

# Prison Rape Elimination Act (PREA) Audit Report

## Adult Prisons & Jails

☐ Interim ☒ Final

Date of Report 02/23/2019

### Auditor Information

<b>Name:</b> Mark E. Stegemoller	<b>Email:</b> markronda@centurylink.net
<b>Company Name:</b> Mark Stegemoller PREA Consultant LLC.	
<b>Mailing Address:</b> 3873 Utica Road	<b>City, State, Zip:</b> Lebanon Ohio 45036
<b>Telephone:</b> 513-805-5176	<b>Date of Facility Visit:</b> June 27-29, 2018

### Agency Information

<b>Name of Agency:</b> Montgomery County Ohio Sheriff's Office		<b>Governing Authority or Parent Agency (If Applicable):</b> Click or tap here to enter text.	
<b>Physical Address:</b> 345 W. Second St. Dayton Ohio 45422		<b>City, State, Zip:</b> Click or tap here to enter text.	
<b>Mailing Address:</b> Click or tap here to enter text.		<b>City, State, Zip:</b> Click or tap here to enter text.	
<b>Telephone:</b> (937) 225-4192		<b>Is Agency accredited by any organization?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>The Agency Is:</b>	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
<b>Agency mission:</b> The Montgomery County Sheriff's Office strives to be responsive to the community's safety needs, to reduce fear, and to make Montgomery County a safe place to live and work in the most cost-effective way possible.			
<b>Agency Website with PREA Information:</b> <a href="http://www.mcohiosheriff.org/jail/contact_staff/index.php">http://www.mcohiosheriff.org/jail/contact_staff/index.php</a>			

### Agency Chief Executive Officer

<b>Name:</b> Phil Plummer	<b>Title:</b> Sheriff
<b>Email:</b> plummerP@mcohiosheriff.org.	<b>Telephone:</b> (937) 225-4192

### Agency-Wide PREA Coordinator

<b>Name:</b> Matt Haines	<b>Title:</b> Major (Jail Division)
<b>Email:</b> HainesM@mcohiosheriff.org	<b>Telephone:</b> (937) 496-3060

<b>PREA Coordinator Reports to:</b> Chief Deputy		<b>Number of Compliance Managers who report to the PREA Coordinator</b> 1	
<b>Facility Information</b>			
<b>Name of Facility:</b> Montgomery County Jail			
<b>Physical Address:</b> 330 W. Second St. Dayton Ohio 45422			
<b>Mailing Address (if different than above):</b> <a href="#">Click or tap here to enter text.</a>			
<b>Telephone Number:</b> (937) 225-4192			
<b>The Facility Is:</b>	<input type="checkbox"/> Military	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Private not for profit
<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
<b>Facility Type:</b>	<input checked="" type="checkbox"/> Jail	<input type="checkbox"/> Prison	
<b>Facility Mission:</b> The Montgomery County Sheriff's Office strives to be responsive to the community's safety needs, to reduce fear, and to make Montgomery County a safe place to live and work in the most cost-effective way possible.			
<b>Facility Website with PREA Information:</b> <a href="http://www.mcohiosheriff.org/about_us/awards/click_here.php">http://www.mcohiosheriff.org/about_us/awards/click_here.php</a>			
<b>Warden/Superintendent</b>			
<b>Name:</b> Matt Haines		<b>Title:</b> Major (Jail Administrator)	
<b>Email:</b> HainesM@mcohiosheriff.org		<b>Telephone:</b> (937) 496-3060	
<b>Facility PREA Compliance Manager</b>			
<b>Name:</b> Melissa Riley		<b>Title:</b> PREA Compliance Manager	
<b>Email:</b> RileyM@mcohiosheriff.org		<b>Telephone:</b> (937) 225-5807	
<b>Facility Health Service Administrator</b>			
<b>Name:</b> Darcee Pierce		<b>Title:</b> Health Service Administrator	
<b>Email:</b> darcee.pierce@napcare		<b>Telephone:</b> (937) 225-3456	
<b>Facility Characteristics</b>			
<b>Designated Facility Capacity:</b> 912		<b>Current Population of Facility:</b> 806	
<b>Number of inmates admitted to facility during the past 12 months</b>			24435
<b>Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:</b>			
<b>Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:</b>			

Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:			0		
Age Range of Population:	Youthful Inmates Under 18: 0	Adults: 18-65			
Are youthful inmates housed separately from the adult population?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	
Number of youthful inmates housed at this facility during the past 12 months:			2		
Average length of stay or time under supervision:			10 days		
Facility security level/inmate custody levels:			Minimum, Medium, Maximum		
Number of staff currently employed by the facility who may have contact with inmates:			133		
Number of staff hired by the facility during the past 12 months who may have contact with inmates:			30		
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:			3		
<b>Physical Plant</b>					
Number of Buildings: 1		Number of Single Cell Housing Units: 0			
Number of Multiple Occupancy Cell Housing Units:		8			
Number of Open Bay/Dorm Housing Units:		3			
Number of Segregation Cells (Administrative and Disciplinary):		22			
Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):					
304 cameras and 21 DVRs. All cameras have recording capabilities with a 30-day retention period					
<b>Medical</b>					
Type of Medical Facility:		Medical Services are contracted with Naphcare. 4-medical cells in facility- no Infirmary. Inmates in need of continues medical care would be transported to local hospital.			
Forensic sexual assault medical exams are conducted at:		Miami Valley Hospital or Grandview Hospital			
<b>Other</b>					
Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:			250		
Number of investigators the agency currently employs to investigate allegations of sexual abuse:			11		

## Audit Findings

## Audit Narrative

### **Pre-Audit Activities**

Notice of PREA Audit: The Notice of PREA Audit for Montgomery County Jail (Ohio) was forwarded to the agency PREA Compliance Manager, Mellissa Riley, via email on May 16, 2018, by Mark Stegemoller, PREA Consultant LLC, DOJ certified PREA auditor six weeks prior to the on-site audit (June 27-29, 2018) with instructions for posting. Notices were posted in specified areas on May 19, 2018. The auditor received no written correspondence from either staff or inmates before the on-site portion of the audit, nor during the post-audit phase. Posting of notices was verified by the auditor through: (1) email notification of posting (2) observation by the auditor during the on-site visit (3) verbally during interviews. The auditor observed notices posted in only half of the housing units and in some common areas used by both inmates and staff, to include the Jails front lobby and inmate visitation areas. Due to the fact the notice was not observed in all housing areas as required by the PREA standards, the auditor requested the notice be continuously posted for an additional six weeks from last day of the onsite visit. The auditor reviewed the agency's website to review all PREA related information. The auditor interviewed agency staff from SAFE/SANE of Butler County Ohio, the agency responsible for conducting sexual assault forensic exams for inmates confined in the Montgomery County Jail. Staff interviewed were very knowledgeable of PREA and informed the auditor their agency also provides sane/safe exams for inmates confined with the Ohio Department of Rehabilitation and Correction. The Auditor interviewed Sandra Hunt, with the Victim Witness Division of the Montgomery County Prosecutors Office. The Montgomery County Sheriff's Office utilizes the Victim Witness Division of the Montgomery County Prosecutor's office for victim advocacy services. The victim advocates specialize in cases of sexual assault/abuse and homicide; however, a variety of other services are offered to victims and witnesses as well. These services include Crisis-intervention and support services; explanation of the criminal justice process; advocacy and assistance during court proceedings; assistance with notification process; assistance with crime victim compensation; and assistance with post-conviction issues. The Victim Witness Division accepts reports, to include anonymous reports of sexual abuse and harassment for confined inmates at the Montgomery County Jail and ensures reports are forwarded to the MCSO promptly.

**Pre-Audit Questionnaire and Documentation Review:** The Pre-Audit Questionnaire was received on a secure thumb drive one day before the on-site audit, which did not provide the auditor adequate time to complete a comprehensive review of the PAQ before the onsite visit to gauge the agency's audit preparedness. The thumb drive contained the facility PAQ along with additional documentation. The PAQ was not completed in its entirety, thus requiring the auditor to request additional supporting documentation during the onsite visit and post audit phase. The auditor reviewed policy and procedures, documents and files during the pre-audit, onsite audit, and post-audit phases as related to each PREA standard to include secondary documentation submitted both onsite and post audit. In a review of the agency's PAQ and supporting documentation the auditor found the information provided neatly organized, tabulated, and accentuated allowing for ease of auditing. The auditor communicated with the facility's PREA Compliance Manager (point-person) on all matters relating to the audit on multiple occasions; via phone calls and email correspondence.

**Onsite Audit Activities:** On June 27, 2018, the auditor met with the PREA Compliance Manager, Melissa Riley, for an entrance briefing and discussed the PREA audit process for the onsite phase of the audit and explained the triangulation methodology the auditor would utilize to obtain evidence through observing facility practices; review of written policies and procedures; facility tour observations; staff and inmate interviews, and additional documentation review to confirm implementation. The Auditor explained that the PREA audit process is much more invasive than most correctional audits and that the association between facility staff and the auditor is not to be construed as adversarial, and that the auditor will work collaboratively with facility staff to ensure the Montgomery County Jail achieves full compliance with PREA Standards. Staff were advised that Department of Justice (DOJ) expects that corrective action will be necessary in most cases and that this is a normal part of the audit and should not be considered adversely. The auditor further specified that the document review and information gathering will conceivably be more extensive than experienced during the agency's first PREA audit conducted in 2014 due to additional guidance published by the (DOJ).

At the request of the auditor the facility provided requested documents, files and records. From this information, the auditor randomly selected and reviewed a variety of files, records and documents summarized as follows: (20) most recent employee background checks; (10) most recent contractor background checks; (20) most recent staff PREA training documentation; (10) medical/mental health PREA-specialized training documentation; (5) contractors medical/mental health PREA-specialized training documentation; (20) inmates who received the required PREA comprehensive education within 30 days of arrival to facility; (20) Inmate risk screenings for sexual victimization/abuse to include reassessments within 30 days of arrival to the facility; Samples of PREA inmate education material, i.e. Inmate handbooks, posters, brochures; samples of documentation for the monitoring of retaliation of sexual abuse & harassment investigations; copies of all sexual assault reviews during the past 12 months for completed investigations of sexual abuse, excluding unfounded cases.

The auditor and PREA Compliance Manager began a systematic tour of the entire Jail, with several areas of the facility being revisited by the auditor throughout the onsite visit. The Montgomery County Jail is a medium to large sized facility, with a designed facility capacity for (912) inmates. On the first day of the onsite visit the facility had (819) inmates under confinement. The entire facility is constructed under one roof with five different floor levels. There are (8) multiple occupancy cell housing units, (3) open bay/dorm housing units. (22) segregation cells (administrative & disciplinary). The auditor observed all areas of the facility paying attention to those areas of the facility that must be observed carefully to verify compliance with the standards. Areas toured, but are not limited to 1) Intake/reception/screening. 2) All housing units, including individual rooms/cells. 3) Health care areas for both medical and mental health. 4). Recreation, cafeteria, and work areas, other programming areas. 5) The facility has not been renovated, modified, or expanded since the last facility PREA audit. The auditor observed inmates being supervised throughout the audit tour in professional manners. Sight lines were closely examined as were the potential for blind-spots throughout the facility. While touring the recreation and the cafeteria areas, the auditor observed inmate bathroom-doors made of solid construction and were left unsecured. The auditor considered these areas as potential blind spots with supervision and monitoring concerns. The auditor made two recommendations for the facility to address the matter, 1) Ensure the doors always remain locked, requiring inmates to ask staff to utilize the restroom and then securing the door when not in use. 2) Place a small window in the door allowing for both privacy and security when staff are

conducting routine rounds. Throughout the facility the auditor observed numerous signage and PREA educational posters both in English and Spanish languages advising Inmates of their right to be free of sexual abuse and harassment and how to report allegations of sexual abuse and harassment. As noted above in the pre-audit activities, the auditor observed notices of audit posted in only half of the housing units. It should be noted before the onsite visit concluded, all housing units contained the notice of audit postings. The auditor confirmed this by returning to several housing units and photos provided by facility staff.

