. No youthful offenders were in custody on the day of the audit and no such individual had been in the Shelby County Jail within the past year. The unit inspected is indeed separated by sight, sound and physical touch and also has camera supervision. The facility also has specified classification (policy 4.2.1) for youthful offenders, therefore, there is no mixing of adult and youthful inmates. There were no youthful offenders in the custody of the Shelby County Jail within the past 12 months.

**§ 115.15 Limits to cross-gender viewing and searches.**

☐Exceeds Standard
☒Meets Standard
☐Does not Meet Standard
☐Not Applicable

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

Applicable policies reviewed: 4.1.5, 6.1.1, 6.1.5, 3.1.1
Per agency policy and staff interviews, cross gender searches are not permitted. Inmates did confirm that, at no time, have they been searched by a member of the opposite sex. Staff indicate there have been no cross gender searches within the past year. Policy does state that a cross gender search can occur only under exigent circumstances and, if conducted, are to be documented. A copy of the PREA training powerpoint explains this prohibition and all current staff have been trained/signed off.

**§ 115.16 Detainees with disabilities and detainees who are limited English proficient.**

☐Exceeds Standard
☒Meets Standard
☐Does not Meet Standard
☐Not Applicable

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

Policy 6.1.1 requires staff to make accommodations to those individuals who are limited English proficient and have disabilities. This auditor observed signage in housing units in both Spanish and English and also reviewed the training sign-offs of all inmates who viewed video to explain the agency's zero tolerance and response to PREA. The video was shown to everyone in custody and has been shown to all new intakes since that time. A copy of the agency's agreement with a translation service was also received. Within the past 12 months, there have been no instances where interpreter services were needed. All but one inmate confirmed receiving an inmate handbook and all indicated they had seen the PREA video and observed the posters (on how to report to an outside source).

**§ 115.17 Hiring and promotion decisions.**

☐Exceeds Standard
☒Meets Standard
☐Does not Meet Standard
☐Not Applicable

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

In the past 12 months, four new correction staff have been hired at the Shelby County Jail. Appropriate background checks have been conducted and agency policy includes all requirements as set forth in this standard. No external contracts are enacted to perform background checks.

**§ 115.18 Upgrades to facilities and technologies.**

☐Exceeds Standard
☐Meets Standard
☐Does not Meet Standard
☒Not Applicable

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

The Shelby County Jail has not acquired any new facilities and/or modifications/expansions since August 20, 2012. It is, however, in the process of replacing/upgrading its camera, intercom, lock system with anticipated installation to begin in the next six months.

## RESPONSIVE PLANNING

**§ 115.21 Evidence protocol and forensic medical examinations.**

☐Exceeds Standard
☒Meets Standard
☐Does not Meet Standard
☐Not Applicable

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

Interviews with the Shelby County Sheriff staff indicated both administrative and criminal investigations are conducted internally. If the need would arise to utilize an external source, the Sheriff has a verbal understanding with the Logan County Sheriff's Office to assist. As of the date of the audit, Logan County has not been utilized for such services.

Shelby County Sheriff's Office Detectives during interviews indicated the use of uniform evidence protocols. Medical forensic exams are conducted at Wilson Memorial Hospital by SAFE/SANE trained nurses. Protocols for implementing medical forensic exams are per agency policy (6.1.2) and are also identified in the policies of the contracted medical company (Premier Health). The Shelby County Victim Assistance Program will provide advocacy services, upon request, to inmates at the Jail who are identified as possible victims of sexual abuse.

Within the past 12 months, there have been no sexual abuse allegations; therefore, there have been no need for investigations or forensic medical exams.

**§ 115.22 Policies to ensure referrals of allegations for investigations.**

☐Exceeds Standard
☒Meets Standard
☐Does not Meet Standard
☐Not Applicable

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

This standard is verified by means of agency policy 6.1.2 and via interviews from detectives and jail staff. There has been one sexual harassment allegation which required response by staffing. The allegation occurred immediately prior to the Auditor's visit and was addressed promptly by staff. The investigative report has since been provided to the Auditor. The Shelby County Sheriff's Office conducts all its own investigations (criminal and administrative). The agency website also has information on how to report allegations of sexual abuse and/or harassment.

