

**PREA AUDIT REPORT    ☐ Interim   ☒ Final**  
**ADULT PRISONS & JAILS**

**Date of report:** April 18, 2016

<b>Auditor Information</b>			
<b>Auditor name:</b> Ray Reno			
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<b>Telephone number:</b> 620-285-1405			
<b>Date of facility visit:</b> November 16-18, 2015			
<b>Facility Information</b>			
<b>Facility name:</b> Cherokee County Law Enforcement Center			
<b>Facility physical address:</b> 915 E. Country Road, Columbus, Kansas 66725			
<b>Facility mailing address:</b> (if different from above) P.O. Box 479, Columbus, Kansas 66725			
<b>Facility telephone number:</b> 620-429-3992			
<b>The facility is:</b>	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input checked="" type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
<b>Facility type:</b>	<input type="checkbox"/> Prison	<input checked="" type="checkbox"/> Jail	
<b>Name of facility's Chief Executive Officer:</b> Billy Charles, Cherokee County Jail Administrator			
<b>Number of staff assigned to the facility in the last 12 months:</b> 21			
<b>Designed facility capacity:</b> 106			
<b>Current population of facility:</b> 68			
<b>Facility security levels/inmate custody levels:</b> Minimum, Medium, Maximum, Special Management			
<b>Age range of the population:</b> 19-61			
<b>Name of PREA Compliance Manager:</b> Thomas DeGroot		<b>Title:</b> PREA Coordinator	
<b>Email address:</b> tdegroot85@gmail.com		<b>Telephone number:</b> 620-429-3992	
<b>Agency Information</b>			
<b>Name of agency:</b> Cherokee County Sheriff's Department			
<b>Governing authority or parent agency:</b> (if applicable) Cherokee County, Kansas			
<b>Physical address:</b> 915 E. Country Road, Columbus, Kansas 66725			
<b>Mailing address:</b> (if different from above) P.O. Box 479, Columbus, Kansas 66725			
<b>Telephone number:</b> 620-429-3992			
<b>Agency Chief Executive Officer</b>			
<b>Name:</b> Sheriff David Groves		<b>Title:</b> Sheriff	
<b>Email address:</b> sheriffgroves@columbus-ks.com		<b>Telephone number:</b> 620-429-3992	
<b>Agency-Wide PREA Coordinator</b>			
<b>Name:</b> N/A		<b>Title:</b> N/A	
<b>Email address:</b> N/A		<b>Telephone number:</b> N/A	

## AUDIT FINDINGS

### NARRATIVE

Notices stating the onsite portion of the PREA audit would be held on November 16-17, 2015, were sent to the facility for posting on October 3, 2015. Notices were sent in both English and Spanish. The auditor received an email from the facility PREA Compliance Manager (PCM) on October 5, stating that the notices had been posted in several places around the facility in both inmate and staff areas.

On November 16, the auditor arrived at the facility and met with members of the senior staff including the Sheriff, Undersheriff, Jail Administrator, and PCM. The auditor briefly explained the audit process and answered questions from staff. We also discussed the jail PREA policy and response process, and some of the information that was provided in the Pre-Audit Questionnaire. At the conclusion of the meeting, the PCM, Jail Administrator, and Undersheriff escorted the auditor on a tour of the facility. The auditor observed audit notices posted in the lobby of the facility, as well as a PREA pamphlet available in a paper rack, all of which were available to the public. It is noted however, the pamphlet does not use the terms and definitions as outlined in the PREA standards, and does not address sexual harassment at all. The facility does not allow contact visitation, other than for legal or clergy visits. Visits are conducted through video visitation where the visitor uses a phone and video monitor located in the front lobby area of the jail. Audit notices were posted in this area. The auditor was allowed access to all areas of the facility during the tour. Notes from the tour are listed below.

- The facility was clean and well lit.
- Audit announcement posters were displayed prominently throughout the facility.
- There are approximately 90 surveillance cameras throughout the facility.
- The DVR recordings are kept for 45 days.
- Camera placement was well thought out, although additional cameras and DVRs are recommended to reduce blind spots.
- There is a blind spot in the laundry area behind the machines. Placement of a camera or convex mirror is recommended.
- There is good camera placement in the basement; however, additional camera coverage is recommended to reduce unmonitored areas.
- The food service supervisor told the auditor that he supervises four inmates but has never received any training on PREA. He has since been trained.
- There is one bathroom in the kitchen area for both staff and inmates which can be locked from the inside.
- Many areas of the facility can only be accessed by checking out the keys from the control center and writing a narrative.
- Other areas can only be accessed by use of a security card, which electronically identifies the person entering.
- Other than the audit announcements, there was little PREA signage. Additional signage is recommended in all areas of the facility. Additional signage has since been placed.
- D Pod (female unit) has blinds on the windows blocking staffs view into the pod. Recommend removal of blinds.
- E Pod has blinds on front windows which block staff's ability to see in. Recommend removal of blinds.
- Female work release (males) pod houses male sex offenders. There is a significant blind spot at the bathroom entrance.
- Attempted to call the number listed for PREA from the booking area, but the call did not go through.
- PREA information is available in every pod by use of the Turn Key Kiosk. Sick slips, PREA complaints, and grievances are all sent via kiosks.
- There is little privacy when using the kiosk to make a PREA report.
- There was nothing posted in the living units to show the name, address, and phone number for an outside victim's advocate.

It is very evident that implementation and compliance with the PREA standards is a top priority for the facility. Through interviews with the Sheriff, Jail Administrator, PREA Compliance Manager, and supervisors, it was obvious that this comes from the top level of leadership and is permeated down through all staff. The auditor's impression is that facility leadership is wholly committed to being fully compliant with the PREA standards, both in terms of documented compliance and in cultural compliance. This facility is well on its way to creating a culture of safety and security where sex abuse and sexual harassment is not tolerated in any form...a culture where staff and inmates are confident that reports will be taken seriously and investigated thoroughly...a "reporting culture" where inmates are very aware of the efforts being made to create a culture of sexual safety.

### UPDATE: April 18, 2016

Between the time of the on-site portion of the audit and the issuance of the final report, there was a change in leadership at the jail. The jail administrator left employment with Cherokee County for a new position in a neighboring town. The person who was promoted into the administrator position had been in the assistant jail administrator position for a long time. Her appointment as jail administrator and her familiarity with the PREA processes, coupled with the hard work and dogged-determination of the PREA compliance manager (PCM), sparked a level of teamwork and synergy that allowed the corrective action period (CAP) to be closed out two months early. The documentation provided to the auditor was outstanding for several items on the CAP, which also indicated an increased understanding of how the PREA standards can be implemented effectively at the jail.

## DESCRIPTION OF FACILITY CHARACTERISTICS

Information obtained from the facility website:

*The Cherokee County Jail is a tobacco free facility that can house up to 106 inmates and regularly houses detainees for overcrowded jails in other counties. The facility houses male and female inmates for misdemeanor and felony law violations. Inmates in the Cherokee County Jail are both, pre-trial detainees and post-conviction inmates who are serving sentences or awaiting transport to the Kansas Department of Corrections.*

*All persons arrested in Cherokee County are transported to the jail for booking and incarceration. Arrestees are screened to determine their security risk and to identify any medical conditions. Based on their assessment, inmates are then placed in general population, segregation or work detail.*

*Work Detail inmates are responsible for a wide variety of tasks within the Sheriff's Office, some of which include: assisting in preparing and serving inmate meals, janitorial services, laundry, maintenance, painting, mowing grass, emergency vehicle cleaning and other work deemed appropriate. A Corrections Officer oversees the work detail at all times. All inmates, regardless of whether they are assigned to work detail or not, are responsible for the daily cleaning of cells and prisoner pods.*

The Cherokee County Jail is of modern jail design, fully-enclosed in one building. Inmates are housed according to their custody level. There are five living unit pods; two multi-man dorm rooms; a trustee dorm; holding cells located in the booking room; and medical segregation/close observation cells located in the medical clinic.