While touring the facility, random staff, and inmates were informally interviewed and questioned concerning their knowledge of PREA. Most staff and inmates interviewed were well-informed of PREA and knew the necessary steps to take for reporting allegations of sexual abuse and sexual harassment. While observing the facility operations in the cafeteria, the auditor informally interviewed (2) Aramark contractors to identify their knowledge and responsibilities regarding PREA. One contractor could not tell the auditor what PREA was and the other, an Aramark supervisor was unclear in his responses to the auditors' questions and could not recall if he had received PREA training. The auditor further discusses this discovery in more detail to include recommended corrective action in the narrative section of standard (115.32-Volunteer and contractor training).

The auditor was able to confirm through the review of staffing logs, both written and electronically recorded that unannounced rounds are being conducted by intermediate-level and higher-level supervisors. The auditor observed opposite gender staff announcing their presence upon entering inmate housing units and other areas that an inmate may be undressed, showering or using the lavatories. The Montgomery County Jail mandates only female security staff can work female housing units. The Jail has (2) female pods containing cells and (1) open bay/dorm. The auditor observed on many occasions both male and female staff announcing their presence when entering opposite gender housing units. The auditor observed no cross-gender viewing concerns in any of the facility's housing units where inmates undress, shower and use the lavatories. The auditor toured and observed the central control center where all camera activity is monitored and determined camera placements and their abilities to pan, tilt and zoom do not permit cross gender viewing. The facility currently deploys (304) video cameras strategically positioned throughout the facility with (21) digital video recorders (DVR's). All cameras record with a 30-day retention period.

**Staff Interviews:** The Auditor conducted interviews with the following agency leadership (not counted in the totals below)

Matt Haines, Major, Correctional Institutions Division, Agency Head (Designee)  
Matt Haines, Agency PREA Coordinator  
Melissa Riley, Jail - PREA Compliance Manager

The Auditor conducted the following number of specialized staff interviews during the onsite phase of the audit.

Category of Staff	Number of Interviews Conducted
Random Staff (Total)	12
Specialized Staff* (Total):	16
Total Staff Interviewed	28
Breakdown of Specialized Staff Interviews:	
▪ Agency contract administrator	1
▪ Intermediate- or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment	2
▪ Line staff who supervise youthful inmates - N/A	N/A
▪ Education staff who work with youthful inmates – N/A	N/A
▪ Program staff who work with youthful inmates – N/A	N/A
▪ Medical staff	1
▪ Mental health staff	2
▪	
▪ Non-Medical staff involved in cross-gender strip or visual searches - N/A	N/A
▪ Administrative (human resources) staff	1
▪ SAFE and/or SANE staff - N/A	1
▪ Volunteers who have contact with inmates	0 (none onsite)
▪ Contractors who have contact with inmates	3
▪ Investigative staff – agency level	1
▪ Investigative staff – facility level	N/A
▪ Staff who perform screening for risk of victimization and abusiveness	1
▪ Staff who supervise inmates in segregated housing	1
▪ Staff on the sexual abuse incident review team	1
▪ Designated staff member charged with monitoring retaliation	1
▪ First responders, security staff	1
▪ First responders, non-security staff	1
▪ Intake staff	1
Total Specialized Staff Interviews*	19

**Inmate Interviews:** Based upon the inmate population of 819 at the facility on the first day of the onsite phase of the audit, the PREA Auditor Handbook specifies that a minimum of 30 total inmate interviews must be conducted; a minimum of 15 random inmates and 15 targeted inmate interviews are required. The PREA Compliance Manager and other staff facilitated interviews of all inmates in a private setting located in a programming area. The random inmates were selected across all housing units including

general population units, intake units, segregation units, and medical units to ensure geographic diversity. Selections were made by the auditor from a list of all inmates provided by the facility on the first day of the onsite portion of the audit. The auditor conducted the following number of inmate interviews during the onsite phase of the audit:

Category of Inmates <sup>1</sup>	Number of Interviews Conducted
Random Inmates (Total)	19
Targeted Inmates* (Total):	11
Total Inmates Interviewed	30
Breakdown of Targeted Inmate Interviews: <sup>2</sup>	
▪ Youthful Inmates	N/A
▪ Inmates with a Physical Disability	4
▪ Inmates who are Blind, Deaf, or Hard of Hearing	1
▪ Inmates who are LEP	1
▪ Inmates with a Cognitive Disability	1
▪ Inmates who Identify as Lesbian, Gay, or Bisexual	4
▪ Inmates who Identify as Transgender or Intersex	N/A
▪ Inmates in Segregated Housing for High Risk of Sexual Victimization	N/A
▪ Inmates Who Reported Sexual Abuse	1
▪ Inmates Who Reported Sexual Victimization During Risk Screening	3
Total Targeted Inmate Interviews*	15

### **Onsite Visit Closeout:**

On June 29, 2018, after the onsite phase of the audit, the Auditor conducted an exit-briefing with PREA Compliance Manager, Melissa Riley. The Auditor could not give an outcome of the audit but did provide some insight into his preliminary findings and discussed the post-site activity work the auditor will need accomplish to verify compliance with the PREA standards. The Auditor thanked facility staff and commended them on their hard work and commitment to the Prison Rape Elimination Act. During the Interim report writing period the auditor communicated on numerous occasions with the PREA Compliance Manager via phone calls and email correspondence; requesting additional documentation, clarification on policies, procedures and agency practices.

## Facility Characteristics

Logistics, Leadership and Facility Staff: The Montgomery County Jail is located at 345 W. Second St. in downtown Dayton, Ohio. The Corrections Division is under the command of Major, Matt Haines. Captain Charles Crosby is the Assistant Jail Commander. The role of the Jail Division encompasses not only the housing of prisoners but inmate transports and the security of various court and county buildings. Various self-improvement and work programs are available to the inmate population. Food services, medical and mental health services are also provided to those incarcerated. The primary goal of the Montgomery County Jail is to provide a safe and secure environment to promote positive prisoner behavior. The Montgomery County Jail was built in 1965. The facility has undergone two major updates since then, one in 1993 and the other in 2004, increasing the facility's capacity to 914 inmate beds. On the first day of the onsite visit, June 27, 2018, the Jail confined (819) inmates, (94) that were female. Since the renovations, this has allowed the jail to hold on average 817 inmates per day according to the Montgomery County Sheriff's Office annual report of 2017. The total number of prisoners booked in 2017 was 24,435; with an average length of stay of 20 days for felons and six days for misdemeanants.

Staff Size and Organizational Makeup: According to the Pre-audit questionnaire (PAQ) the Montgomery County Jail currently employs 133 staff and during the previous 12 months the Jail has hired 30 staff. The Jail provides a complete command staff including a Major, Captains, Lieutenants, and Sergeants. The Support Services Division is under the operational control of the agency's Personnel Director who not only oversees the selection process for personnel but also manages the department's policies, all collective bargaining unit agreements and manages the agency's Accreditation Unit. The Jail Division also oversees Court Services; Transportation Detail; Prison Work Detail Program; Inmate Programs; Contract Services, which include three vendors. 1) Aramark correctional food services. 2) NaphCare, Inc, provides dental, medical and psychiatric care of inmates on a 24 hour per day basis. 3) Samaritan Behavioral Health, providing services for crisis intervention and supportive counseling to inmates incarcerated at the Jail.

### Agency Mission Statement:

- The Montgomery County Sheriff's Office strives to be responsive to the community's Safety needs, to reduce fear, and to make Montgomery County a safe place to live and work in the most cost-effective way possible. To achieve this mission, the Sheriff's Office employees commit to these core values:
- Integrity - Employees uphold their positions of trust through honesty, credibility, and by maintaining the highest of ethical standards.
- Service to the Community - Employees regard their office as a public trust and, in the discharge of their duties, are always mindful of their primary obligation to serve the community courteously, efficiently, and effectively.
- Professionalism - Employees value professionalism by having a clear sense of commitment, perspective, and direction and develop professionalism by creating an environment that encourages teamwork, innovation, and continuous self-evaluation.

- Responsibility and Accountability - Employees ensure that their behavior earns the support and trust of all segments of the public by being responsible for their actions and willing to admit their mistakes.

#### Physical Plant Description:

The Montgomery County Jail is a single-story multi-level building which has a capacity of 914 beds. The facility's older section includes housing units with sections that branch off that are managed thru indirect-supervision. The newer part of the facility comprises two-range pods with direct staff supervision. The facility has an extensive booking/holding area allowing for the reception and release of all inmates. Separation of male and female inmates is maintained through separate holding rooms. While touring the booking/holding area the auditor observed inmate orientation videos playing, to include the PREA educational video on large screen TVs in both holding rooms for male/female inmates. The facility has (8) multiple occupancy cell housing units, (3) dorm housing units, and (22) segregation cells (administrative and disciplinary)

### Compliance Results as Reflected in Interim Compliance Report:

#### Number of Standards Exceeded: 0

[Click or tap here to enter text.](#)

#### Number of Standards Met: 37

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

#### Number of Standards Not Met: 8

115.13, 115.16, 115.22, 115.32, 115.35, 115.41, 115.42, 115.403

### Corrective Actions Taken by the Montgomery County Sheriff's Office to Achieve Full Compliance

The Interim PREA Audit Report reflected there were eight standards that were in non-compliance. A required corrective action period not to exceed 180 days began on August 8, 2018. The Auditor met with facility staff at the MCSO and together developed a corrective action plan that would bring the facility into full compliance. MCSO completed the required corrective actions requested by the Auditor to bring the agency into full compliance. All documentation of the corrective actions was received by the Auditor by February 04, 2019. The Auditor reviewed the documentation to determine if full compliance with the standards was achieved. After reviewing all additional evidence, the auditor determined that the MCSO had demonstrated full compliance with the PREA standards. The Auditor has determined that the agency has achieved full compliance with the PREA standards as of the date of this final report.

## Final Compliance:

Number of standards exceeded: 1

Number of standards met: 44

Number of standards not met: 0

Number of standards not applicable: 0

Total Standards: 45

## PREVENTION PLANNING

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

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

#### 115.11 (a)

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

#### 115.11 (b)

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

#### 115.11 (c)

- If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.) ☐ Yes ☐ No ☒ NA
- Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)  
☐ Yes ☐ No ☒ NA

## Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

The Montgomery County Jail has written zero tolerance policy toward all forms of sexual abuse and sexual harassment; Jail Manual (JM-6.14.1) Prison Rape Elimination Act (PREA) mandating a zero tolerance toward all forms of sexual abuse and sexual harassment and outlines the agency's approach to preventing, detecting, and responding to such conduct. The agency employs a designated agency-wide PREA coordinator who is in the upper-level of the agency hierarchy (Major Matt Haines). Major Haines states he has sufficient time and authority to develop, implement, and oversee the agency's efforts to comply with the PREA standards within the Montgomery County Jail. The Montgomery County Sheriff's Office operates one Jail. Melissa Riley (Correctional Officer) has been designated as the Jails PREA Compliance Manager and during her interview stated she has sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards. The auditor determined compliance through the review of facility policies and procedures; additional onsite documentation review; Interviews conducted with the Facility Warden & PREA Coordinator (Major Matt Haines); and PREA Compliance Manager (Melissa Riley).