## TRAINING AND EDUCATION

**§ 115.31 Employee training.**

☒Exceeds Standard
☐Meets Standard
☐Does not Meet Standard
☐Not Applicable

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

This auditor reviewed training records and also interviewed staff regarding the training provided to them. Curriculum of the training was also reviewed. All persons were questioned on the type of training received, how much training and when the training occurred. Sign-off lists were provided with the title of the trainings as well as the signatures of employees. All employees were very well versed on the training contents, the expectations of the staff related to PREA, and all confirmed there had been no instances of abuse/harassment at their facility (with the exception of pending harassment complaint). In the past 12 months, 33 employees were trained. The agency will conduct annual PREA refresher training.

**§ 115.32 Volunteer and contractor training.**

☐Exceeds Standard
☒Meets Standard
☐Does not Meet Standard
☐Not Applicable

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

This auditor interviewed a volunteers as well as contractors who have contact with inmates regarding training provided to them and reviewed the contents of training given. All persons were questioned on the type of training received, how much training and when the training occurred. Sign-off lists were provided with the title of the trainings as well as the signatures of all volunteers and contracted staff. Within the past year, fourteen volunteers/contracted staff were trained in PREA.

**§ 115.33 Inmate education**

☐Exceeds Standard
☒Meets Standard
☐Does not Meet Standard
☐Not Applicable

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

This auditor interviewed inmates and reviewed a list of inmates who signed off on viewing a PREA video. The sign-off was for all inmates who were in custody as of a certain date and subsequent sign-offs were received from inmates booked since that time. Interviews with inmates who were more recently booked also found that they viewed the video as well. All but one inmate indicated receiving information at the

time of intake regarding PREA and also indicated seeing the posters hanging around the facility. This auditor also observed the same posters in housing units (Spanish and English). It is clear the facility has implemented many measures on educating inmates as to the PREA processes available to them. It should be noted that one housing unit only had a poster in Spanish but did not have one in English (staff were able to remedy that situation immediately).

Number of inmates trained within the past 12 months: 106

**§ 115.34 Specialized training: Investigations.**

☐Exceeds Standard
☒Meets Standard
☐Does not Meet Standard
☐Not Applicable

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

Two investigators from the Shelby County Sheriff's Office were interviewed for purposes of this standard. While both have extensive training regarding interviewing techniques, Miranda/Garrity, and conducting sexual abuse interviews, it is found that none of the investigative staff have received the training relative to conducting investigations in confinement settings. The agency does have training files on the investigators which include copies of certificates for all training received to date. Since the initial site visit by the Auditor, the agency has assigned Detective Steiner as the investigatory staff member to conduct all PREA related investigations and she has completed the necessary training pursuant to this standard.

**§ 115.35 Specialized training; medical and mental health care**

☐Exceeds Standard
☒Meets Standard
☐Does not Meet Standard
☐Not Applicable

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

Medical and Mental Health Staff interviewed by this auditor were found to have received the same training as given the security staff. In addition, the medical staff advised to having received additional PREA education from their contracted agency (Premier Health). The medical staff of the Shelby County Sheriff's Office do not conduct forensic examinations as inmate victims would be sent to the hospital for such. Medical staff do understand the necessary procedures (policy 4.5.1) to retain evidence in the event the medical employees are on staff when such an incident occurs. The medical and mental health staff were included in the sign-off list of individuals who received PREA training. (NOTE: There was an individual who had not yet received the training while the auditor was on-site, but such was completed during the on-site auditing process.)

## SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

**§ 115.41 Screening for risk of victimization and abusiveness.**

☐Exceeds Standard
☒Meets Standard
☐Does not Meet Standard
☐Not Applicable

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

Medical staff as well as correction staff verified assessment of sexual victimization at the time of intake, or at the latest, 72 hours after intake. Policy 6.1.4 details the process of such and a copy of the intake assessment form was provided to the auditor. While the assessment form itself does not include criteria (3) physical build of the inmate, (4) has inmate been previously incarcerated, or (6) whether inmate has prior convictions for sex offenses against an adult or child, staff confirmed all items would normally be found within the inmate file in a LEADS print out or records of previous incarcerations. Inmates who are identified as "at risk" are re-assessed no sooner than 15 days, but no longer than 30 days, from the date of intake. Screening information is controlled so as to not exploit the inmates.

**§ 115.42 Use of screening information**

☐Exceeds Standard
☒Meets Standard
☐Does not Meet Standard
☐Not Applicable

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

Determinations of housing and/or programming for transgender or intersex inmates are completed on a case-by-case basis in conjunction with the wishes of the inmates assuming no safety or security issues arise. All showers within the facility are individual; therefore, all inmates (not just intersex and transgender) have the opportunity to shower alone. Transgender and intersex inmates are placed within general classification unless there is a risk of victimization which may cause placement in selective housing to ensure the inmate's safety. Policies 6.1.4 and 6.1.5 included information regarding the use of the screening information related to housing. The agency has also implemented specific PREA classification identification (documentation of process provided to auditor).

**§ 115.43 Protective custody**

☐Exceeds Standard
☒Meets Standard
☐Does not Meet Standard
☐Not Applicable

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

Policy 6.1.5 identifies the prohibition of placing inmates at high risk of sexual victimization in involuntary segregated housing as it relates to this standard. The PREA Risk Assessment process was reviewed and shows to be consistent with the requirements. The agency has held no inmates in involuntary segregated housing within the past 12 months.

## REPORTING

**§ 115.51 Detainee reporting.**

☐Exceeds Standard
☒Meets Standard
☐Does not Meet Standard
☐Not Applicable

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

The auditor was able to review Policy 6.1.2, the inmate handbook as well as the staff/volunteer/contractor training materials which provide all requirements of this standard. Posters indicate a number for inmates to call (third party) to report abuse. Inmates verify (and staff can indicate) that reports can be given anonymously, in writing or verbally.

**§ 115.52 Exhaustion of administrative remedies**

☐Exceeds Standard
☒Meets Standard
☐Does not Meet Standard
☐Not Applicable

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

Policy 3.5.5 identifies the opportunity for inmates to file a report through a formal grievance policy. The policy includes all appropriate timeframes. Within the past 12 months, there have been no grievances filed which involved reports of sexual abuse/harassment within the facility. Auditor could not find any policy language related to: (1) a grievance not being submitted to the person of whom is the subject of a complaint; (2) allowing third parties to assist with filing administrative remedies and (3) documenting when an inmate declines to utilize third party assistance for the filing of administrative remedies.

Since the Auditor's initial site visit, the agency has amended facility policy 3.5.5 to include the necessary language for (1), (2) and (3) as stated above.

**§ 115.53 Inmate access to outside confidential support services**

☐Exceeds Standard
☒Meets Standard
☐Does not Meet Standard

☐Not Applicable

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

Posters (Spanish and English) are displayed throughout the facility which provide a phone number for the local victim services agency for purposes of reporting abuse. The inmate handbook includes both a confidential hotline for the Sheriff's Office to report abuse in addition to the phone number for the victim services program. An Sheriff's Office email account was also developed to be used by inmate friends/family/contacts to report on an inmate's behalf. An executed MOU with the Shelby County Victim Services was provided to the auditor. The Jail Administrator provided written documentation of her attempt to enter into an agreement with local mental health services; however, the agency is currently in a state of transition and will not enter into any agreements until such time the transition has been completed.

This auditor was unable to find any actual mailing address to report abuse/harassment within any of the materials as required by the standard nor is there any reference to any communications used for purposes of reporting abuse as being as confidential as possible. There is also no reference found to identify the method, if any, by which communications will be monitored nor is there any written policy to require the notification to inmates about mandatory reporting requirements.