## **SUMMARY OF AUDIT FINDINGS**

[Click here to enter text.](#)

Number of standards exceeded: 5

Number of standards met: 35

Number of standards not met: 0

Number of standards not applicable: 3



### **Standard 115.11 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator**

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

**Auditor 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.**

**In order to make my determination, I reviewed the following policies and other documentation:**  
PREA Policy CKJ 315, Policy CKJ 208.1 PREA Training, Policy CKJ 215 PREA Coordinator, Training records.

#### **Interviews, Documents, and Site Review:**

While the facility does have a PREA policy, and a PREA training policy, neither policy addresses the definition of sexual harassment, as required by the standard. Information about sexual harassment is missing for the PREA policy statement. The facility has named an individual to act as the PREA Compliance Manager. Interviews with staff at all levels, and inmates, revealed a very good understanding of PREA. Staff were quick to point out the facility's zero-tolerance policy. All staff knew who the PCM was, and knew that all incidents of sex abuse were to be reported ASAP.

#### **Corrective Action:**

Policies need to be updated to include information about sexual harassment. This should include the definitions as described in the PREA standards. It is important to use language from the standards as much as possible to help avoid confusion.

#### **Recommendations:**

Deploy additional signage, in both English and Spanish, to all areas of the facility. Include information about the zero tolerance policy, as well as how to report sexual harassment and sexual abuse.

#### **Update 04/06/16:**

Auditor was provided updated policies which now contain information about sexual harassment and also the PREA definitions. Documentation was provided to show that staff and inmates have received training on the new information. The facility has also increased the number of PREA signs throughout the facility. This standard is satisfied.

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

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

**Auditor 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.**

N/A

### **Standard 115.13 Supervision and monitoring**

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

**Auditor 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.**

In order to make my determination, I reviewed the following policies and other documentation:  
PREA Policy CKJ 315, Facility work schedule.

**Interviews, Documents, and Site Review:**

The facility does have and follows a work schedule. Interviews with supervisory staff show that the facility does not drop below the minimum number of staff required by the plan. Overtime, or use of other facility staff, is authorized to ensure correct staffing. It appears that the use of video surveillance is used in places where there are blind spots. However, there was no documentation provided or discovered to indicate that the staffing plan is reviewed annually, and that the 11 items listed in the standard are considered. Additionally, there are still some areas of the facility where sexual abuse could occur and where there are no video cameras. The facility provided very good documentation of unannounced supervisory rounds, and there is a policy that prohibits staff from alerting other staff members that those rounds are occurring. Documentation was included for all three work shifts. Interviews with both supervisory and line staff showed a good understanding of the reasoning behind this provision.

**Corrective Action:**

Include in policy a provision requiring the staffing plan to be reviewed at least annually. The review needs to document how staff took all of the elements of this standard into consideration and what the outcome was.

**Recommendation:**

Schedule a meeting as soon as practical to review the staffing plan using the provisions of the standard. Document the meeting by use of meeting minutes to show that each provision was considered and what action, if any, was taken. This document can be provided as documentation.

**Update 03/02/16:**

The facility provided a document titled, "Annual Review of Jail Staffing Plan" dated 01/21/16. This document provided an outstanding example of an annual review, and it included all of the elements required by the standard. The annual staffing plan review is now mandated by facility policy. Excellent job! This standard is satisfied.

**Standard 115.14 Youthful inmates**

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

**Auditor 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.**

N/A

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

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

**Auditor 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.**

In order to make my determination, I reviewed the following policies and other documentation:  
PREA Policy CKJ 315, Search Policy CKJ 405

#### Interviews, Documents, and Site Review:

The search policy prohibits all cross-gender searches unless exigent circumstances exist. The policy outlines the procedure required in the event that a cross-gender search is required. All of the staff who were interviewed were well aware of the policy and the prohibition on cross-gender searches and viewing. This procedure requires the staff member to get prior authorization from a supervisor and to complete a written incident report as documentation. Interviews with staff indicated that there have been no incidents of cross-gender searches of any kind in the past year, or anytime that staff could remember. Interviews with inmates corroborated the same information. Interviews with supervisors indicated that there are always female staff available to perform searches of the females. The facility is configured in such a way that inmates can shower and use the restroom without being seen by staff of the opposite sex. There are shower curtains mounted in the showers. The facility does have several cells that are used as close observation cells or suicide watch cells that have cameras mounted in them to allow continuous observation. The cameras are monitored by the control center operator. Staff reported that if the person in the control center is an opposite gender than the person in the cell, supervisors will move a same gender officer into the control center; according to staff, there have been no cases of this occurring in the past year.

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

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

**Auditor 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.**

In order to make my determination, I reviewed the following policies and other documentation:  
PREA Policy CKJ 315, PREA Coordinator Policy CKJ 215, Posted and written material available for staff and inmates.

#### Interviews, Documents, and Site Review:

There is a limited amount of information posted in the facility for non-English speaking inmates. There is also a limited amount of written material about PREA available for the inmate orientation process. However, the facility does have several staff who are fluent in Spanish and who can provide translation services if requested. The auditor did complete an interview with one inmate who had limited English comprehension, but he was able to explain the process for reporting sexual abuse. It is noteworthy to point out that since the time of the on-site portion of the audit, the facility has connected with a service that will be able to provide translation service for them. Universal Translation Service can provide translation for almost any language upon request, 24 hours per day, 365 days per year. They also can provide Telephone Typing devices (TTD) services for inmates who are deaf, as well as translation of written materials in almost any language. At the time of the on-site visit, there were no non-English-speaking inmates. The auditor did complete an interview with one

inmate who was mentally ill. The inmate was aware of the facility's zero tolerance of sex abuse and also knew he could report abuse to any staff member. There were no deaf or visually-impaired inmates in the jail at the time of the visit. Nonetheless, the PREA video plays each day on the inmate television system and it is subtitled. The video is also available in Spanish. The PCM advised that if they were to receive a blind inmate, he would read the PREA materials to him/her and make sure he/she understood how to report.

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

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

**Auditor 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.**

**In order to make my determination, I reviewed the following policies and other documentation:**  
PREA Policy CKJ 315, Selection and Placement Policy CKJ 202

#### **Interviews, Documents, and Site Review:**

The facility does have a policy which outlines the hiring process, minimum qualifications, and disqualifying events. The policy contains language about making a best effort to contact an applicant's previous institutional employers. However, the policy language is missing elements of the standards concerning sexual harassment. The policy requires that a background check be performed every five years; there was spotty documentation regarding this. The hiring process, staff disciplinary process, and other general Human Resources functions are managed by the facility Jail Administrator. Personnel files are kept by the Jail Administrator in his office. The Jail Administrator told me that he does check with previous institutional employers prior to hiring someone, but it is often done over the phone and there is no documentation. He does not keep a log or checklist to support hiring documentation. There is no documentation provided or discovered to show that the facility considers incidents of sexual harassment in determining whether to hire or promote someone. A background check is completed on all contractors and volunteers who would have inmate contact prior to enlistment of services by the Jail Administrator, but he has not been keeping the documentation. There is a policy that requires current staff to report or disclose any information regarding their own misconduct as part of their duty. There is no documentation to show that employees are asked about their previous misconduct during promotional interviews.

#### **Corrective Action:**

Develop a method of contacting the previous institutional employers of applicants and contractors that can be documented, such as a form letter and letter log. Include the needed language regarding sexual harassment in the facility PREA policy and other related policies. Include the definitions as outlined in the PREA standards. Document how this standard is being met during promotional opportunities. Develop a process of organizing and maintaining clear personnel files for each employee, volunteer, and contractor who has inmate contact.

#### **Update 03/28/16:**

Documentation was received to show the process is being followed when hiring an employee with previous institutional experience. Documentation was also received that showed there was an internal review of employee behavior at promotional opportunities. This standard is satisfied.