### Policy, Materials, Interviews and Other Evidence Reviewed

- Jail Manual (JM-6.14.1) Prison Rape Elimination Act (PREA)
- Interviews with Matt Haines (PREA Coordinator) and Melissa Riley (PREA Compliance Manager)
- Completed Pre-Audit Questionnaire submitted by MCSO
- Montgomery County Sheriff's Office Organizational Chart 2018
- Facility tour and observations

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

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

### 115.12 (a)

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

### 115.12 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates OR the response to 115.12(a)-1 is "NO".) ☐ Yes ☐ No ☒ NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

The Montgomery County Jail does not contract for the confinement of its inmates with private agencies or other entities including other government agencies.

### Policy, Materials, Interviews and Other Evidence Reviewed

- Completed Pre-Audit Questionnaire submitted by MCSO
- Interviews with Matt Haines (PREA Coordinator) and Melissa Riley (PREA Compliance Manager)

## Standard 115.13: Supervision and monitoring

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

### 115.13 (a)

- Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? ☒ Yes ☐ No
- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the generally accepted detention and correctional practices in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration any judicial findings of inadequacy in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from Federal investigative agencies in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from internal or external oversight bodies in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration all components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated) in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the composition of the inmate population in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the number and placement of supervisory staff in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the institution programs occurring on a particular shift in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No ☐ NA
- Does the agency ensure that each facility's staffing plan takes into consideration any applicable

State or local laws, regulations, or standards in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

- Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

#### 115.13 (b)

- In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)  
☒ Yes ☐ No ☐ NA

#### 115.13 (c)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? ☒ Yes ☐ No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies? ☒ Yes ☐ No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? ☒ Yes ☐ No

#### 115.13 (d)

- Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? ☒ Yes ☐ No
- Is this policy and practice implemented for night shifts as well as day shifts? ☒ Yes ☐ No
- Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? ☒ Yes ☐ No

#### Auditor Overall Compliance Determination

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

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

### Instructions for Overall Compliance Determination Narrative

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

In review of the Montgomery County Jail PREA Staffing Plan (Jail 2017-2021 Multi-Year Plan) and supporting documentation, the auditor determined the staffing plan was not a PREA compliant staffing plan. The staffing plan is fragmented within numerous pieces of documentation. The pre-audit questionnaire (PAQ) 115.13 (b) -1 did not have a box checked either Yes, No, or N/A for "Each time the staffing plan is not complied with, the facility documents and justifies all deviations from the staffing plan." Through the review of agency provided documentation and formal interviews conducted with the PREA Coordinator and Compliance Manager the auditor was not able to validate compliance with standard 115.13.

115.13(a) The auditor could not locate any evidence to substantiate the below (11) elements have been addressed in the facility PREA staffing plan/documentation.

- (1) Generally accepted detention and correctional practices;
- (2) Any judicial findings of inadequacy;
- (3) Any findings of inadequacy from Federal investigative agencies;
- (4) Any findings of inadequacy from internal or external oversight bodies;
- (5) All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated);
- (6) The composition of the inmate population;
- (7) The number and placement of supervisory staff;
- (8) Institution programs occurring on a particular shift;
- (9) Any applicable State or local laws, regulations, or standards;
- (10) The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and
- (11) Any other relevant factors.

115.13(b)

The staffing plan and submitted documentation does not address circumstances where the staffing plan is not complied with, nor does the facility document and justify any deviations from the plan.

115.13(c)

The auditor did not receive documentation that verified the PREA Coordinator, in collaboration with agency personnel, at least once every year reviews the staffing plan to see whether adjustments are

needed to the staffing plan; such as deployment of monitoring technology; or the allocation of facility/agency resources to commit to the staffing plan to ensure compliance with the staffing plan.

115.13(d)

Policy JM 3.9.1 (Searches and Inspections) H: Jail Inspections – Sergeants; (1) indicate sergeant's conduct daily walkthroughs and complete daily inspection sheets for each floor or housing unit, documenting any concerns or problems and that corrective actions are taken. I: Facility Administration Visits; states the Jail Administrator and or assistant Jail Administrator, and the sergeant conduct a visit of the prisoner living area and common areas of the jail at least weekly, to encourage informal contact with staff and prisoners and to informally observe living and working conditions. The Jail has implemented in Policy JM 3.9.1 (Searches and Inspections)) and in practice of having intermediate-level or higher-level supervisors conduct and document rounds for night and day shifts. The auditor was able to determine this through documentation review and formal staff interviews. However, the auditor could not find evidence in policy that intermediate-level or higher-level staff conduct "unannounced rounds to identify and deter staff sexual abuse and sexual harassment or that the facility prohibits staff from alerting other staff of the conduct of such rounds.

#### **Policy, Materials, Interviews and Other Evidence Reviewed**

- Montgomery County Jail PREA Staffing Plan (Jail 2017-2021 Multi-Year Plan)
- Completed Pre-Audit Questionnaire submitted by MCSO
- Interviews with Matt Haines (PREA Coordinator) and Melissa Riley (PREA Compliance Manager)
- Interviews conducted with (intermediate or higher-level staff)
- Facility population report for 2018

#### **Corrective Action Required**

- The auditor's recommendation is for the facility to develop a robust written PREA staffing plan that will demonstrate compliance with all of the required provisions in standard 115.13(a)(b)(c)(d). The auditor has provided educational and training resources from the likes of the PREA Resource Center; National Institute of Corrections; and Just Detention International to assist the facility in developing a PREA compliant staffing plan.
- <https://nicic.gov/library/031220> Developing and Implementing a PREA-Compliant Staffing Plan
- [https://cdpsdocs.state.co.us/oaija/publications\\_reports/preastaffingplantemplate.pdf](https://cdpsdocs.state.co.us/oaija/publications_reports/preastaffingplantemplate.pdf)  
PREA Staffing Plan Template for Small Jails
- <https://www.prearesourcecenter.org/sites/default/files/library/staffingplanfinalwbjalogosubmt.pdf>  
Developing and Implementing a PREA-Compliant Staffing Plan

### Corrective Action verification

The Auditor was provided additional documentation on February 4, 2019, with supporting evidence that demonstrated corrective actions taken by the facility regarding this standard.

The facility has developed and implemented a PREA compliant staffing plan that demonstrates compliance with all of the required provisions in standard 115.13(a)(b)(c)(d). The MCSO is now fully compliant with the standard.

## Standard 115.14: Youthful inmates

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

#### 115.14 (a)

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

#### 115.14 (b)

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

#### 115.14 (c)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

The Pre-audit questionnaire (PAQ) 115.14(a)-5 indicated the facility only had one youthful inmate booked into the Jail during the previous year. The auditor was provided with an electronic juvenile booking document indicating the inmate was a juvenile and must be taken to the first floor to be showered separate from adult inmates. The inmate also received early visitation privileges with family and friends away from adult inmates. The auditor confirmed while onsite there were no youthful inmates currently incarcerated at the jail. In review of policy's JM-5.8.1 (Classification) the agency states juveniles are never housed within the same unit or within touch of an adult consistent sections 2151.311 and 2152.26 of the Ohio Revised Code. Juvenile inmates will be separated by sight and sound from adult inmates. Policy JM-5.9.1 B: (Classification Admissions) states the Montgomery County Jail houses juvenile offenders in a specialized unit for juvenile offenders except when a violent, predatory juvenile offender poses an undue risk of harm to others within the specialized unit. Policy JM-5.9.1 C: (Housing) states all jail staff members ensure that juvenile offenders have no more than incidental sight or sound contact with adult offenders. Any other sight or sound contact is kept minimized, brief and in conformance with applicable legal requirements. Juvenile offenders are kept out of range of touch from all adult offenders. Policy JM-5.9.1 D: (Programming) states the Montgomery County Jail has adequate program space to meet the physical, social and emotional needs of juvenile offenders and allow for personal interactions and group orientated activities. Policy JM-5.16.1 (Special Management) J. Juvenile Housing: states juvenile inmates who have been certified as adults are segregated from the general population.

The auditor determined compliance with standard 115.14 through review of agency policies and procedures; documentation review, and formal interviews conducted with agency leadership and Line staff who supervise youthful inmates. Youthful inmates are housed separately from adult inmates by sight, touch, sound and out of range of normal conversations. If the Jail was to house youthful inmates, they are typically housed in medical cells, on the first floor of the Jail. These cells can house two inmates and is located at the very end of the medical hallway and there are double doors that prevent any other inmates to see in. During the onsite tour of the facility the auditor was able to confirm site and sound and separation.

### Policy, Materials, Interviews and Other Evidence Reviewed

- Completed Pre-Audit Questionnaire submitted by MCSO
- Policy's JM-5.8.1 (Classification) youthful offenders
- Electronic juvenile booking documentation
- Policy JM-5.9.1 B: (Classification Admissions)
- Policy JM-5.9.1 D: (Programming)
- Policy JM-5.16.1 (Special Management) J. Juvenile Housing
- Interviews with agency leadership and Line staff who supervise youthful inmates
- Facility tour and observations where youthful offenders are housed

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

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

### 115.15 (a)

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

### 115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates in non-exigent circumstances? (N/A here for facilities with less than 50 inmates before August 20,2017.) ☒ Yes ☐ No ☐ NA
- Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A here for facilities with less than 50 inmates before August 20, 2017.) ☒ Yes ☐ No ☐ NA

### 115.15 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? ☒ Yes ☐ No
- Does the facility document all cross-gender pat-down searches of female inmates?  
☒ Yes ☐ No

### 115.15 (d)

- Does the facility implement a policy and practice that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their

breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? ☒ Yes ☐ No

- Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit? ☒ Yes ☐ No

#### 115.15 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status? ☒ Yes ☐ No
- If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? ☒ Yes ☐ No

#### 115.15 (f)

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? ☒ Yes ☐ No
- Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? ☒ Yes ☐ No

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

Montgomery County Jail policy GOM 5.1.7 (STRIP AND BODY CAVITY SEARCHES) states before a body cavity or a strip search may occur, employees must have probable cause to believe that a person is concealing evidence of the commission of a crime, including fruits or tools of a crime, contraband, or a

deadly weapon (meeting the definition in Ohio Revised Code section 2923.11) and there is no other way to discover it. The employee must consider the nature of the offense the person to be searched is charged with, the circumstances of the person's arrest, and, if known, the person's prior conviction record, when establishing the existence of probable cause. Employees must obtain a search warrant, from a judge or magistrate authorizing a body cavity search, before such a search may occur. Only a physician, a registered nurse, or a licensed practical nurse of the same gender as the person being searched and with registration or license to practice in Ohio can conduct a body cavity search. Body cavity searches must occur under sanitary conditions. The Sheriff prohibits any employee from conducting, or by any means observing, a strip search or body cavity search of a person who is not of the same gender as the employee. The search must occur in a location that allows only the person or persons who are physically conducting the search and the subject of the search to observe the search. The auditor was provided with several Incident reports from the previous year where pat and strip searches were conducted by the same gender staff. During formal interviews with supervisors and line staff, all stated pat down and strip searches are always conducted by the same staff.

The auditor determined through documentation review and formal interviews with random staff and female inmates, that female inmates are not restricted from access to regularly available programming or other out-of-cell opportunities as there is always a female available to conduct such searches.