Since the initial auditor site visit, the agency has updated its Employee Handbook to include both an address for inmates or third parties to send reports of abuse and an acknowledgement related to the reporting to be as confidential as possible. Agency policy has also been amended to include staff responsibility to notify inmates of the extent of monitoring when accessing outside support services as well as any mandatory reporting requirements (Policy 6.1.2).

**§ 115.54 Third-party reporting.**

☐Exceeds Standard
☒Meets Standard
☐Does not Meet Standard
☐Not Applicable

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

The agency has posted on its website on how outside individuals can make reports of abuse or harassment (email or phone call). Posters are displayed in the lobby/visitation of the Jail also identifying how third party reports can be submitted.

## OFFICIAL RESPONSE FOLLOWING A DETAINEE REPORT

**§ 115.61 Staff and agency reporting duties.**

☐Exceeds Standard
☒Meets Standard
☐Does not Meet Standard
☐Not Applicable

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

Interviews with staff verifies that staff understand their duty to report any knowledge or suspicion of sexual abuse or harassment, any retaliation, or any staff neglect which results in any such incidents of abuse/harassment/retaliation. Policy #6.1.2 also supports the requirements of this standard. Staff do recognize the importance of not revealing any information related to reports of abuse/harassment except for the purposes of investigation, treatment and/or safety and security decisions.

Medical and mental health staff (through interviews and policy) understand their requirement to report instances of abuse and the provisions related to any alleged inmate victim under the age of 18 (although none have occurred within the previous 12 months).

Policy requires to report all allegations of abuse and harassment including third party and anonymous reports to investigators.

**§ 115.62 Agency protection duties.**

☐Exceeds Standard
☒Meets Standard
☐Does not Meet Standard
☐Not Applicable

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

Agency takes immediate steps to protect an inmate who may be at imminent sexual abuse as documented in Policy 6.1.2 and as verified through staff and inmate interviews. During the previous 12 months, staff identified only one allegation of inmate-on-inmate harassment which was immediately addressed previous to the auditor's arrival. The inmate who made the allegation felt the staff had addressed the matter timely and to his satisfaction. Policy (6.1.2) dictates for immediate action to be taken when an inmate is subject to substantial risk of imminent abuse.

**§ 115.63 Reporting to other confinement facilities.**

☐Exceeds Standard
☒Meets Standard
☐Does not Meet Standard
☐Not Applicable

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

Although the Shelby County Jail has had no instances where abuse has been reported at another facility, it has a policy in place (6.1.2) which dictates for the manner in which it is to be addressed if it were to occur.

**§ 115.64 Staff first responder duties.**

☐Exceeds Standard
☒Meets Standard
☐Does not Meet Standard
☐Not Applicable

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

A review of Policy 6.1.2 provides detailed steps as to initial response and protection of an inmate following an allegation of sexual abuse/harassment. Interviews with staff and an inmate who reported harassment verified staff knowledge of the procedure and its actual implementation. Only one allegation had been made and was currently under investigation during the auditing process. The action was addressed promptly and to the satisfaction of the inmate. No criminal investigation was necessary.

**§ 115.65 Coordinated response.**

☐Exceeds Standard
☒Meets Standard
☐Does not Meet Standard
☐Not Applicable

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

Policy 6.1.2 identifies a plan as to the facility's response to allegations and conducting investigations.

**§ 115.66 Preservation of ability to protect detainees from contact with abusers**

☐Exceeds Standard
☒Meets Standard
☐Does not Meet Standard
☐Not Applicable

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

A copy of the current collective bargaining agreement was provided to the Auditor and it has an effective date of January 1, 2014. Nothing within the CBA precludes the agency from being able to remove staff from having contact with inmates during an investigation or determination of allegations of sexual abuse.