#### **Standard 115.18 Upgrades to facilities and technologies**

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



**Auditor 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.**

In order to make my determination, I reviewed the following policies and other documentation:  
Pre-Audit Documentation.

**Interviews, Documents, and Site Review:**

There have been no substantial upgrades or expansions at the Cherokee County Jail in the past 12 months. In interviewing the Sheriff and Jail Administrator, it was clear that they are aware of the requirements of this standard as well as the need to enhance their ability to protect inmates from sexual abuse when considering expansion and facility upgrades.

**Standard 115.21 Evidence protocol and forensic medical examinations**

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

**Auditor 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.**

In order to make my determination, I reviewed the following policies and other documentation:  
PREA Policy CKJ 315, Policy 37 Evidence Collection Control and Storage.

**Interviews, Documents, and Site Review:**

The facility is responsible for investigation of all PREA reports, both administrative and criminal. The investigators are full-time sworn officers of the Cherokee County Jail with full law enforcement authority. The agency follows a uniform evidence protocol when collecting, storing, and preserving evidence. Both investigators and the PCM have completed the NIC training course on Completing Sex Abuse Investigations in Confinement Settings. The facility does have an MOA with Safehouse Crisis Center, who will provide a victim advocate for any inmate victim of sexual abuse, upon request from either the inmate or the facility. Upon request, the victim advocate will accompany the victim to the hospital and provide emotional support. The facility also has an MOA with Via Christi Hospital in which Via Christi agrees to provide a forensic medical examination by a qualified SANE for any inmate who was the victim or perpetrator of sexual abuse occurring while confined in the jail. This service will be provided at no cost to the inmate. There were no substantiated reports of sexual abuse at the jail during the current audit period.

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

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

**Auditor 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.**

**In order to make my determination, I reviewed the following policies and other documentation.**  
PREA Policy CKJ 315

**Interviews, Documents, and Site Review:**

The PREA Policy and other related policies do not include the required language concerning sexual harassment, and the definitions section of the policy does not contain the definition of sexual harassment. The PREA policy does require all reports of sex abuse to be fully investigated. The PREA policy is located on the facility website at <http://www.cherokeeountykssheriff.com>.

**Corrective Action:**

The PREA Policy and other related policies need to include language from the PREA standards about sexual harassment, including the definition of sexual harassment. Staff need to be trained on this additional aspect of the PREA standards and documentation of the additional training will need to be provided to the auditor.

**Update 02/19/16:**

The required language concerning sexual harassment and the definition of sexual harassment according to the standards was added to the PREA Policy and PREA Training Policy. Additional staff training and documentation of training and agenda was provided to the auditor. This standard is satisfied.

**Standard 115.31 Employee training**

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

**Auditor 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.**

**In order to make my determination, I reviewed the following policies and other documentation:**  
Policy CKJ 208.1 PREA Training, Policy CKJ 315 PREA, Training Records

**Interviews, Documents, and Site Review:**

The policies do not contain the needed language on sexual harassment, nor the definition of sexual harassment as defined in the PREA standards. The training documentation that was provided makes no mention of training about sexual harassment. The agency does provide PREA training to all staff, contractors, and volunteers who will have inmate contact. The training does not include sexual harassment. The training does emphasize a zero tolerance toward sexual abuse, as well as the employee's duty to report all incidents of sexual harassment. New employees are required to complete the NIC online course titled, "Your Role in Responding to Sexual Abuse" and "Dealing with LGBTI Inmates." There is no in-person classroom training given on PREA. All training for staff is provided online. Refresher training is provided every two years. Interviews with uniformed security staff revealed a solid understanding of the response to a report of sex abuse. Staff were very knowledgeable about the steps to be taken to ensure inmates are kept safe, separated, and that the crime scene and potential evidence is protected. It was obvious from the responses received that PREA is an important aspect of the jail's culture, and that it is taken seriously by the facility administration and supervisors.

**Corrective Action:**

The PREA Policy and other related policies need to include language from the PREA standards about sexual harassment, including the definition of sexual harassment. Staff need to be trained on this additional aspect of the PREA standards and documentation of the additional training will need to be provided to the auditor.

**Recommendation:**

The auditor recommends that the PREA classes be taught as an in-person class to allow for questions and discussions, and to teach specifically how the standards are covered by the facility, at least for the initial training given to new staff, volunteers, and contractors.

Update 03/002/16:

Sexual Harassment language included from the standards and definition has been included in relevant policies. Additional training in

classroom/in person has been completed and documentation of the training was provided to the auditor. This standard is satisfied.

### **Standard 115.32 Volunteer and contractor training**

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

**Auditor 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.**

**In order to make my determination, I reviewed the following policies and other documentation:**  
Policy CKJ 208.1 PREA Training, Policy CKJ 315 PREA, Training Records.

#### **Interviews, Documents, and Site Review:**

The facility maintains a list of volunteers who are authorized to come into the jail. The majority of those on the list are not active volunteers, or who provide religious activities. The PCM provides a limited training session for those volunteers and contractors who come on site and who have inmate contact. There is documentation of the training provided, but not the content of the training. The auditor attempted to make phone contact with two different volunteers, but no contact was made.

#### **Corrective Action:**

Provide documentation of the training curriculum used for the volunteer/contractor training that is provided.

#### **Update 04/01/16:**

Additional PREA training was provided to a group of volunteers after the on-site visit was conducted. A copy of the training material used along with a sign-in sheet for volunteer/contractors was provided. The training provided contained the information needed/required to meet this standard. This standard is satisfied.

### **Standard 115.33 Inmate education**

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

**Auditor 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.**

**In order to make my determination, I reviewed the following policies and other documentation:**  
Policy CKJ 208.1 PREA Training, Policy CKJ 315 PREA, Inmate Orientation, PREA Video, Inmate Handbook.

#### **Interviews, Documents, and Site Review:**

Discussion with staff involved in the inmate orientation procedure and the PCM outlined the process that is followed for arriving inmates. The process includes providing inmates with comprehensive handout material. It also requires each inmate to watch "PREA: What You Need to Know," a 16-minute closed-captioned inmate education video. The video and accompanying facilitator's guide are designed to help adult prisons, jails, and lockups to meet the inmate education requirements of the U.S. Department of Justice's National Standards to



Prevent, Detect, and Respond to Prison Rape. The video includes an introductory section that can be used during intake to inform incoming inmates about a facility's zero-tolerance policy on sexual abuse and sexual harassment, and how victims can report it. The full video can be used to provide a comprehensive inmate education program and covers:

- The definition of sexual abuse and sexual harassment;
- The absolute right of inmates to be free from such violence;
- Agency policies and procedures for preventing and responding to sexual abuse and sexual harassment; and
- How inmates can get support and medical and mental health care after an incident of sexual abuse.

This video is shown during orientation, and again after the inmate has been at the facility for 30 days. During this time, the PCM is available to answer questions and discuss concerns. The video is also shown at least monthly on the inmate TV system. Written information can also be found by using the facility's inmate kiosk system. There are kiosks available in each of the living units, and they can be accessed by inmates anytime the dayroom is open. Interviews with inmates revealed a very good knowledge about PREA. All were able to articulate multiple ways they can make a report; one inmate stated that they are bombarded with the information so often that he was able to correctly recite the facility PREA reporting hotline phone number. All understood that the facility has a zero tolerance for sex abuse and sexual harassment. Additionally, each inmate I spoke with was very complimentary of the facility PREA officer. It was reported that they felt confident that he is concerned about their sexual safety, and that at least weekly, he makes rounds through the living units to see how things are going. All expressed confidence that the staff would help them if they asked for help. All of the PREA information is available in an appropriate form for any inmate who may not speak English, may be deaf or blind, may be low-functioning, or who may be unable to read.