Jail Manual JM 3.9.1 (Searches and Inspections) states male officers only search female inmates when a female officer is not available and there is probable cause to believe that the female inmate may be in possession of contraband that poses an immediate threat or physical harm to staff, a visitor or an inmate and delaying the search would increase the risk of harm. In most situations, male officers should place the female inmate into restraints and wait for the arrival of a female officer. Anytime a male officer searches a female inmate it will be documented in a Jail Incident Report. Policy WD 5.1.7 (Strip and Body Cavity Searches) prohibits cross-gender strip searches and cross-gender visual body cavity searches. Pre-audit questionnaire (PAQ) indicates there has been no cross gender visual body cavity searches during the previous year. The auditor was able to confirm through the review of documentation and formal interviews with staff that cross gender visual body cavity searches are not occurring at the Montgomery County Jail.

Jail Manual JM-5.15.1 (Housing Supervision) states all Officers will announce their presence before entering housing units of opposite gender inmates. The auditor was able to determine through, formal interviews with both staff and inmates and while onsite, through observation of staff announcing their presence when entering opposite gender housing areas.

The auditor reviewed staff training documentation in how to conduct cross-gender pat down searches in a professional and respectful manner. The training is given for all new employees and during staff annual in-service training. Documentation of staff training was provided with the pre-audit questionnaire (PAQ) and while onsite the auditor randomly selected staff training documentation for review. The auditor also reviewed the agency's training curriculum on the Guidance in Cross-Gender and Transgender Pat Searches and found it to be acceptable to the standards requirement. During formal interviews with staff the auditor was able to confirm the agency trains security staff in how to conduct searches of transgender

and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. Policy (3.1.1- Security Control) outlines the agency's practice and procedures for enabling inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. During the onsite review and tour of the facility, the auditor did not observe any problems that would prevent inmates from showering, performing bodily functions, and changing clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, other than incidental to routine cell checks.

#### **Policy, Materials, Interviews and Other Evidence Reviewed**

- Completed Pre-Audit Questionnaire submitted by MCSO
- Policy GOM 5.1.7 (STRIP AND BODY CAVITY SEARCHES)
- Jail Manual JM-5.15.1 (Housing Supervision)
- Jail Manual JM 3.9.1 (Searches and Inspections)
- Policy WD 5.1.7 (Strip and Body Cavity Searches)
- Interviews with random staff
- Interviews with both male and female inmates
- Agency training documentation

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

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

##### **115.16 (a)**

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

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

#### 115.16 (b)

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

#### 115.16 (c)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

In review of the agency's pre-audit questionnaire (PAQ) the Jail reported zero instances utilizing interpretive services for inmates to report allegations of sexual abuse or sexual harassment. The Montgomery County Jail utilizes multiple resources for interpretative services for inmates to report allegations of sexual abuse and or harassment. One resource used is, "Language Line Resource:" In the event a non-English speaking prisoner is brought into the jail, the jail has the ability to use an interpreter through a service called Language Line; to assist through the booking process. The following procedures are as follows; when a prisoner is being booked into the Jail requiring interpreter assistance Staff will telephone and call Language Line; provide the Client Identification Number. Press 1 for a Spanish language interpreter or 2 for an interpreter for any other language. When the interpreter is on the line, the offender will pick up the telephone and begin the booking process. Staff will remain online with the interpreter throughout the booking process; including medical screening. There is a cost-per-minute fee for this service. This process is accomplished by using two telephones on the same line to call the interpreting service; one line for the offender and one for the booking officer. This arrangement allows for a three-way conversation between the booking officer, the interpreter, and the offender.

For deaf or hard of hearing inmates, the facility utilizes a teletype machine (TTY) that is hooked to the telephone so that inmates can make phone calls and communicate. The jail also can make arrangements for a sign language interpreter if necessary. While onsite, during a formal inmate interview with a deaf/hard of hearing inmate, the inmate stated he tried to utilize the TTY machine several months ago to call his mother. (The inmate stated the call was an attempt just to speak with family and not to report an allegation of sexual abuse or harassment) and the machine was not operational or the officer did not know how to operate it. The auditor requested a test call to be placed utilizing the TTY machine and found it to operational. The auditor received documentation/receipt of the test call, to include date and time of call placed.

The Jail provided further documentation of interpretive services available for inmates, a roster of Language Interpretative Services that is provided under Contract ID through the United States District Court; Southern District of Ohio. The roster includes but is not exhaustive for interpretive services for languages such as Bulgarian, Chinese, Mandarin, Polish, Portuguese, Russian and Spanish. The auditor reviewed the Jail Inmate Handbook (J4. Interpreter Services) which states the housing unit officer will facilitate services for those inmates who request and are in need of interpreter services.

Formal Interviews conducted with inmates who identified as limited English proficient, deaf/hard of hearing, cognitive disabled, and physically disabled, stated they were aware of PREA and how to report allegations of sexual abuse if they needed to. Most inmates could recall PREA information posted all around the facility, especially in housing units and referred to the Inmate handbook for reporting allegations of sexual abuse.

Multiple interviews conducted with random staff indicated staff are allowed to utilize inmate interpreters at “any time” to assist in allegations of sexual abuse or sexual harassment. Furthermore, the auditor could not find in policy or any other submitted documentation the agency always refrains from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate’s safety, the performance of first-response duties under §115.64, or the investigation of the inmate’s allegations.

## **Policy, Materials, Interviews and Other Evidence Reviewed**

- Completed Pre-Audit Questionnaire submitted by the MCSO
- Agency Policy and Procedures relating to inmates with disabilities and inmates who are limited English proficient
- Contract between Montgomery County Jail and Language Services - for interpretive services
- Interviews with Matt Haines (PREA Coordinator) and Melissa Riley (PREA Compliance Manager)
- Interviews with random staff and inmates regarding the use of interpreters
- Samples of PREA posters and other documentation both in English and Spanish
- Roster of Language Interpretative Services
- Test call of the teletype machine (TTY)
- Jail Inmate Handbook (J4. Interpreter Services)
- Facility tour and observations

**Corrective Action Recommendation:**

1. The auditor's recommendation is for the agency to conduct and document remedial training for all staff who have contact with inmates to educate staff in the proper utilization of inmate interpreters. Utilizing inmate interpreters or readers is prohibited and is a violation of standard 115.16(c) -1, except for in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations.
2. Update policy and procedures to reflect and document all provisions within standard 115.16 are incorporated.

**Best Practice:**

1. Ensure staff understand how to provide access to technology and other auxiliary aids when inmates request help? (e.g., do they know where the TTY machine is located and to how to operate it. Maintain any adaptive equipment to ensure it works when it is needed.

**Corrective Action verification**

The auditor was provided with documentation on February 4, 2019, demonstrating the agency completed and documented training for all staff in the proper utilization of inmate interpreters. Policy and procedures (Jail Manual Transfer to Housing 5.8.2) has been updated to reflect Interpreter Services protocols to be used for reports of sexual misconduct. The MCSO Jail Division has added the Language Line Insight video interpreting capability to the existing Language Line translation service. The jail has purchased iPad tablets which are kept in the Booking Sergeant's office when needed. This will allow an inmate who speaks a foreign language the ability to speak with an interpreter, face to face, via video. InSight offers 36 languages including American Sign Language. The Auditor further received training documentation for staff on how to use the new iPad tablets with interpretive services. The Auditor now finds the MCSO exceeds in this standard and is now fully compliant.

**Standard 115.17: Hiring and promotion decisions**

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

**115.17 (a)**

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

#### 115.17 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates? ☒ Yes ☐ No

#### 115.17 (c)

- Before hiring new employees, who may have contact with inmates, does the agency: perform a criminal background records check? ☒ Yes ☐ No
- Before hiring new employees, who may have contact with inmates, does the agency: consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? ☒ Yes ☐ No

#### 115.17 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates? ☒ Yes ☐ No

#### 115.17 (e)

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees? ☐ Yes ☒ No

#### 115.17 (f)

- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? ☒ Yes ☐ No
- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? ☒ Yes ☐ No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? ☒ Yes ☐ No

#### 115.17 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? ☒ Yes ☐ No

#### 115.17 (h)

- Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) ☒ Yes ☐ No ☐ NA

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

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

In review of policy and procedures the agency prohibits the hiring or promotion of anyone who may have contact with inmates, who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution. The Montgomery County Sheriff's office is an equal opportunity employer. Employment applications are cautioned to answer every question truthfully and without evasion. The Ohio Revised Code provides penalties for making false statement of material fact, or for practicing and fraud or deception in obtaining or attempting to obtain employment. Such penalties include rejection for appointment or discharge after appointment and/or prosecution under Ohio Revised Code section 2921.13. Applicants are given a document to review and sign during the written exam which outlines disqualifying criteria and conduct. Disqualifying conduct includes; Sex Offenses and Acts of Violence: All applicants who have been convicted in court of a sex offense as defined in Chapter 2907 of the Ohio Revised Code, or an offense of causing or threatening bodily harm as defined in Chapter 2903 of the Ohio Revised Code, or an attempt, conspiracy or solicitation to commit such a criminal act, will be disqualified for employment with the Montgomery County Sheriff's office. All applicants who have made false statements regarding any material matter during the selection process or have omitted any requested material information on the questionnaire, or who have cheated during any portion of the selection process will be disqualified.

In review of the agency's pre-audit questionnaire there were no employees who have been accused or disciplined for sexual harassment during this previous year. There also were no potential employees who had substantiated allegations of sexual abuse in their history. There were also no potential employees who had resigned from a job during a pending investigation of an allegations sexual abuse. Therefore, there were no incidents of sexual abuse/ harassment for the agency to consider during promotions. In the past 12 months the Jail has hired (30) staff who may have contact with inmates. From a provided list of (133) jail staff, the auditor randomly selected multiple staff applications to review for compliance with the standard. The auditor also reviewed the agency's website and selection process for potential applicants considering applying for a position with the Montgomery County Sheriff's Office, which indicates a criminal background investigation will be conducted for all applicants.

Agency policy (Jail Clerk Typist Task Manual) indicates a criminal background records check shall be completed before enlisting the services of any contractor who may have contact with inmates. Section: (Files for all Outside Agency Employees) - Contract Agencies; 1. All outside Agency Contract files are to be kept in a locked file drawer. 2. They are color coded for easy access: The Montgomery County Jail contracts with three outside agencies; Aramark; Naphcare; and SBH. From a provided list of (77) jail contractors, the auditor randomly selected multiple contractor applications to review for compliance with the standard.

In review of agency employee/contractor applications & background check documentation; formal interviews conducted with the Human Resources Director the auditor was able to conclude during the previous year there have been no employees terminated at the Jail because of material omissions regarding sexual misconduct and attempted sexual misconduct. There have also been no instances where the hiring process has been ended as a result of the candidate omitting have been involved in any

been engaged in any forms of sexual misconduct. There have been no employees terminated from the Jail on grounds of substantiated allegations of sexual abuse or sexual harassment. Because of this, there have been no requests from any other agencies or institutions for information about the allegations.

#### **Policy, Materials, Interviews and Other Evidence Reviewed**

- Completed Pre-Audit Questionnaire submitted by MCSO
- Agency policy (Jail Clerk Typist Task Manual)
- Agency Policy (Personnel Confidential Secretary Task Manual)
- Review of randomly selected employee and contractor application/background checks
- Interview with Human Resource Director (HR)
- Interviews with Matt Haines (PREA Coordinator) and Melissa Riley (PREA Compliance Manager)

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

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

##### **115.18 (a)**

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

##### **115.18 (b)**

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

#### **Auditor Overall Compliance Determination**

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

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

### Instructions for Overall Compliance Determination Narrative

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

The Montgomery County jail has numerous video cameras (304) and (21) DVRs strategically located throughout the facility with very little blind spots noted. During the agency's last PREA audit, the auditor recommended additional video camera coverage for the facility's elevators. While onsite the auditor observed the newly installed cameras on all elevators in the Jail and reviewed the camera covered while in the Jails central control center. Compliance was determined through interviews with the agency PREA Coordinator; Agency Head and facility tour observations.