**§ 115.67 Agency protection against retaliation.**

☐Exceeds Standard
☒Meets Standard
☐Does not Meet Standard
☐Not Applicable

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

Policy #6.1.2 identifies the responsibility of all staff of the Shelby County Sheriff's Office to monitor for retaliation related to allegations of sexual abuse and harassment. All reports of retaliation are to be made to the agency Detectives. Per policy, periodic checks are to be made with those persons who are at risk of retaliation for a period of up to 90 days; however, staff confirmed they would continue to monitor longer if appropriate. Through interviews, it is determined there are many options available to support inmates who feel at risk of retaliation and may include, but not be limited to: housing reclassifications, emotional support by mental health professionals, etc.

There have been no reports of retaliation within the past 12 months.

**§ 115.68 Post-allegation protective custody**

☐Exceeds Standard
☒Meets Standard
☐Does not Meet Standard
☐Not Applicable

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

Policy #6.1.2 identifies strict restrictions when considering placement of an inmate who has alleged sexual abuse into involuntary segregation. The facility reports no such placement has been necessary within the past 12 months. Policy and staff interviews indicate such placement, if it did occur, would require a re-assessment within 30 days.

## INVESTIGATIONS

**§ 115.71 Criminal and administrative agency investigations.**

☐Exceeds Standard
☒Meets Standard
☐Does not Meet Standard
☐Not Applicable

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

Review of Policy 6.1.2 verifies the facility has a clear policy to conduct criminal and administrative investigations. Interviews were held with detectives and administrative staff who would be involved in such investigations or the monitoring of such. Just like any investigation, all actions would be clearly

documented and retained. Detectives affirmed the appropriate steps of an investigation including the preservation of evidence, documentation by means of report writing and collaboration with prosecutors (if criminal). Investigative staff acknowledged there would be no requirement for an inmate alleging abuse to submit to a polygraph.

There has been one reported allegation of sexual harassment which was (per staff) addressed promptly. At the time of the on-sight audit, the inmate alleging the harassment was still in custody and was therefore interviewed. The inmate stated he was satisfied with the response of the Shelby County Jail staff and the measures taken to ensure the inmate offender was moved to another unit to prevent further harassment and/or retaliation.

**§ 115.72 Evidentiary standards for administrative investigations.**

☐Exceeds Standard
☒Meets Standard
☐Does not Meet Standard
☐Not Applicable

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

Interviews with detective staff as well as agency policy (6.1.2) indicates that the standard of proof for sexual abuse/harassment investigations would be preponderance of the evidence. As stated previously, only one report of harassment had been made within the previous 12 months and the incident was addressed immediately.

**§ 115.73 Reporting to Inmates**

☐Exceeds Standard
☒Meets Standard
☐Does not Meet Standard
☐Not Applicable

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

Policy 6.1.2 identifies the required reporting to an inmate as it relates to this standard. Again, as stated previously, there has been only one allegation made within the previous 12 months and it was promptly resolved. (NOTE: The report for the incident was forwarded to the auditor after the on-site inspection.)

Investigative staff confirmed their responsibility to report case status to the inmate and the one inmate who had made a report was interviewed and confirmed he had indeed been notified of what had transpired in the case to-date. All notifications (or attempted notifications) are required to be documented.

## DISCIPLINE

**§ 115.76 Disciplinary sanctions for staff.**

☒Exceeds Standard
☐Meets Standard
☐Does not Meet Standard
☐Not Applicable

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

Policy 6.1.2 clearly identifies the agency's ability to discipline employees for misconduct up to and including termination. The Jail Administrator also affirmed this through interview and stated that no staff have been disciplined for such impropriety within the previous 12 months.

**§ 115.77 Corrective action for contractors and volunteers.**

☐Exceeds Standard
☒Meets Standard
☐Does not Meet Standard
☐Not Applicable

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

Policy # 6.1.1 indicates volunteers/contractors who engage in sexual abuse are reported to law enforcement agencies (unless not criminal) and to proper licensing authorities. Further, offending volunteers/contractors who have been found to engage in sexual abuse can have no contact with inmates

There were no reports of volunteer/contractor misconduct within the prior 12 months.