**Recommendation:**

Increase the number and amount of inmate informational posters throughout the facility in all areas where staff or inmates have regular access. Include the specific definitions and other available information about sexual harassment in all of the inmate orientation materials. While the information is talked about in the inmate video, it should be included in the inmate handbook, orientation handouts, policies, posters, etc.

**Standard 115.34 Specialized training: Investigations**

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

**Auditor 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.**

**In order to make my determination, I reviewed the following policies and other documentation:**  
Training Records, Sex Abuse Investigation files, Policy 37 Evidence Collection Control and Storage

**Interviews, Documents, and Site Review:**

The facility employs two full-time investigators who are sworn law enforcement officers by the state of Kansas. Both are graduates of the Kansas Law Enforcement Training Center and are required to complete inservice training hours each year to maintain their certification. Additionally, they both have completed specialized training for the National Institute of Corrections (NIC) on investigating sex abuse in a confinement setting. Both are experienced officers who have completed many investigations for the department. Investigation files are very organized and complete, and once the case is closed, files are stored electronically. Staff in the investigative office have also completed training the online NIC course titled, "Medical Health Care for Sexual Assault Victims in a Confinement Setting," "Behavioral Health Care for Sexual Assault Victims in a Confinement Setting," and "Communicating Effectively and Professionally with LGBTI Offenders."

**Standard 115.35 Specialized training: Medical and mental health care**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the

relevant review period)

- ☐ Does Not Meet Standard (requires corrective action)

**Auditor 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.**

**In order to make my determination, I reviewed the following policies and other documentation:**

PREA Policy CKJ 315, PREA Training Policy CKJ 208.1, Policy CKJ 216 Sexual Misconduct Investigation Training Records

**Interviews, Documents, and Site Review:**

The facility has one part-time medical/mental health worker. During the interview with her, it was obvious that she was very dedicated to working in the facility and that she cared very much about providing medical services and mental health services when needed. She is a Masters-level APRN with 40 hours of specialized training as a SART/SANE examiner for adult or adolescent clients. She relayed that she lives close by and is more than willing to respond to the facility if called. She would rather do that than tell the staff to transport someone to the emergency room for minor medical issues. Although she has not been called upon to provide this type of service in the past year, she is really willing and able to do so when called upon. Additionally, she attended Jail Medical training sponsored by the Kansas Sheriff's Association and is certified as a Family Medical Practitioner. Her training has covered the topics of "How to Detect and Assess Signs of Sexual Abuse and Sexual Harassment," "Preserving Physical Evidence of Sex Abuse," and "Responding Effectively to Sex Abuse and Sexual Harassment." She is scheduled to complete the online NIC course titled, "Medical Health Care for Sexual Assault Victims in a Confinement Setting," "Behavioral Health Care for Sexual Assault Victims in a Confinement Setting," and "Communicating Effectively and Professionally with LGBTI Offenders."

**Standard 115.41 Screening for risk of victimization and abusiveness**

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

**Auditor 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.**

**In order to make my determination, I reviewed the following policies and other documentation:**

PREA Policy CKJ 315, Risk Screening Forms, Screening Tool

**Interviews, Documents, and Site Review:**

All inmates who are booked into the jail are given information about PREA and are screened for risk of sexual abusiveness and sexual victimization using an objective screening questionnaire. The assessment is done as part of the booking process by the booking officer. Because any security staff member may be the booking officer, all officers have been trained by the PCM on how to complete the assessment. The assessment is completed again at the 30-day mark by the PCM. Additional screening is completed if there is a reason to do so. Inmates are not disciplined for refusing to answer the questions, but it could mean placement temporarily in a more restrictive setting until an assessment can be made. Staff who were interviewed understood the reason for the risk assessment and also were aware of the need to restrict the dissemination of the information to only those with a legitimate need to know. It was noted, however, that the risk assessment questionnaire does not list all of the risk criteria that is required by the standard.

**Corrective Action:**

Add the required risk criteria to the screening tool as listed in the standard. Specifically, question the inmate about his/her own perception about his/her sexual orientation or gender identity and whether or not the inmate's criminal history is exclusively nonviolent. Once the screening tool is amended, the auditor will need to be provided with several completed forms. Additionally, there will need to be documentation to show that screening staff (in this case, all security staff who may work as booking officer) have been trained to the new PREA Audit Report

form.

**Update 03/02/16:** The facility has implemented a new PREA Orientation form which is now being used, and also added additional risk criteria that is required by the standard. Staff Training on the new PREA Orientation form which is now being used was conducted on 02/17/16. On 3/14/16, the auditor received six completed forms. The orientation form that was developed is a great example of screening for risk. Great job! This standard is satisfied.

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

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

**Auditor 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.**

**In order to make my determination, I reviewed the following policies and other documentation:**

PREA Policy CKJ 315, Risk Screening Forms, Screening Tool, Policy CKJ 501, Classification of Inmates

#### **Interviews, Documents, and Site Review:**

The facility PREA policy states in part, as follows: "Through classification and housing assignment, the Cherokee County Jail will identify opportunities to separate and carefully monitor sexually predatory inmates and vulnerable inmates to reduce the incidence of sexual abuse. The Cherokee County Jail will utilize data collection systems to accurately track sexual abuse and sexualized behavior; facilitate identification of the causal factors; and annually incorporate "lessons learned" into improved operations, services and training toward a zero-tolerance standard."

The auditor interviewed several officers who regularly work as booking officer and learned that decisions about initial housing are made by the booking officer in conjunction with the shift supervisor, using the information obtained from the screening to keep separate the potential victims from the potential abusers. The PCM explained that determinations regarding where to house or work a transgender or intersex inmate would be made on a case-by-case basis. The jobs available to working inmates are confined to work in the same unit where they live, so there is not an opportunity to be outside of direct staff supervision. Transgender or intersex inmates could be allowed to shower alone if it were requested by the inmate, or if staff believed it were needed for safety reasons. There are no dedicated units for housing gay, bisexual, transgender, or intersex inmates.

#### **Standard 115.43 Protective custody**

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

**Auditor 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.**

**In order to make my determination, I reviewed the following policies and other documentation:**

PREA Policy CKJ 315, Classification of Inmates 501. Sexual Misconduct Policy CKJ 216

### Interviews, Documents, and Site Review:

According to the Jail Administrator, inmates who are at risk of being sexually abused and who must be placed into a restrictive housing unit will be placed there for the shortest time possible, and only after other options are explored and rejected. Policy CKJ 216, Sexual Misconduct states in part, as follows:

“Inmates at high risk for sexual victimization or who have alleged to have suffered from sexual abuse shall not be placed 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. If a facility cannot conduct such an assessment immediately, the facility may hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment. Inmates placed in segregation housing for this purpose shall have access to programs, privileges, education, and work opportunities to the extent possible. If the facility restricts access to programs, privileges, education, or work opportunities, the facility shall document the opportunities that have been limited, duration of the limitation, and the reason for such limitation. The facility shall assign such inmates to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged, and such an assignment shall not ordinarily exceed a period of 30 days. If an involuntary segregated housing assignment is made, the facility shall document the basis for the facility’s concern for the inmate’s safety, and the reason why no alternative means of separation can be arranged. Every 30 days, the facility shall afford each such inmate a review to determine whether there is a continuing need for separation from the general population.”

In interview with the PCM, it was learned that during the past year, there were no inmates placed into involuntary segregation due to being high risk for sexual victimization.