### Policy, Materials, Interviews and Other Evidence Reviewed

- Completed Pre-Audit Questionnaire submitted by MCSO
- Facility schematics and layout of Jail
- Interviews with Matt Haines (PREA Coordinator) and Melissa Riley (PREA Compliance Manager)
- Review of camera placement throughout facility during onsite tour.
- Central control center camera observation

## RESPONSIVE PLANNING

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

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

#### 115.21 (a)

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

#### 115.21 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA
- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA

#### 115.21 (c)

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

#### 115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? ☒ Yes ☐ No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? ☒ Yes ☐ No
- Has the agency documented its efforts to secure services from rape crisis centers? ☒ Yes ☐ No

#### 115.21 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? ☒ Yes ☐ No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? ☒ Yes ☐ No

#### 115.21 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) ☐ Yes ☐ No ☒ NA

#### 115.21 (g)

- Auditor is not required to audit this provision.

#### 115.21 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? [N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.21(d) above.] ☒ Yes ☐ No ☐ NA

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

The Montgomery County Jail is responsible for conducting both criminal and administrative sexual abuse investigations. In review of agency policy and procedures; Jail Manual JM-6.14.1 PREA (Prison Rape Elimination Act) and General Orders Manual - 5th Edition (EVIDENCE PRESERVATION AND COLLECTION) and additional submitted documentation, to include complete investigative reports, the auditor was able to confirm the agency follows a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. Detailed investigative reports for allegations of sexual abuse describe the agency's procedure for first responders and the level of care taken into consideration utilizing physical evidence protocols and documentation of forensic medical examinations. The agency utilizes trained evidence technicians who are called into the jail if required by facility detectives who are responsible for conducting investigations into allegations of sexual assault. The pre-audit questionnaire indicates in the past 12 months the agency reported (1)

inmate who received a forensic medical exam. On 05/21/2018, the exam was conducted at the Grandview Hospital in Dayton Ohio. The auditor was provided the entire investigation packet for review. The investigation is ongoing criminally and pending disposition.

Memo: dated 04/17/2018, through Health Service Administrator (HCA) Darcee Pierce, states NaphCare, Inc., as a contracted medical service provider does not collect any type of evidence from an allegation of sexual assault, from either the victim or the perpetrator. If the medical director deems it appropriate, the victim will be sent to either of two emergency departments that the facility uses and they will undergo an exam by certified Sexual Assault Nurse Examiners (SANE). Provided services can take place at two hospitals utilized by the Montgomery County Jail and services are provided by S.A.N.E of Butler County. They can be contacted 24 hours a day. 7 days a week at 1-800-642-9961. The auditor verified through phone conversation with supervisory staff, at S.A.N.E. of Butler County that they have in the past and continue to provide services for the Montgomery County Jail if required. Forensic medical examinations are offered without financial cost to the victim.

Agency Jail manual (JM-6.51) outlines the agency's method for providing victim advocacy services. Section B. of JM-6.51 states; Victim Advocacy Responsibilities: The Montgomery County Sheriff's Office utilizes the Victim Witness Division of the Montgomery County Prosecutor's office for victim/witness services. The victim advocates specialize in cases of sexual assault/abuse and homicide; however, a variety of other services are offered to victims and witnesses as well. These services include: Crisis-Intervention and Support Services, Explanation of the Criminal Justice Process, Advocacy and Assistance during Court Proceedings, Assistance with Notification Process, Assistance with Crime Victim Compensation, Assistance with Post-Conviction Issues. The auditor has made contact with the Witness Division of the Montgomery County Prosecutors Office and has confirmed services provided are applicable to standard 115.21(d)(e).

In the case where a victim advocate would be requested, the agency has a Victim Witness Program and has 24 hour a day services that allows advocates to be able to respond whenever needed or requested. The Montgomery County Jail contracts for mental health services through Samaritan Behavioral Health (SBH) and does have therapists available in the jail who provide many services, including support to inmates. SBH victim advocates can be contacted 24 hours a day if their assistance is requested or needed. The auditor conducted interviews with (2) contracted staff from Samaritan Behavioral Health (SBH) and both stated they have received education and training concerning sexual assaults and the forensic examination process. Since their employment with SBH and working at the jail, neither of them could recall ever being called upon to provide services for an inmate who has reported sexual abuse.

### **Policy, Materials, Interviews and Other Evidence Reviewed**

- Completed Pre-Audit Questionnaire submitted by MCSO
- Agency Jail manual JM-6.51 (Victim Advocacy Responsibilities)
- Jail Manual JM-6.14.1 PREA (Prison Rape Elimination Act)
- General Orders Manual - 5th Edition (EVIDENCE PRESERVATION AND COLLECTION)
- Interview with staff of S.A.N.E. of Butler County
- Interview with staff of the Victim Witness Division of the Montgomery County Prosecutor's office

- Interviews with agency contract personnel - Samaritan Behavioral Health (SBH)
- Interviews with Matt Haines (PREA Coordinator) and Melissa Riley (PREA Compliance Manager)
- Interview with inmate who reported an allegation of sexual abuse

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

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

### 115.22 (a)

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

### 115.22 (b)

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

### 115.22 (c)

- If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? [N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).] ☐ Yes ☐ No ☒ NA

### 115.22 (d)

- Auditor is not required to audit this provision.

### 115.22 (e)

- Auditor is not required to audit this provision.

## Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

MCSO Policy 5.2.1 (ADMINISTRATION OF CRIMINAL INVESTIGATIONS) states The Montgomery County Sheriff's Office recognizes the importance of making follow-up contacts on criminal investigations to improve the efficiency and effectiveness of the investigation. The appropriate employees are required to conduct a follow-up at least once on each investigation. This is necessary to ensure the proper recording of the facts, to learn whether there is any new or additional information, and to inform the complainant about the case's status. Guidelines in this chapter exist to ensure the delivery of the best possible service to the victims of crimes. Allegations are referred within the agency to the Detective units with the legal authority to conduct criminal and administrative sexual abuse and sexual harassment investigations. The auditor was provided with full investigative files and findings for allegations of sexual abuse and sexual harassment and was able to determine administrative and criminal investigations are completed for all allegations of sexual abuse and that the agency documents all such investigative referrals.

MCSO Policy 6.2.2 (PROFESSIONAL CONDUCT INVESTIGATION) states the effectiveness of a law enforcement agency is dependent upon public approval and acceptance of law enforcement authority. The Montgomery County Sheriff's Office will be responsive to the community and establish a formal policy for the processing of complaints regarding employee conduct. The policy establishes a process that provides thorough investigations of any matter that might affect the efficient, professional operation of the Sheriff's Office.

MCSO Pre audit questionnaire (PAQ) indicated (2) allegations of sexual abuse that were received in the past 12 months. In review of the investigations, one case has been completed and unfounded, and the other case is pending criminal investigation.

The auditor reviewed the agency's website and was unable to locate the agency's policy and practices for ensuring allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations. Therefore, the auditor has found standard 115.22(b) non-compliant.

## Policy, Materials, Interviews and Other Evidence Reviewed

- Completed Pre-Audit Questionnaire submitted by MCSO
- Policy 5.2.1 (ADMINISTRATION OF CRIMINAL INVESTIGATIONS)
- Policy 6.2.2 (PROFESSIONAL CONDUCT INVESTIGATION)
- Montgomery County Sheriff's Office website: <http://www.mcohiosheriff.org>
- Interview with Sergeant Dane Parin (Investigative Staff)
- Interviews with Matt Haines (Agency Head Designee & PREA Coordinator)

## Corrective Action Required

1. In accordance with standard 115.22(b) the auditor recommends for the agency to publish on its website, the agency policy for ensuring that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations

## Corrective Action verification

The auditor was provided with documentation on February 4, 2019, demonstrating the agency has publish on its website, agency policy for ensuring allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations. The auditor confirmed this by reviewing the policy on the agency's website. The standard is now in full compliance.

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# TRAINING AND EDUCATION

## Standard 115.31: Employee training

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

### 115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? ☒ Yes ☐ No

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

#### 115.31 (b)

- Is such training tailored to the gender of the inmates at the employee's facility? ☒ Yes ☐ No
- Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa? ☒ Yes ☐ No

#### 115.31 (c)

- Have all current employees who may have contact with inmates received such training? ☒ Yes ☐ No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? ☒ Yes ☐ No

- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? ☒ Yes ☐ No

#### 115.31 (d)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

Policy 6.14.1 PREA (Prison Rape Elimination Act) states the Sheriff's Office maintains a zero tolerance for sexual abuse and sexual harassment in the Jail. Sexual abuse and sexual harassment among inmates and by staff towards inmates is strictly prohibited. All new employees receive instruction related to the prevention, detection, response, and investigation of sexual assault and sexual harassment during new employee orientation training. Each employee receives training on sexual assault and sexual harassment issues annually during in service training and includes at a minimum: a. Recognizing predatory behavior of inmates b. Inmate behavior or characteristics at risk for victimization c. Inappropriate relationships between staff and inmates d. Securing a crime scenes e. Providing victim care f. Evidence preservation. The auditor reviewed agency training curriculum; (4) hour training course titled Sexual Assault Prevention & Response to Complaints and found it to be applicable to standard 115.31 in all material ways.

The auditor randomly selected a sample of employee training records for compliance with the standard. Staff training records and acknowledgment of such training was verified through employee signature or electronically verified. All Montgomery County Sheriff's employees receive PREA training during new employee orientation as well as during annual In-Service Training. The Montgomery County Sheriff's Office has one facility that houses both female and male inmates and all training is tailored for both. Interviews with random staff corroborate staff have received and understand the training. All staff acknowledged receiving training through new employee orientation and or during annual in-service training.

## Policy, Materials, Interviews and Other Evidence Reviewed

- Completed Pre-Audit Questionnaire submitted by MCSO
- Policy 6.14.1 PREA (Prison Rape Elimination Act)
- Documentation of employee training records with signatures or electronic verification signifying comprehension of the training
- PowerDMS – Certificate Report – Awarded- PREA – (Sexual Assault Prevention & Response to Complaints) for all staff.
- PREA training curriculum (Sexual Assault Prevention & Response to Complaints)
- Interviews with (Random Staff)

## Standard 115.32: Volunteer and contractor training

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

### 115.32 (a)

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

### 115.32 (b)

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

### 115.32 (c)

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

## Auditor Overall Compliance Determination

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

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

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

The Pre-audit questionnaire (PAQ) indicated there are currently 250 volunteers and contractors who may have contact with inmates and are authorized to enter the facility. Standards section 115.32(a)(b)(c) of the PAQ was not completed and the auditor received no supporting documentation, e.g., PREA training curriculum and materials for volunteers to review before the onsite portion of the audit ensuring that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment policies and procedures. While onsite the auditor requested a complete roster for all active volunteers and contractors who are authorized entrance into the jail. The agency maintains documentation confirming that volunteers and contractors understand the training they have received. The auditor received (11) signed training acknowledgment forms, titled (Montgomery County Jail Volunteer and Clergy Contact Information and Training). At the bottom of the acknowledgement form, volunteers signed that they have completed the PREA training. The auditor was not provided with policies or procedures indicating volunteers and contractors who have contact with inmates have been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report such incidents.