**§ 115.78 Disciplinary sanctions for inmates**

☐Exceeds Standard
☒Meets Standard
☐Does not Meet Standard
☐Not Applicable

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

The Shelby County Jail Policy #6.1.2 identifies disciplinary sanctions for inmates who violate the facility rules for actions of sexual abuse and sexual harassment. The facility has a zero tolerance policy and prohibits all sexual activity between inmates. Within the prior 12 months, only one allegation of sexual harassment by an inmate on another inmate was made (was promptly resolved with the investigative report forwarded to the auditor after the on-site inspection). There were no allegations of sexual abuse within the previous 12 month period. The agency does prohibit all sexual activity between inmates.

Through interviews, it is found that the facility offers therapy to both the offending inmate as well as the inmate who had been abused/harassed. Staff also confirmed they would, on a case-by-case basis, restrict programming for an offending inmate who does not participate in therapy designed to address and correct the underlying reasons or motivations for abuse.

Since the Auditor's initial visit, the agency has included in its policy 6.1.2 that disciplinary action will not commence on any inmate when makes a report if it was determined to be made in good faith.

## MEDICAL AND MENTAL CARE

**§ 115.81 Medical and mental health screenings, history of sexual abuse**

☐Exceeds Standard
☒Meets Standard
☐Does not Meet Standard
☐Not Applicable

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

Policy 6.1.4 requires a follow-up meeting with medical and/or mental health staff within 14 days of intake if prior sexual victimization is disclosed at intake. Medical staff confirmed there would be a referral to mental health of any such disclosures during the booking process. The facility keeps a list of those inmates who receive a PREA classification at the time of booking as well (which could include an inmate who has identified themselves as being an abuse victim prior to incarceration at the facility). The facility has no record of inmates who have declared themselves as perpetrating abuse and therefore no follow-ups are initiated. Medical and mental health staff maintain documentation of compliance with offering follow up services. Similar to standard **§ 115.61 (Staff and agency reporting duties)** information disclosed about victimization or abusiveness is strictly limited to medical, mental health staff and those staff who make security decisions for those inmates

Both medical and mental health staff confirmed their requirement to obtain informed consent from the inmate before reporting information about prior victimization that did not occur in the facility (unless the victim is under the age of 18). A copy of the informed consent was provided for the auditor. Medical staff had not assessed anyone under the age of 18 within the prior 18 months (no juveniles had been intake at the facility in the previous year).

**§ 115.82 Access to emergency medical and mental health services.**

☐Exceeds Standard
☒Meets Standard
☐Does not Meet Standard
☐Not Applicable

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

Medical staff confirmed their understanding of providing timely medical and crisis intervention services to any inmate who becomes a victim of sexual abuse. Medical staff will provide information to inmate victims related emergency contraception and sexually transmitted infection prophylaxis – medical also indicated such would be given at the hospital if a forensic exam were conducted there. Agency policy (6.1.2) requires such services to be provided at no cost to the inmate.

Agency policy outlines steps to be taken by first responders (in the absence of medical and mental health staff) to conduct preliminary actions to ensure safety of inmate. Staff indicate they would either make the referral to mental health or would expect the supervisor to do so. Policy also indicates services to inmates will be offered free of charge whether inmate cooperates with the investigation or does not name the abuser.

**§ 115.83 Ongoing medical and mental health care for sexual abuse victims and abusers**

☐Exceeds Standard
☒Meets Standard
☐Does not Meet Standard
☐Not Applicable

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

Policy #6.1.2 states the agency offers medical and mental health evaluation, as appropriate, and treatment to all inmates who have been victimized by sexual abuse while incarcerated at any facility. When asked of medical staff, they confirmed that treatment services are consistent with the community level of care. Medical staff indicated that inmate victims who endured vaginal penetration will be offered pregnancy tests as well as timely and comprehensive information about pregnancy related services. (They would expect such to be given at the facility, at the emergency room if applicable and also at any pre-natal appointments with an obstetrician). Inmate victims of sexual abuse will be offered tests for sexually transmitted infections as medically appropriate at either the facility or the hospital, depending upon where the initial exam is completed or where the inmate makes the request. All services are offered free of charge.