### Standard 115.51 Inmate reporting

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

**Auditor 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.**

In order to make my determination, I reviewed the following policies and other documentation:  
PREA Policy CKJ 315, Inmate Orientation Materials, Turn Key Kiosks

### Interviews, Documents, and Site Review:

Interviews with inmates revealed there are several ways an inmate can report sex abuse and sexual harassment, including: tell any staff member in person; write correspondence through the inmate kiosk; call the posted number; call the toll free number to an outside agency; tell a family member to call the facility reporting number or the outside agency number; write to the outside advocate; or write a grievance. The inmates were all aware that they could make a report for another inmate, and that they could report anonymously. The facility has an MOU with a community crisis center which allows an inmate to call or write to them; the center has agreed to immediately forward sex abuse or sexual harassment reports to the facility for investigation. If an inmate wishes to remain anonymous, they will report the incident but not the name. Interviews with staff showed that staff are aware that they are to take all reports of sex abuse or sexual harassment seriously and to report all such incidents to their supervisor immediately. Staff also said they were aware of at least one way to privately report sexual harassment or sex abuse of an inmate.

### Standard 115.52 Exhaustion of administrative remedies

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



**Auditor 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.**

In order to make my determination, I reviewed the following policies and other documentation:  
PREA Policy CKJ 315, Inmate Grievance Procedures, Policy CKJ 215 Sexual Misconduct

**Interviews, Documents, and Site Review:**

The facility does have a policy to address grievances concerning sexual abuse; however, the timeframe for initial response to an emergency grievance is listed as five days, when the PREA standards requires an initial response to be provided within 48 hours. The inmates can file a grievance by using the Turn Key Kiosk. All forms are available on the kiosk. Interviews with staff indicated that there have been no grievances alleging sex abuse filed in the past year. Inmates interviewed were aware of the grievance procedures.

**Corrective Action:**

Modify the Grievance policy to reflect the timeframes listed in the PREA standard. Incorporate more of the language from the standard into the policy. Provide documentation to show that the updated information was provided to staff and inmates. Issue updated grievance forms and include the updated information on the inmate Turn Key Kiosk.

**Update 03/24/16:**

The grievance policy has been modified to address grievances concerning sexual abuse with language added from the standard. The policy now requires a response within 48 hours. The updated grievance forms have been made available to inmates. All staff were given the updated information on the use of the grievance procedure as it applies to sex abuse or emergency grievances. The information was added to a slide show that is played daily over the inmate TV system. This standard is satisfied.

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

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

**Auditor 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.**

In order to make my determination, I reviewed the following policies and other documentation:  
MOU's Facility Bulletin Boards

**Interviews, Documents, and Site Review:**

There are posters and flyers posted in every living unit which contain the phone numbers and addresses of two agencies who have agreed to provide outside support services for inmate victims of sex abuse or sexual harassment. The facility has entered into written agreements with Safehouse Crisis Center, and Spring River Mental Health and Center. Interviews with inmates highlighted the facility's efforts to create a "reporting culture." All of the inmates the auditor spoke with, formally and informally, were knowledgeable about who to report to and how to report if they were the victim of sex abuse or sexual harassment. Inmates are able to make calls from the dayrooms of the unit where they live.

**Standard 115.54 Third-party reporting**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the

relevant review period)

- ☐ Does Not Meet Standard (requires corrective action)

**Auditor 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.**

**In order to make my determination, I reviewed the following policies and other documentation:**  
Written Handout Material, Cherokee County Jail Website, PREA Policy CKJ 315

**Interviews, Documents, and Site Review:**

Information about third-party reporting is available to inmates as part of the orientation material; it is also available through the Turn Key Kiosk. Inmates who were interviewed were aware of this provision. Staff were aware of this provision and knew to handle third-party reports of sex abuse or sexual harassment in the same manner as any other report. There is a link on the website, [www.cherokeeountysheriff.com](http://www.cherokeeountysheriff.com) that contains a toll-free number for any person to use in order to report sex abuse or sexual harassment. The auditor called the number and learned that it rings into the Cherokee County Sheriff's dispatch center which is manned 24 hours per day, 365 days per year. All of the dispatchers who work for the Sheriff's office have been trained to handle such calls, and they will direct all information to the facility administration and the PCM for direct action if needed.

**Standard 115.61 Staff and agency reporting duties**

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

**Auditor 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.**

**In order to make my determination, I reviewed the following policies and other documentation:**  
PREA Policy CKJ 315, Training Documentation

**Interviews, Documents, and Site Review:**

The facility PREA policy makes clear the staff duty to report immediately all incidents of sex abuse, including third-party reports or any kind of retaliation against those who report sex abuse. The policy does not, however, mention the same duties for reports of sexual harassment. In talking with staff at all levels, they were aware of their duty to report cases of sexual harassment, also, but the language is missing from much of the written material. Staff who were interviewed knew that information about incidents of sex abuse or sexual harassment was not to be shared with anyone without a legitimate need to know.

**Corrective Action:**

The PREA Policy and other related policies need to include language from the PREA standards about sexual harassment, including the definition of sexual harassment. Staff need to be trained on this additional aspect of the PREA standards, and documentation of the additional training will need to be provided to the auditor.

**Update 02/17/16:**

The PREA policy has been modified to include the staff duties to report incidents of sexual harassment. The language and definitions of sexual harassment, as written in the PREA standards, has also been included. Documentation to show that training on the PREA policy was provided to all staff on 02/17/16. This standard is satisfied.

### Standard 115.62 Agency protection duties

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

**Auditor 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.**

**In order to make my determination, I reviewed the following policies and other documentation:**

PREA Policy CKJ 315, PREA Coordinator CKJ 215, Sexual Misconduct Investigations CKJ 216

#### **Interviews, Documents, and Site Review:**

Policy CKJ 216 outlines some of the actions that may be taken in the event an inmate were to report being in imminent danger of being sexually abused. The policy reads in part, as follows:

"If it is learned that an inmate is subject to a substantial risk of imminent sexual abuse, staff shall take immediate action to protect the inmate at risk of victimization. The agency shall 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."

Supervisory staff were knowledgeable about the actions to be taken should there be a situation where an inmate was in imminent danger of being sexually abused. Those interviewed stated that they would keep the inmate in a safe area and contact the PCM in order to make the determination of the best action to take to keep everyone safe. The PCM reported that there were no incidents where an inmate was in imminent danger during the past year.

### Standard 115.63 Reporting to other confinement facilities

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

**Auditor 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.**

**In order to make my determination, I reviewed the following policies and other documentation:**

PREA Policy CKJ 315, PREA Coordinator CKJ 215, Sexual Misconduct Policy CKJ 216

#### **Interviews, Documents, and Site Review:**

There is language in the sexual misconduct policy describing the actions to be taken in the event an inmate reports being sexually abused at another institution. The policy reads in part, as follows:

"If any employee or volunteer of the Cherokee County Sheriff's Office is notified of allegations of sexual misconduct concerning an inmate while housed in another correctional facility, that employee or volunteer shall immediately notify the PREA Coordinator, who will then relay the information to the Cherokee County Jail Administrator and Captain Detective. The Cherokee County Jail Administrator, as soon as practical, but no later than within 72 hours, will notify the Jail Administrator of the jurisdiction which has been charged original custody of the inmate. In addition, the Cherokee County Jail Administrator will insure that the law enforcement agency with primary investigative



jurisdiction where the alleged abuse occurred has been notified.”

Staff reported there were no inmates booked into the jail who reported being sexually abused at another facility during the past year.

**Recommendation:**

Include attachments to the policy for a form letter and a documentation log.

**Standard 115.64 Staff first responder duties**

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

**Auditor 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.**

**In order to make my determination, I reviewed the following policies and other documentation:**

PREA Policy CKJ 315, PREA Coordinator CKJ 215, Sexual Misconduct Investigations CKJ 216

**Interviews, Documents, and Site Review:**

Policy CKJ 216 documents first responder duties and reads in part, as follows:

“The Sexual Abuse First Responder Checklist shall be used upon report of an allegation of inmate sexual abuse. The first initial actions of security and non-security staff members are noted below. a) The first security staff member to respond to the report shall be required to:

- i. Separate the alleged victim and abuser.
- ii. Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence.
- iii. Request that the alleged victim not take any actions that could destroy physical evidence.
- iv. Ensure the alleged abuser does not take any actions that could destroy physical evidence.
- v. Notify the immediate supervisor, who will notify the Jail Administrator.
- vi. Notify medical or mental health.

b) The first non-security staff member to respond to the report shall be required to:

- i. Separate the alleged victim and abuser.
- ii. Request that the alleged victim not take any actions that could destroy physical evidence and then notify security staff.
- iii. Notify a security staff member.”