The auditor was provided with a print out for all medical contractors who have completed PREA training through the contracting agency (Naphcare). Medical contractors are required to complete and pass an exam for (3) different PREA related courses of instruction; 1) Blueprint for Healing: The PREA Standards and Trauma Informed Care; 2) Abuse and Sexual Assault Policy; 3) PREA Resources for Health Care Providers. There were no volunteers on site at the time of the audit. Three contractors were interviewed; one medical and two mental health. All three indicated they have received PREA training and understood the training received. While touring the kitchen area of the Jail the auditor informally interviewed two Aramark employees. One, a female Aramark employee didn't know what PREA was and could not recall ever receiving any training. The other, a male Aramark supervisor, vaguely new about PREA and also couldn't remember receiving any specific training on PREA.

## **Policy, Materials, Interviews and Other Evidence Reviewed**

- Completed Pre-Audit Questionnaire submitted by MCSO
- Volunteer PREA training acknowledgment forms
- Documentation for all medical contractors who have completed PREA training (Naphcare)
- Interviews with (Contractors)
- Informal Interviews with (Contractors)

## Corrective Action Required

1. The auditor recommends for the agency to amend the agency's Zero Tolerance for Sexual Abuse and Sexual Harassment policies to contain a segment on 115.32(a)(b)(c) – Volunteer and Contractor Training, ensuring all three below provisions are addressed.
  - (a). The agency shall ensure that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures.
  - (b). The level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates, but all volunteers and contractors who have contact with inmates shall be notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.
  - (C). The agency shall maintain documentation confirming that volunteers and contractors understand the training they have received.
2. Agency will need to provide complete rosters for all volunteers and contractors, by agency who may have contact with inmates and who are currently authorized to enter the facility.
3. Agency will need to amend current "Montgomery County Jail Volunteer and Clergy Contact Information and Training" PREA acknowledgement form so that it acknowledges "volunteers and contractors understand the training they have received."
4. Agency will need to provide auditor with PREA training curriculum and materials utilized for educating volunteers and contractors on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures.
5. Agency will need to provide documentation confirming that all contractors for Aramark and Samaritan Behavioral Health (SBH) understand the training they have received.

## Corrective Action Verification

The auditor was provided with documentation on February 4, 2019, demonstrating the facility has updated the agency's Zero Tolerance for Sexual Abuse and Sexual Harassment policies which contains a segment on 115.32(a)(b)(c) – Volunteer and Contractor Training. The MCSO has developed training curriculum titled "PREA Training for Volunteers and Contractors". The auditor reviewed the training curriculum and found that it meets the standard requirement in all material ways. The auditor further received rosters for all volunteers and contractors and supporting documentation for the completion and understanding of the agency's sexual abuse and sexual harassment prevention, detection, and response procedures. The standard is now in full compliance.

## Standard 115.33: Inmate education

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

### 115.33 (a)

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

### 115.33 (b)

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

### 115.33 (c)

- Have all inmates received such education? ☒ Yes ☐ No
- Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?  
☒ Yes ☐ No

### 115.33 (d)

- Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient? ☒ Yes ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who are deaf? ☒ Yes ☐ No

- Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired? ☒ Yes ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled? ☒ Yes ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills? ☒ Yes ☐ No

#### 115.33 (e)

- Does the agency maintain documentation of inmate participation in these education sessions? ☒ Yes ☐ No

#### 115.33 (f)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats? ☒ Yes ☐ No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

During the past 12 months the MCSO admitted 24,435 inmates during intake. All inmates receive an Inmate Handbook J9 (PREA- Prison Rape Elimination Act, Sexual Assault, Misconduct, or Harassment) which outlines the agency's approach to provide a safe, humane and secure environment, free from the threat of sexual misconduct for all inmates. The MCSO maintains a program of prevention, detection, response, to all forms of sexual misconduct. The handbook describes the agency's zero tolerance policy towards any and all forms of sexual misconduct and how to report allegation of sexual misconduct. Inmates are required to review and sign for a copy of the handbook during the booking process. From a provided list of all inmates, the auditor randomly selected multiple inmates to review documentation inmates have received and understand the PREA information given at Intake (booking) and within 30 days of arrival, comprehensive

PREA education, which is provided to inmates in written formats within the inmate handbook and through a video shown throughout the facility every Wednesday morning during the inmate orientation process. Most of the random inmate interviews corroborated that inmates are receiving PREA information at intake, receiving a handbook and viewing the PREA education video.

The MCSO has one facility, so all inmates receive the same type of PREA comprehensive education tailored for both and female inmates. While on the facility tour the auditor observed PREA information posted throughout the facility advising inmates of the agency's zero tolerance policies and how to report allegations of sexual abuse and sexual harassment. Inmates are provided PREA education in multiple formats, including those who are; limited English proficient; deaf; visually impaired; disabled; and those who have limited reading skills. The auditor requested a test of the agency's telephonic (TTY) machine and found it to be operational.

### **Policy, Materials, Interviews and Other Evidence Reviewed**

- Jail Manual (JM-6.14.1 Prison Rape Elimination Act)
- Completed Pre-Audit Questionnaire submitted by MCSO
- MCSO Inmate Handbook (Revised May, 2018)
- PREA Education Training sign in sheets (MCSO Booking Form)
- Interviews of random inmates
- Interview (facility intake staff)
- PREA Posters and written materials posted throughout the facility
- Inmate PREA Education Video. (What You Need to Know - Just Detention International)

## **Standard 115.34: Specialized training: Investigations**

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

### **115.34 (a)**

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

### **115.34 (b)**

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

#### 115.34 (c)

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

#### 115.34 (d)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

The MCSO PREA Policy 6.14.1 states employees from the Special Investigations Unit and Inspectional Services Unit will conduct investigations for allegations of sexual assault and sexual harassment in the jail. In addition to the agency's regular PREA training, the MCSO has (14) trained staff who can conduct such investigations have completed the agency's "Investigating Allegations of Sexual Misconduct in Confinement Settings Training." The auditor reviewed the agency's training curriculum and determined it to be compliant in material ways with standard 115.34(b)(c). The auditor was provided with training certificates for all Investigators who are responsible for conducting criminal and administrative investigations into allegations of sexual abuse and sexual harassment.

The auditor interviewed one investigator who is responsible for conducting both criminal and administrative investigations. The Investigator was extremely knowledgeable of agency policies and procedures for conducting sexual abuse and sexual harassment investigations.

In accordance with agency policy 9.3.1 (Evidence Preservation and Collection) the agency equips a trained Forensic Services Unit. Technicians are available 24 hours' day, 7 days a week. Technicians receive training from the Miami Valley Regional Crime Laboratory, in collection and preservation of evidence. These areas include: Drugs, Narcotics, Arson Debris and Liquids, Explosives, Gun Shot Residue, Questioned Documents, Firearms, Tool Marks, Serology, DNA, Blood Spatter, and Trace.

#### **Policy, Materials, Interviews and Other Evidence Reviewed**

- Jail Manual (JM-6.14.1 Prison Rape Elimination Act)
- Completed Pre-Audit Questionnaire submitted by MCSO
- Training documentation for staff completing specialized training: Investigations
- Training documentation for staff completing forensic evidence preservation and collection
- Interview (Investigative Staff)

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

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

#### **115.35 (a)**

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? ☒ Yes ☐ No

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? ☒ Yes ☐ No

#### 115.35 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams.) ☐ Yes ☐ No ☒ NA

#### 115.35 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? ☒ Yes ☐ No

#### 115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? ☒ Yes ☐ No
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? ☒ Yes ☐ No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

In review of the MCSO (PAQ) section 115.35(a)-2; The number and percent of all medical and mental health care practitioners who work regular at the facility and have received the training required by agency policy was not completed, nor was section 115.35(c)-1 completed; The agency maintains documentation showing that all medical and mental health practitioners have completed the required training. The auditor was not provided with a roster for all fulltime and part-time medical & mental health staff. The auditor reviewed the medical (NaphCare) policy (Health Care Policy & Procedure) NCCHC Standard Federal Sexual Abuse Regulations (J-B-04); Response to Sexual Abuse (J-B-05) and determined it to be applicable in all material ways with standard 115.35. The agency preserves documentation for all medical staff and some mental health staff who have completed the required PREA specialized training. The auditor confirmed this through the review of staff training documentation. Medical staff working at the Jail do not conduct forensic examinations exams. If such an exam is required inmates are transported to a local hospital and the exam is conducted by S.A.N.E. of Butler County. The MCSO contracts for mental health services through Samaritan Behavioral Health (SBH). However, the auditor received no evidence or documentation of training for SBH full or part-time staff. During interviews conducted with (2) SBH contract employees, both could not recall receiving PREA specialized training for medical and mental health care.

#### **Policy, Materials, Interviews and Other Evidence Reviewed**

- Completed Pre-Audit Questionnaire submitted by MCSO
- Naphcare Policy (Health Care Policy & Procedure)
- Interviews (Mental Health Staff) Samaritan Behavioral Health (SBH)
- Interviews (Medical Staff) NaphCare
- Interview with (S.A.N.E. of Butler County)
- Interview (PREA Compliance Manager)

#### **Corrective Action Required**

1. The agency will need to provide the total number for of all medical and mental health care practitioners who work regularly at this facility, to include contract medical and mental health care practitioners.
2. The agency will need to ensure all contracted mental health practitioners for Samaritan Behavioral Health (SBH) have completed the required PREA medical/mental health specialized training and provide training records verifying completion of training).

#### **Corrective Action Verification**

The auditor was provided with documentation on February 4, 2019, demonstrating the agency has completed rosters for all medical and mental health staff to include contracting medical and mental health staff. As of January1, 2019, MCSO no longer utilizes the services of Samaritan Behavioral Health (SBH) and many of the contactors who worked with SBH are now working for NaphCare. The auditor further reviewed the curriculum for PREA medical/mental health specialized training and found the curriculum

meets the standard in all material ways. Training records for staff verifying completion of the specialized training was also provided. The standard is now in full compliance.

## SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

### Standard 115.41: Screening for risk of victimization and abusiveness

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

#### 115.41 (a)

- Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? ☒ Yes ☐ No
- Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? ☒ Yes ☐ No

#### 115.41 (b)

- Do intake screenings ordinarily take place within 72 hours of arrival at the facility?  
☒ Yes ☐ No

#### 115.41 (c)

- Are all PREA screening assessments conducted using an objective screening instrument?  
☒ Yes ☐ No

#### 115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? ☒ Yes ☐ No

#### 115.41 (e)

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse? ☒ Yes ☐ No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses? ☒ Yes ☐ No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse? ☐ Yes ☐ No

#### 115.41 (f)

- Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening? ☒ Yes ☐ No

#### 115.41 (g)

- Does the facility reassess an inmate's risk level when warranted due to a: Referral?  
☒ Yes ☐ No
- Does the facility reassess an inmate's risk level when warranted due to a: Request?  
☒ Yes ☐ No
- Does the facility reassess an inmate's risk level when warranted due to a: Incident of sexual abuse? ☒ Yes ☐ No
- Does the facility reassess an inmate's risk level when warranted due to a: Receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?  
☒ Yes ☐ No

#### 115.41 (h)

- Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section? ☒ Yes ☐ No

#### 115.41 (i)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates? ☒ Yes ☐ No

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

(PAQ) section 115.41(a)(b)(c) states the facility has a policy that requires screening (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness toward other inmates within 72 hours of intake. However, the auditor was not provided with such a policy or practice either submitted with the PAQ documentation or while onsite of the audit. Therefore, the auditor could not substantiate compliance with the aforementioned provisions.