## DATA COLLECTION AND REVIEW

**§ 115.86 Sexual abuse incident reviews.**

☐Exceeds Standard
☒Meets Standard
☐Does not Meet Standard
☐Not Applicable

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

Agency staff provided an Incident Review form but had not conducted an incident review to date due to having no allegations within the previous 12 months (with the exception of one complaint which was

currently under investigation). The incident review team consists of the Jail Administrator, Investigator, supervisors as well as the PREA Coordinator, PREA Compliance Manager and a medical staff member. Per Policy 6.1.3, such reviews would be held within 30 days of the investigation conclusion. The incident review form does include all the items required to be reviewed by the Team. Recommendations made by the Incident Review Team will be forwarded to the Managing Officer and the PREA Compliance Manager for purposes of implementation or for documentation as to reasons for non-implementation.

**§ 115.87 Data collection.**

☐Exceeds Standard
☐Meets Standard
☐Does not Meet Standard
☒Not Applicable

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

The agency is not required to submit a Survey of Sexual Violence conducted by the Department of Justice. An email from DOJ was provided to the auditor stating such and would, therefore, make this standard "not applicable" for Shelby County Jail.

**§ 115.88 Data review for corrective action.**

☐Exceeds Standard
☐Meets Standard
☐Does not Meet Standard
☒Not Applicable

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

The agency is not required to submit a Survey of Sexual Violence conducted by the Department of Justice. An email from DOJ was provided to the auditor stating such and would, therefore, make this standard "not applicable" for Shelby County Jail.

**§ 115.89 Data storage, publication, and destruction.**

☐Exceeds Standard
☐Meets Standard
☐Does not Meet Standard
☒Not Applicable

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

The agency is not required to submit a Survey of Sexual Violence conducted by the Department of Justice. An email from DOJ was provided to the auditor stating such and would, therefore, make this standard "not applicable" for Shelby County Jail.

**AUDITOR CERTIFICATION:**

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

Ronda K Gibson 12/12/2014

Ronda K. Gibson Date

communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.

c. The PREA Coordinator/designee shall establish an e-mail link on the Shelby County Sheriff Office official internet site that allows for third-party reports of sexual misconduct on behalf of an inmate. Notification of the purpose and use of this e-mail account shall be posted in the inmate visiting areas and entry buildings.

d. There shall be no time limit on when an inmate may report sexual misconduct.

**2. Staff Reporting**

a. Staff shall report immediately any knowledge, suspicion, or information regarding an incident of sexual misconduct that occurred in the jail. Staff shall also report retaliation against inmates or staff who report such incidents and any staff neglect or violation of responsibilities that may be contributed to an incident or retaliation. Unless otherwise precluded by Federal, State, or local law, medical and mental health practitioners shall be required to report sexual abuse pursuant to this section and to inform inmates of the practitioner's duty to report and the limitations of confidentiality at the initiation of services.

b. Staff may privately report sexual misconduct by completing an Incident Report, marked confidential and submitting it directly to the Agency PREA Coordinator or Jail Administrator. The PREA Compliance Manager and/or the Agency PREA Coordinator shall ensure the allegation is investigated in accordance with this policy while maintaining the anonymity of the reporting staff. The PREA Compliance Manager or Agency PREA Coordinator shall maintain a confidential file of the privately reported allegations.

c. Any staff member that observes incidents or behaviors that cause a reasonable concern that an inmate may be at significant risk of sexual victimization shall document this incident or observation on an Incident Report form, marked confidential. A copy of this report shall immediately be forwarded to the Investigator, Shift Commander, Compliance Manger and the PREA Coordinator.

d. If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable person statute, the agency shall report the allegation to the designated Stated or local services agency under applicable under applicable mandatory reporting laws.

**3. Routing of Reports**