If it is learned that an inmate is subject to a substantial risk of imminent sexual abuse, staff shall take immediate action to protect the inmate at risk of victimization. Because the Cherokee County Jail is a small facility, it is conceivable that almost any staff member could be called upon to be a first responder to a PREA incident. Interviews with uniformed first responders and non-uniformed staff members revealed an excellent knowledge of the actions required to keep inmates safe, collect usable evidence, protect possible crime scenes, and produce criminal casework worthy of prosecution.

**Standard 115.65 Coordinated response**

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

**Auditor 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.**

**In order to make my determination, I reviewed the following policies and other documentation:**

PREA Policy CKJ 315, PREA Coordinator Policy CKJ 215, PREA Training Policy CKJ 208., Sexual Misconduct Investigations CKJ 216

**Interviews, Documents, and Site Review:**

There is a coordinated response plan written into the sexual misconduct policy. The plan includes the use of a checklist of duties or actions to be taken by various staff. Policy CKJ 216 documents first responder duties and reads in part, as follows:

“The Sexual Abuse First Responder Checklist shall be used upon report of an allegation of inmate sexual abuse. The first initial actions of security and non-security staff members are noted below.

a) The first security staff member to respond to the report shall be required to:

- i. Separate the alleged victim and abuser.
- ii. Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence.
- iii. Request that the alleged victim not take any actions that could destroy physical evidence.
- iv. Ensure the alleged abuser does not take any actions that could destroy physical evidence.
- v. Notify the immediate supervisor, who will notify the Jail Administrator.
- vi. Notify medical or mental health.

b) The first non-security staff member to respond to the report shall be required to:

- i. Separate the alleged victim and abuser.
- ii. Request that the alleged victim not take any actions that could destroy physical evidence and then notify security staff.
- iii. Notify a security staff member.”

If it is learned that an inmate is subject to a substantial risk of imminent sexual abuse, staff shall take immediate action to protect the inmate at risk of victimization. Because the Cherokee County Jail is a small facility, it is conceivable that almost any staff member could be called upon to be a first responder to a PREA incident. Interviews with uniformed first responders and non-uniformed staff members revealed an excellent knowledge of the actions required to keep inmates safe, collect usable evidence, protect possible crime scenes, and produce criminal casework worthy of prosecution.

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

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

**Auditor 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.**

N/A

**Standard 115.67 Agency protection against retaliation**

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

**Auditor 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.**

**In order to make my determination, I reviewed the following policies and other documentation:**  
PREA Policy CKJ 315, Sexual Misconduct Investigations CKJ 216

**Interviews, Documents, and Site Review:**

Policy CKJ 216 outlines the procedures and some of the options available to protect inmates and staff who have reported sex abuse. The policy reads in part, as follows:

"Following an allegation that a staff member has committed sexual abuse against an inmate, the inmate shall be informed when the staff member is no longer posted within the inmate's unit, the staff member is no longer employed at the facility, and if the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility. Following an inmate's allegation that he or she was sexually abused by another inmate, the agency shall inform the inmate, if still incarcerated in their facility, when they learn the alleged abuser has been indicted on or convicted of a charge related to sexual abuse in the facility. These notifications shall be documented. For at least 90 days following a report of sexual abuse, the agency shall monitor the conduct and treatment of inmates or staff who reported the sexual abuse and of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff, and shall act promptly to remedy any such retaliation. Monitoring shall occur at least every 30 days and shall include:

- a) Any inmate disciplinary reports;
- b) Housing changes;
- c) Program changes;
- d) Negative performance reviews;
- e) Reassignment of staff;
- f) Periodic status checks.

Monitoring shall continue beyond 90 days if the initial monitoring indicates a continuing need. The obligation to monitor shall terminate if the agency determines that the allegation is unfounded. If any other individual who cooperates with an investigation expresses a fear of retaliation, the agency shall take appropriate measures to protect that individual against retaliation."

At the time of the on-site visit, there were no inmates or staff being monitored. The PCM is the person who is designated to monitor inmates and staff who report sex abuse or sexual harassment. During interviews, inmates expressed to the auditor on more than one occasion, that they felt the facility was not a sexualized environment and that they were confident jail staff would do what is needed to keep them safe.

**Standard 115.68 Post-allegation protective custody**

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

**Auditor 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.**

**In order to make my determination, I reviewed the following policies and other documentation:**  
PREA Policy CKJ 315, Sexual Misconduct Investigations CKJ 216

**Interviews, Documents, and Site Review:**

The use of segregation is not typically used at this facility. There are several different living units in the facility where someone could be housed as an alternative to segregation placement. Inmates on many of the units have no need to leave their unit; yard time, showers, and meals all happen on the unit.

**Standard 115.71 Criminal and administrative agency investigations**

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

**Auditor 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.**

**In order to make my determination, I reviewed the following policies and other documentation:**

PREA Policy CKJ 315, PREA Training Policy CKJ 208., Sexual Misconduct Investigations CKJ 216, PREA Investigation Files

**Interviews, Documents, and Site Review:**

Policy CKJ 216 outlines clearly that all reports of sex abuse and sexual harassment will be investigated. The policy goes on to explain, if the allegation involves an employee or volunteer of the Cherokee County Sheriff's Office, the Captain Detective may impanel the Professional Standards Team (in accordance with agency policy on Internal Investigations) to conduct a parallel administrative investigation to any potential criminal investigation. Should a conflict of interest be identified, the Sheriff will request that the investigation be conducted by the Kansas Bureau of Investigation. Training records show that the investigators have completed special training on conducting sex abuse investigations in a confinement setting. There have been no criminal cases of sex abuse made in the jail in the past year. However, it is believed that should a case be presented to the prosecutor, it would be prosecuted. The case file and other documentation was very organized and, even though the case that was reviewed was unfounded, there was good documentation to show all of the individuals involved were interviewed.

**Standard 115.72 Evidentiary standard for administrative investigations**

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

**Auditor 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.**

**In order to make my determination, I reviewed the following policies and other documentation:**

PREA Policy CKJ 315 Policy CKJ 216, Policy CKJ 304 Other Written Materials

**Interviews, Documents, and Site Review:**

The facility does have a formal inmate discipline process. Any form of sexual behavior between inmates or between staff and inmates is prohibited. There was no documentation provided to show that the standard of proof is no higher than a preponderance of the evidence.

**Corrective Action:**

Provide documentation to show that the evidentiary standard of proof is no higher than a preponderance of the evidence.

**Update 03/24/16:**

Documentation was provided to show that CKJ policy 216 was revised and now states that, the evidentiary standard of proof is no higher than a preponderance of the evidence. Additionally, documentation was provided to show that both staff and inmates have been trained on the new information. This standard is satisfied.

### Standard 115.73 Reporting to inmates

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

**Auditor 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.**

**In order to make my determination, I reviewed the following policies and other documentation:**

Policy CKJ 216 Sexual Misconduct Investigation, PREA Policy CKJ 315, Written Reports

#### **Interviews, Documents, and Site Review:**

There is documentation to show that inmates are given information about the outcome of an investigation. Documentation is logged in the Jail Management System software. Policy CKJ 216 outlines the facilities duty to inform inmates about the status of certain investigations and reads in part as follows:

“Following an allegation that a staff member has committed sexual abuse against an inmate, the inmate shall be informed when the staff member is no longer posted within the inmate’s unit, the staff member is no longer employed at the facility, and if the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility. Following an inmate’s allegation that he or she was sexually abused by another inmate, the agency shall inform the inmate, if still incarcerated in their facility, when they learn the alleged abuser has been indicted on or convicted of a charge related to sexual abuse in the facility. These notifications shall be documented.”