More than half of the random inmate interviews conducted indicated, inmates either were not asked or do not recall being asked questions during intake such as; whether they have been in jail before, whether they have been sexually abused, whether they identified as gay, lesbian, bisexual and whether they think they might be in danger of sexual at the Jail, etc.

While onsite the auditor observed the facility's receiving & screening process. The risk screening process was being conducted by medical staff (NaphCare). Through observation of the screening procedure and review of risk screening documentation it appears the screening tool is not fully compliant with standard 114.41(d). The screening procedure does not include at a minimum, the (10) elements required per standard 115.41(d). The auditor was not provided with any documentation or evidence to substantiate the agency is demonstrating compliance with standard 115.41(e)(f)(g)(h)(i).

#### **Policy, Materials, Interviews and Other Evidence Reviewed**

- Completed Pre-Audit Questionnaire submitted by MCSO
- Interview (Staff Responsible for Risk Screening)
- Interview (Random Inmates)
- Jail Manual JM-6.7.1(Prisoner Mental Health)
- Bullet H – (Memo to file)
- Bullet D – (Memo to file)
- Bullet I - (Memo to file)

#### **Corrective Action Required**

1. In accordance with standard 115.41(a)(b)(c)(d) The MCSO will need to develop and implement in policy and practice a formalized intake screening and shall consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization:
  - (1) Whether the inmate has a mental, physical, or developmental disability;
  - (2) The age of the inmate;
  - (3) The physical build of the inmate;
  - (4) Whether the inmate has previously been incarcerated;
  - (5) Whether the inmate's criminal history is exclusively nonviolent;
  - (6) Whether the inmate has prior convictions for sex offenses against an adult or child;
  - (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming;
  - (8) Whether the inmate has previously experienced sexual victimization;

- (9) The inmate's own perception of vulnerability; and  
(10) Whether the inmate is detained solely for civil immigration purposes.

2. The MCSO will need to develop and implement in policy and practice a formalized process to reassess all inmates risk levels within 30 days of intake and to periodically reassess an inmate if needed throughout the inmates stay in the MCSO.
3. The agency will need provide a sampling of records for inmates admitted to the facility within the past 12 months for evidence of appropriate screening within 72 hours.
4. The agency will need provide a sampling of records of (30) day reassessments for risk of sexual victimization or abusiveness.

### Corrective Actions Verification

The auditor was provided with documentation on February 4, 2019, demonstrating the agency has developed and implemented in policy and practice a formalized intake screening that is complaint with standard 115.41 in all material ways. Additionally, the auditor received updated policy's (Jail Manual Medical Screenings 6.4.1) and (Jail Manual Classification 5.8.1) outlining a formalized process to complete risk assessments and to reassess all inmates risk levels within 30 days of intake and to periodically reassess an inmate if needed throughout the inmates stay in the MCSO. The facility provided completed intake screenings for the risk of sexual victimization and sexual abusiveness to include reassessments within a 30-day period. The standard is now in full compliance.

## Standard 115.42: Use of screening information

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

#### 115.42 (a)

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

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

#### 115.42 (b)

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

#### 115.42 (c)

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

#### 115.42 (d)

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

#### 115.42 (e)

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

#### 115.42 (f)

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

#### 115.42 (g)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? ☒ Yes ☐ No
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? ☒ Yes ☐ No
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? ☒ Yes ☐ No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

Policy 5.8.1 (Classification) does address how the facility will use information from the risk screening required by standard 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments; Bed assignments; Work Assignments; Program Assignments; and Education Assignment's.

MCSO PAQ – Section 115.42©-1 states the agency/facility makes housing and program assignments for transgender or intersex inmates in the facility on a case-by-case basis. However, the auditor received no documentation or evidence that validates such practices are taking place. Nor did the auditor receive policy or procedures, documentation or other evidence to substantiate compliance with standard 115.42(e)(f)(g).

The auditor did observe through observation while onsite that both male and female inmates are able to shower separately from other inmates. However, as mentioned above, the auditor did not receive any policy or procedures, documentations or other evidence that indicates transgender or Intersex inmates shall be given the opportunity to shower separately from other inmates in accordance with standard (115.42(f)). During the onsite portion of the audit, the auditor was not able to interview any transgender or intersex inmates, as there were none identified at the facility during this time.

#### **Policy, Materials, Interviews and Other Evidence Reviewed**

- Completed Pre-Audit Questionnaire submitted by MCSO
- Interview (Staff Responsible for Risk Screening)
- Interview (PREA Compliance Administrator)
- Interview (PREA Coordinator)
- Interview (Transgender/Intersex/Gay/Lesbian Inmates)
- Policy JM 5.8.1 (Classification)
- Bullet F- Memo to file

#### **Corrective Action Required**

1. The auditor's recommendation for corrective action is for the agency to amend current policies and procedures or implement a policy and procedure that is specifically related to the risk screening of inmates at risk of sexual victimization and abusiveness and for the use of such screening information that will ensure all provisions of standard & 115.42 are embodied.
2. Agency will need to provide sample documentation of risk-based housing decisions for inmates.
3. Agency will need to provide sample documentation of housing assignments of inmates identified to be lesbian, gay, bisexual, transgender, or intersex.

#### **Corrective Actions Verification.**

The auditor was provided with documentation on February 4, 2019, demonstrating the agency has developed and implemented in policy and practice a formalized intake screening that is compliant with standard 115.42 in all material ways. Additionally, the auditor received updated policy (Jail Manual Classification 5.8.1) outlining a formalized process to ensure all elements of the standard are covered. In addition to receiving samples of Inmate risk screenings and reassessments the auditor received electronic screen shots of documentation delineating risk-based housing decisions for inmates, to include inmates identified to LGBTI. The standard is now in full compliance.

## Standard 115.43: Protective Custody

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

### 115.43 (a)

- Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers? ☒ Yes ☐ No
- If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment? ☒ Yes ☐ No

### 115.43 (b)

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible? ☒ Yes ☐ No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible? ☒ Yes ☐ No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible? ☒ Yes ☐ No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible? ☒ Yes ☐ No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The opportunities that have been limited? ☒ Yes ☐ No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The duration of the limitation? ☒ Yes ☐ No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The reasons for such limitations? ☒ Yes ☐ No

### 115.43 (c)

- Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged?  
☐ Yes ☐ No
- Does such an assignment not ordinarily exceed a period of 30 days? ☒ Yes ☐ No

#### 115.43 (d)

- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety? ☒ Yes ☐ No
- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? ☒ Yes ☐ No

#### 115.43 (e)

- In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS? ☒ Yes ☐ No

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

JM-5.16.1 Policy (Special Management) requires the Jail to use administrative segregation for inmates who require detention or protection, special medical needs or whose behavior indicates they require more physical controls than are available in typical housing units in the jail. Inmates are provided special management housing units that are safe and secure and are comparable to those provided the general inmate population. Special management inmates receive all regular privileges and rights of the general population unless they pose a significant threat to the security of the facility, the health and welfare of the individual or another, or are placed on disciplinary restriction. Regular privileges and rights include: Dayroom Access (minimum of 8 hours), Television, Recreation, Medical, Telephones, Religious Services,

Programming, and Visitation. According to the MCSO PAQ there have been no inmates placed in involuntary segregation during the previous year and while onsite during the audit there were no inmates placed in segregation due to risk of sexual victimization.

JM-5.16.1 Policy (Special Management) requires every 30 days there is a review of all inmates housed in special management housing, such as segregated housing to determine if there is a continuing need for separation.

#### **Policy, Materials, Interviews and Other Evidence Reviewed**

- Completed Pre-Audit Questionnaire submitted by MCSO
- Interview (Staff who Supervise Inmates in Segregated Housing)
- Interview (Warden or Designee, Major Matt Haines)
- JM-5.16.1 Policy (SPECIAL MANAGEMENT)

## **REPORTING**

### **Standard 115.51: Inmate reporting**

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

#### **115.51 (a)**

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

#### **115.51 (b)**

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? ☒ Yes ☐ No

- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? ☒ Yes ☐ No
- Does that private entity or office allow the inmate to remain anonymous upon request? ☒ Yes ☐ No
- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? ☒ Yes ☐ No

#### 115.51 (c)

- Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? ☒ Yes ☐ No
- Does staff promptly document any verbal reports of sexual abuse and sexual harassment? ☒ Yes ☐ No

#### 115.51 (d)

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates? ☒ Yes ☐ No

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

The agency has established procedures allowing for multiple internal ways for inmates to report privately to agency officials in regards to sexual misconduct. Upon booking/intake, all inmates receive an orientation handbook. The handbook outlines several methods an inmate can report allegations of sexual misconduct, such as reporting to staff both verbally or in writing, via third parties, or by utilizing the inmate phone system by pressing "8". This line is an anonymous line and all complaints will be investigated to their fullest potential. If an inmate requests a personal follow-up to his or her complaint, they are required

to leave their full name and booking ID number at the end of the message. Their complaint will be followed up as soon as possible and completed in a discreet manner. The auditor placed a test, call utilizing the “8” feature and found the process operational.

Inmates may privately or anonymously report sexual abuse or sexual harassment to the Victim/Witness Division of the Montgomery County Prosecutors Office. Allegations of sexual misconduct can be reported to the Victim/Witness Division 24 hours a day by placing a phone call or through written correspondence. The Auditor confirmed this through the review of a signed (MOU) and interview conducted with Ms. Hunt, with the office of Victim/Witness Division.

Inmate handbook, section D. (Legal Counsel/Bail – D3) gives instruction for Inmates who are detained solely for civil immigration purposes information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security.

JM- 3.5.1 (Professional Conduct Rules) outlines the procedures for staff to privately report sexual abuse and sexual harassment of inmates. In the previous 12 months the MCSO has had no instances where there have been any reports submitted in accordance with standard 115.51(d)

#### **Policy, Materials, Interviews and Other Evidence Reviewed**

- Completed Pre-Audit Questionnaire submitted by MCSO
- JM- 3.5.1 Policy (Professional Conduct Rules)
- MCSO Inmate Handbook
- JM 6.14.1 Policy (Prison Rape elimination Act)
- Interviews (Random Sample of Staff)
- Interviews (Random Sample of Inmates)
- Interview (PREA Compliance Manager)

### **Standard 115.52: Exhaustion of administrative remedies**

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

##### **115.52 (a)**

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. ☐ Yes ☐ No ☒ NA

#### 115.52 (b)

- Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ NA
- Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ NA

#### 115.52 (c)

- Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ NA

#### 115.52 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ NA
- If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ NA
- At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ NA

#### 115.52 (e)

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

also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ NA

- If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)  
☐ Yes ☐ No ☒ NA

#### 115.52 (f)

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

#### 115.52 (g)

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

#### Auditor Overall Compliance Determination

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

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

### Instructions for Overall Compliance Determination Narrative

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

Standard 115.52 is N/A - not applicable. The Montgomery County Sheriff's Office does not use any procedures for inmate grievances for claims of sexual abuse. All allegations of sexual abuse is referred to the Montgomery County Special Investigations Unit to be investigated fully.