There is documentation in the Jail Management System to show that an inmate was notified about the outcome of an investigation. The documentation is a narrative completed and signed by the PCM; however, there is no place for an inmate signature. The lack of an inmate signature could bring his/her notification into question. The policy covers all of the necessary elements of the standard. There were no inmates currently housed in the jail who had made a sex abuse allegation.

#### **Corrective Action:**

Adding an inmate signature line to the notification form will serve as documentation that the inmate was provided the information required.

#### **Update 03/02/16:**

The facility has added an inmate signature line to the notification form. This form will provide documentation, by the inmate and staff signatures, that the inmate was provided the information required by the standard. This standard is satisfied.

### Standard 115.76 Disciplinary sanctions for staff

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

**Auditor 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.**



**In order to make my determination, I reviewed the following policies and other documentation:**  
PREA Policy CKJ 315 Policy CKJ 216, Policy CKJ 304, Policy CKJ 306, Other Written Materials

**Interviews, Documents, and Site Review:**

There is documentation in policy that states that any employee who violates facility rules is subject to disciplinary action up to and including dismissal from employment. Policy CKJ 216 also states in part, as follows:

“If the investigation yields information that suggests a criminal violation has occurred, the lead investigator will meet with the Cherokee County Attorney or his/her designee and present the case for consideration of prosecution. This will be done regardless of whether the alleged perpetrator has left employment with the Cherokee County Sheriff’s Office or is no longer in the custody of the Cherokee County Sheriff’s Office.”

However, there was no documentation provided stating that the presumptive disciplinary sanction for staff who engage in sex abuse is termination from employment.

**Corrective Action:**

Include language from this standard into policy and include the provision as outlined in 115.76(b).

**Update 03/02/16:**

Documentation was provided (CKJ policy 306) to show that the presumptive disciplinary sanction for staff who engage in sex abuse is termination from employment. Staff training on this subject was provided on 02/17/16. This standard is satisfied.

**Standard 115.77 Corrective action for contractors and volunteers**

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

**Auditor 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.**

**In order to make my determination, I reviewed the following policies and other documentation:**  
PREA Policy CKJ 315 Policy CKJ 216, Policy CKJ 304, Policy CKJ 306, Other Written Materials

**Interviews, Documents, and Site Review:**

The facility does provide training for contractors and volunteers who have contact with inmates, and the auditor did interview samples of both. The PCM reported that he is unaware of any incidents of sex abuse involving a contractor or volunteer within the recent past, but that if such a situation were to be discovered, they would take some type of administrative action.

**Recommendation:**

Add information about the available corrective actions to policies and include the information in the training that is provided.

**Standard 115.78 Disciplinary sanctions for inmates**

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

**Auditor 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.**

**In order to make my determination, I reviewed the following policies and other documentation:**  
PREA Policy CKJ 315 Policy CKJ 216, Policy CKJ 305 Other Written Materials

**Interviews, Documents, and Site Review:**

The facility does have a formal inmate disciplinary process. Inmate rules prohibit any form of sexual behavior; however, no documentation was provided to show that the hearing officer takes into account how the inmate's mental disability or illness may have contributed to the behavior. Documentation also needs to state that the facility will only take disciplinary action for an inmate's sexual contact with staff upon a finding that the staff member did not consent.

**Corrective Action:**

Add the additional language from the standards to department policy. Also provide documentation to show that the inmate disciplinary hearing officer has been provided the information from the standard.

**Update 03/02/16:**

CKJ policy 506 was updated to include the provisions from the standard (a) that Inmates shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse or following a criminal finding of guilt for inmate-on-inmate sexual abuse. (b) Sanctions shall be commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories. (C) The disciplinary process shall consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any should be imposed (d) If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to require the offending inmate to participate in such interventions as a condition of access to programming or other benefits. (e) The agency may discipline an inmate for sexual contact with staff only finding that the staff member did not consent to such contact. (f) For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation. (g) An agency may, in its discretion, prohibit all sexual activity between inmates and may discipline inmates for such activity.

Staff, including the inmate disciplinary hearing officers, were provided training on this topic on 02/17/16. Also, the information was added to a slide show that is played daily over the inmate TV system. This standard is satisfied.

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

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

**Auditor 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.**

**In order to make my determination, I reviewed the following policies and other documentation:**  
PREA Policy CKJ 315, Screening Forms

**Interviews, Documents, and Site Review:**

Jail policy outlines that those inmates who report prior sexual victimization, regardless of whether it occurred inside or outside the correctional system or time frame, are scheduled to be seen by a qualified practitioner within 14 days for a follow-up meeting. Policy CKJ



reads in part, as follows:

“If indicated that the inmate has experienced prior sexual victimization, or has previously perpetrated sexual abuse, whether in an institutional setting or in the community, staff shall ensure the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days. Any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law. Medical and mental health practitioners shall obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18.”

An interview with the facility medical provider indicated that she is readily available and willing to respond to the facility any time she is requested. She currently is scheduled to provide services weekly, or as needed. The Practitioner was very committed to providing quality care to the inmates. She is licensed to provide medical or mental health services.

Although this practice meets the intent of the standard on paper, no documentation was provided to show that an inmate who reported being a victim of sex abuse was seen by a qualified practitioner.

**Corrective Action:**

Provide documentation to show that an inmate who reported prior sex abuse or who reported committing sex abuse was seen by a qualified practitioner within 14 days of making the report.

**Update 03/02/16:**

Since the time of the auditors on-site visit, the PCM has been working closely with the facility medical provider to ensure that she is contacted directly by him, anytime an inmate has reported previous sexual victimization or reported previous perpetration of sex abuse. The practitioner fully understands the requirement to see the inmate for a follow up appointment within 14 days. The auditor was provided a number of documents that verify this is happening. The appointments are scheduled by the PCM, and he also follows up to make sure the inmate was seen. The facility now keeps a medical referral log, which is used to supplement the documentation. The log was reviewed by the auditor on 03/02/16. The process and documentation for this standard is excellent! This standard is satisfied.

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

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

**Auditor 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.**

In order to make my determination, I reviewed the following policies and other documentation:  
PREA Policy CKJ 315, Policy CKJ 216, Policy CKJ 208.1

**Interviews, Documents, and Site Review:**

Information about what services are available to an inmate victim of sex abuse is in policy. When the victim of a PREA incident can be identified, they will be offered access to necessary services available through the Cherokee County Sheriff’s Office and its community partners. Services are available to inmate victims of sex abuse regardless of their willingness to disclose information relevant to the investigation. Access to services for the victim of sexual abuse will not be dependent on their willingness to report allegations or provide testimony. There is not 24-hour medical/mental health staff at the jail; however, the medical/mental health staff person is on call and is willing to respond at all times.

**Corrective Action:**

Information about language from this standard needs to be included in the PREA Policy, the Training policy, and provided to the inmates. Inmate victims of sexual abuse while incarcerated shall be offered timely information about and timely access to emergency contraception and sexually-transmitted infections prophylaxis, in accordance with professionally accepted standards of care, and where medically

appropriate. Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

**Update 03/28/16:**

PREA policy, CKJ 315, was updated to include all of the missing verbiage, and now reads, in part, as follows:

1. Inmates are encouraged to report all allegations of sexual abuse and/or sexualized behavior regardless of when the incident occurred. Access to services for the victims of sexual abuse will not be dependent on their willingness to report allegations or provide testimony. Reporting of alleged sexual abuse by inmates is critical to the timely delivery of necessary services to the victim and to holding perpetrators accountable and making them less likely to reoffend. All such reports will be investigated within the limitations of information provided and the willingness of inmates and/or others to cooperate. When the victim of a PREA incident can be identified, they will be offered timely information about and with timely access to emergency contraception and sexually-transmitted infections prophylaxis, in accordance with professionally accepted standards of care, and where medically appropriate. Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. Female sex abuse victims will be offered testing for sexually transmitted diseases and offered timely pregnancy testing and all lawful pregnancy related services. Provided with at least the same care that one would receive in the community and at no cost to the inmate.

Training on the new PREA policy was provided to all staff and documentation was provided through an attendance roster and signature. The new information was played daily on the inmate TV system, and the inmate handbook was updated to include the new information. This standard is satisfied.

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

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

**Auditor 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.**

**In order to make my determination, I reviewed the following policies and other documentation:**  
PREA Policy CKJ 315, Policy CKJ 216, Policy CKJ 208.1

**Interviews, Documents, and Site Review:**

The facility contract medical provider advised that when appropriate, she does disclose the limitations of confidentiality and her duty to report instances of sex abuse. She reported that since her time at the jail, there has been no case of sex abuse that would have required her to deliver or offer any services. She also said that female victims of sex abuse would be offered timely pregnancy testing and all lawful pregnancy-related services. All victims would be offered testing for sexually-transmitted diseases. She reported that the services which would be provided would be at least the same as one would receive in the community. There was no information located in policy about inmates being offered pregnancy testing or other pregnancy services. Also, no information about providing treatment and testing for sexually-transmitted diseases, or providing services at no cost to the inmate.

**Corrective Action:**

The PREA policy needs to be revised to include the provisions as mentioned above. Documentation will need to be provided to show that staff have been trained, or given the information in some other manner. The information also needs to be included in the information given to inmates as part of the facility orientation program and provided to the inmates currently residing at the facility.

**Update 03/28/16:**

PREA policy, CKJ 315, was updated to include all of the missing verbiage, and now reads, in part, as follows:

Inmates are encouraged to report all allegations of sexual abuse and/or sexualized behavior regardless of when the incident

occurred. Access to services for the victims of sexual abuse will not be dependent on their willingness to report allegations or provide testimony. Reporting of alleged sexual abuse by inmates is critical to the timely delivery of necessary services to the victim and to holding perpetrators accountable and making them less likely to reoffend. All such reports will be investigated within the limitations of information provided and the willingness of inmates and/or others to cooperate. When the victim of a PREA incident can be identified, they will be offered timely information about and with timely access to emergency contraception and sexually-transmitted infections prophylaxis, in accordance with professionally accepted standards of care, and where medically appropriate. Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. Female sex abuse victims will be offered testing for sexually transmitted diseases and offered timely pregnancy testing and all lawful pregnancy related services. Provided with at least the same care that one would receive in the community and at no cost to the inmate.

Training on the new PREA policy was provided to all staff and documentation was provided through an attendance roster and signature. The new information was played daily on the inmate TV system, and the inmate handbook was updated to include the new information. This standard is satisfied.

#### **Standard 115.86 Sexual abuse incident reviews**

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

**Auditor 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.**

**In order to make my determination, I reviewed the following policies and other documentation:**  
PREA Policy CKJ 315, Policy CKJ 216, Policy CKJ 208.1, Policy CKJ 216

#### **Interviews, Documents, and Site Review:**

In discussion with the PCM and Jail Administrator, it was learned that the facility does not currently have a sex abuse incident review team in place.

#### **Corrective Action:**

Incorporate the language from this standard into the PREA policy and into the employee training provided for all staff. Assign staff members to be a part of the review team and begin to review cases at the conclusion of each report of sex abuse. Provide the auditor with documentation of the review process and completed reviews. The auditor has provided examples of review forms.

#### **Update 03/31/16:**

The facility has developed and implemented a process to review each case of sex abuse and sexual harassment that is investigated. The review form used encompasses all of the review requirements from the standard. Facility administrative staff are included in the review process. Also, the facility requires a review of each case of sexual harassment, even though it is not required by the standard. The auditor was provided a completed review form on a sexual harassment investigation as documentation that the reviews are occurring. Staff training on the review process was completed on 02/17/16. An additional review of the material was completed by the auditor and PCM on 03/31/16. This standard is satisfied.

#### **Standard 115.87 Data collection**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

- ☐ Does Not Meet Standard (requires corrective action)

**Auditor 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.**

**In order to make my determination, I reviewed the following policies and other documentation:**  
PREA Policy CKJ 315, Policy CKJ 216, Policy CKJ 208.1, Policy CKJ 216

**Interviews, Documents, and Site Review:**

In the PREA Coordinator policy, it says that PREA data is collected; however, no data was provided to the auditor. The policy reads in part, as follows:

"Collect and compile data of PREA incidents to be distributed quarterly to the Administrator and Sheriff. Produce an annual summary for the Administrator on the frequency and severity of PREA incidents within the facility, including trends during the year and comparisons to previous years."

Per the standard, data on every allegation of sex abuse is to be collected, and at least annually, aggregated. The data shall at a minimum contain the information needed to answer the questions from the Survey of Sexual Violence conducted by the Department of Justice.

**Corrective Action:**

Provide the data from the standard to the auditor for review and inclusion with the audit materials.

**Update 04/11/16:**

The auditor was provided a complete and thorough document titled Data Collection Summary. This document contained aggregated data for each allegation of sex abuse and sexual harassment for calendar year 2015. The standard requires only that allegations of sex abuse be aggregated, however, the facility chose to also include information on each allegation of sexual harassment in the summary. The annual review is now required by facility policy. This standard is satisfied.

**Standard 115.88 Data review for corrective action**

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

**Auditor 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.**

**In order to make my determination, I reviewed the following policies and other documentation:**  
PREA Policy CKJ 315, Policy CKJ 216, Policy CKJ 208.1, Policy CKJ 216, Website

**Interviews, Documents, and Site Review:**

The agency shall 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:

- (1) Identifying problem areas;
- (2) Taking corrective action on an ongoing basis; and
- (3) Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole.

The agency's report shall be 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.



The auditor was not provided with the data required by the standard.

**Corrective Action:**

Provide the auditor with the data required by the standard. Once an annual report is completed and approved by the Jail Administrator, the report needs to be added to the facility's website, or provided to the public through some other means.

**Update 04/11/16:**

The auditor was provided a complete and thorough document titled Data Collection Summary. This document contained aggregated data for each allegation of sex abuse and sexual harassment for calendar year 2015. The standard requires only that allegations of sex abuse be aggregated, however, the facility chose to also include information on each allegation of sexual harassment in the summary. The annual review is now required by facility policy. This document has been approved by the agency head, and posted to the facilities website at: [www.cherokeeountysheriff.com](http://www.cherokeeountysheriff.com)

**Standard 115.89 Data storage, publication, and destruction**

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

**Auditor 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.**

**In order to make my determination, I reviewed the following policies and other documentation:**  
PREA Policy CKJ 315, Policy CKJ 216, Policy CKJ 208.1, Policy CKJ 216, Website

**Interviews, Documents, and Site Review:**

The data that is collected is required to be securely retained for at least ten years. All aggregated sex abuse data is required to be posted on the facilities website, with all personal identifiers redacted.

**Corrective Action:**

Once the data is collected and approved, provide the data to the auditor for inclusion with the other audit materials. Post the information on the facility website, with all personal identifiers redacted.

**Update 04/11/16:**

The auditor was provided a complete and thorough document titled Data Collection Summary. This document contained aggregated data for each allegation of sex abuse and sexual harassment for calendar year 2015. The standard requires only that allegations of sex abuse be aggregated, however, the facility chose to also include information on each allegation of sexual harassment in the summary. The annual review is now required by facility policy. There are no personal identifiers contained in this document. This document has been approved by the agency head, and posted to the facilities website at: [www.cherokeeountysheriff.com](http://www.cherokeeountysheriff.com)

**AUDITOR CERTIFICATION**

I certify that:

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

Ray Reno

04/19/2016

Auditor Signature

Date