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

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

#### 115.53 (a)

- Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? ☒ Yes ☐ No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? ☒ Yes ☐ No
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? ☒ Yes ☐ No

#### 115.53 (b)

- Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? ☒ Yes ☐ No

#### 115.53 (c)

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse? ☒ Yes ☐ No

- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? ☐ Yes ☒ No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

The MCSO provides inmates with mailing addresses and telephone numbers (including toll-free hotline numbers for local, state, or national victim advocacy or rape crisis organizations. The Montgomery County Prosecutors Office Victim/Witness Division telephone number and mailing address is posted throughout the facility. Information is also provided in the inmate handbook for inmates to contact the Victim/Witness Division located in Dayton Ohio. Advocates provide 24-hour outreach to sexual assault victims by responding to area hospital emergency rooms. Supportive services and advocacy are provided regardless of whether an offender is identified or prosecuted. Inmates who are detained solely for civil immigration purposes also receive mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies. In speaking with Sandra Hunt, supervisor for the Victim/Witness Division, advised the auditor there are currently (10) fulltime advocates and (45) volunteer advocates, allowing for 24-hour coverage seven days a week.

Page. 27 Section L9.12. of the inmate handbook advises inmates on the mandatory reporting rules governing privacy, confidentiality, and or privilege applying to disclosures of sexual abuse and sexual harassment made to victim advocates are applicable, including and limits of confidentiality under relevant federal, state, and local laws.

The auditor received copy of MOU between the MCSO and Victim Witness Division of the Montgomery County Prosecutors Office and determined the MOU to be compliant in all material ways with standard 115.53.

### Policy, Materials, Interviews and Other Evidence Reviewed

- Completed Pre-Audit Questionnaire submitted by MCSO
- Interview (Random Sample of Inmates)
- Facility tour observations
- Interview (Montgomery County Prosecutors Office – Victim/Witness Division)
- Victim/Witness Division Pamphlet
- MSCO Jail Inmate Handbook
- Bullet B -Memo to file

## Standard 115.54: Third-party reporting

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

### 115.54 (a)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

The MCSO provides a third-party reporting procedure through the agency's website, allowing for the report of sexual abuse and harassment via calling or emailing the agency PREA Coordinator. The facility (Jail) also maintains a public information board in the front lobby of the Jail displaying information for third-party reporting of sexual abuse and sexual harassment either by phone call or through agency email. The auditor observed the public information board and found it to be readily accessible to all visitors entering the Jail.

## Policy, Materials, Interviews and Other Evidence Reviewed

- Completed Pre-Audit Questionnaire submitted by MCSO
- Photo 1 (Public Information Board)
- Photo 2 (Public Information Board)
- Facility tour observations
- MCSO Agency Website
- Interviews (Random Sample of Inmates)

## OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

### Standard 115.61: Staff and agency reporting duties

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

#### 115.61 (a)

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

#### 115.61 (b)

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

#### 115.61 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section? ☒ Yes ☐ No

- Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? ☒ Yes ☐ No

#### 115.61 (d)

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

#### 115.61 (e)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

Policy JM-6.14.1 (Prison Rape Elimination act) requires any employee who receives a report or has knowledge, suspicion, or information regarding sexual abuse or sexual harassment, which occurred in the facility will immediately notify the on-duty supervisor. Employees are required to complete a jail incident report, regardless of what facility the incident occurred in. Employees are further instructed to report any information regarding retaliation against inmates or staff who reported such an incident, as well as staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

Policy WD-3.5.1 (Professional Conduct Rules) Rule #27. states employees must treat the official business of the Sheriff's office as confidential, to include information related to a sexual abuse reports, to anyone other than those staff who have a need to know, such as sexual misconduct investigations, medical and mental health records.

NapCare (Policy Sexual Abuse and Assault) outlines, health care staff shall follow all protocols for reporting to the designated institutional authorities and will comply with the Prison rape Elimination Act (PREA).

The MCSO did not house any inmates incarcerated in the past 12 months under the age of 18 or an inmate consider as a vulnerable adult. Interviews conducted with medical and mental health staff indicated practitioners are well aware of policies and procures relating to the limits of confidentiality.

#### **Policy, Materials, Interviews and Other Evidence Reviewed**

- Completed Pre-Audit Questionnaire submitted by MCSO
- Interviews (Random Sample of Staff)
- Interviews (Medical and Mental Health Staff)
- Interview (Warden Designee and PREA Coordinator)
- Policy WD-3.5.1 (Professional Conduct Rules)
- Policy JM-6.14.1 (Prison Rape Elimination act)
- Sample (Incident Reports submitted to facility Investigators)

#### **Standard 115.62: Agency protection duties**

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

##### **115.62 (a)**

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

#### **Auditor Overall Compliance Determination**

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

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

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

According to the MCSO PAQ, In the past 12 months, there have been (0) instances where the facility determined that an inmate was subject to substantial risk of imminent sexual abuse. Interviews conducted with the Wardens designee, Major Myatt Haines, and random staff, corroborated that if the

facility learns an inmate is subject to a substantial risk of imminent sexual abuse, or any other type of threat, staff will take immediate action to protect the inmate.

#### **Policy, Materials, Interviews and Other Evidence Reviewed**

- Completed Pre-Audit Questionnaire submitted by MCSO
- Interviews (Random Sample of Staff)
- Interview (Warden Designee and PREA Coordinator)
- 2016 Inmate Narrative (Incident Report)
- 2017 Inmate Housing Event (Incident Report)
- 2017 Inmate Narrative (Incident Report)
- MCSO (Sexual Abuse Investigation Report)

### **Standard 115.63: Reporting to other confinement facilities**

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

##### **115.63 (a)**

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

##### **115.63 (b)**

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

##### **115.63 (c)**

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

##### **115.63 (d)**

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

#### **Auditor Overall Compliance Determination**

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

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

### Instructions for Overall Compliance Determination Narrative

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

There has been no reports or allegations from any inmates that they were sexually abused while confined at another facility. Policy JM -6.14.1 clearly states any employee receiving an allegation that an inmate was sexually abused or harassed while at another facility will immediately notify the on-duty supervisor. The supervisor, through the chain of command, will notify the jail administrator of the allegation. The jail administrator will notify the head of the facility or appropriate office of the agency where the alleged abuse occurred. This notification will be documented and made as soon as possible, but no later than 72 hours after receiving the allegation.

### Policy, Materials, Interviews and Other Evidence Reviewed

- Completed Pre-Audit Questionnaire submitted by MCSO
- Interview (Warden Designee, Major Matt Haines)
- Policy JM -6.14.1 (Prison Rape Elimination Act)
- Bullets A, B, & C memo to file

## Standard 115.64: Staff first responder duties

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

### 115.64 (a)

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?  
☒ Yes ☐ No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? ☒ Yes ☐ No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth,

changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? ☒ Yes ☐ No

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? ☒ Yes ☐ No

#### 115.64 (b)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

In the past 12 months, there have been (2) allegations that an inmate was sexually abused. The auditor was able to interview one inmate who reported an allegation of sexual abuse. The incident was fully investigated by the responsible authorities and was determined to be unfounded. The auditor reviewed the investigation in its entirety and found that it was appropriately handled in all material ways in accordance with the PREA standards. Agency policy JM 6.14.1 outlines staff's responsibilities as First Responders to an allegation of sexual abuse. Through interviews with staff, the auditor was able corroborate staff who have been or could be first responders, are aware of agency policy and know the necessary steps to take in a given situation of reported sexual abuse.

#### Policy, Materials, Interviews and Other Evidence Reviewed

- Completed Pre-Audit Questionnaire submitted by MCSO
- Interviews (Security Staff and Non-Security Staff First Responders)

- Interview (Random Sample of Staff)
- Interview (Inmate who reported Sexual Abuse)
- Documentation of responses to allegations (Investigative Reports)
- Policy JM -6.14.1 (Prison Rape Elimination Act)

## Standard 115.65: Coordinated response

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

### 115.65 (a)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

Section C3 of Policy JM -6.14.1(Prison Rape Elimination Act) consist of the agency's written plan that coordinates actions taken in response to an incident of sexual abuse. The plan describes the duties and coordinated responsibilities of staff first responders, medical and mental health staff and Investigators. Interviewed conducted with the Warden's designee, Major Matt Haines, determined all staff are aware of the agency's coordinated response plan. While onsite the auditor reviewed Jail incident reports and investigative documentation that illustrated the agency's coordinated response practices and found them to be compliant in all material ways with the PREA standards.

## Policy, Materials, Interviews and Other Evidence Reviewed

- Completed Pre-Audit Questionnaire submitted by MCSO
- Interview (Warden Designee, Major Matt Haines)
- Section C3 - Policy JM -6.14.1 (Prison Rape Elimination Act) written institutional plan
- MCSO Jail Incident Reports & Investigative documentation

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

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

### 115.66 (a)

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

### 115.66 (b)

- Auditor is not required to audit this provision.

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

While onsite, the auditor reviewed the agency's current union contracts for the Fraternal Order of Police (FOP) Deputy's, Ohio Patrolmen's Benevolent Association (OPBA) Civilian's, and the OPBA Supervisor's. The auditor conducted an interview with the Human Resource Manager; and was able to confirm the agency is prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.

#### **Policy, Materials, Interviews and Other Evidence Reviewed**

- Completed Pre-Audit Questionnaire submitted by MCSO
- Interview (Warden Designee, Major Matt Haines)
- Interview (Human Resource Staff)
- (3) Collective Bargaining Contracts (FOP, OPBA Civilian, OPBA Supervisors)

### **Standard 115.67: Agency protection against retaliation**

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

##### **115.67 (a)**

- Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff? ☒ Yes ☐ No
- Has the agency designated which staff members or departments are charged with monitoring retaliation? ☒ Yes ☐ No

##### **115.67 (b)**

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

##### **115.67 (c)**

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? ☐ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? ☒ Yes ☐ No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? ☒ Yes ☐ No

#### 115.67 (d)

- In the case of inmates, does such monitoring also include periodic status checks?  
☐ Yes ☐ No

#### 115.67 (e)

- If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?  
☒ Yes ☐ No

#### 115.67 (f)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

During the past 12 months the facility reported two allegations of sexual abuse. The auditor determined through the review of Investigative documentation, inmates were immediately separated from the alleged abusers and protection measures were initiated in accordance with JM-Policy 6.14.1. One investigation was determined to be unfounded and the need to continue monitoring for retaliation was no longer necessary. The other sexual abuse allegation is pending criminal investigation and monitoring for retaliation is ongoing in accordance with agency policy and procedures. Policy JM-6.14.1 states supervisors will be assigned to monitor the conduct and treatment of inmates or staff who have reported allegations of sexual abuse or harassment and will do so for a period of 90 days or as long as needed.

### Policy, Materials, Interviews and Other Evidence Reviewed

- Completed Pre-Audit Questionnaire submitted by MCSO
- Interview (Warden Designee, Major Matt Haines)
- Policy JM -6.14.1(Prison Rape Elimination Act)
- WD 3.5.1 (Professional Conduct Rules, Code of Ethics)
- Bullets B&E memo to file
- Interview (Designated Staff Member Charged with Monitoring Retaliation)
- Interview (Warden or Designee, Major Matt Haines)

## Standard 115.68: Post-allegation protective custody

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

#### 115.68 (a)

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

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

According to the MCSO PAQ - There have been no inmates who alleged to have suffered sexual abuse who were placed in segregated housing. JM 5.16 .1- Special Management sets the guidelines and requirements for housing any inmate in segregated housing. In review of policy and procedures and interviews with agency leadership, inmates who would be placed in protective custody for any reason to include allegations of sexual misconduct would receive the same type of privileges as those in population to the extent possible. During the onsite portion of the audit there were no inmates housed in protective custody who have reported to have suffered sexual abuse.

## Policy, Materials, Interviews and Other Evidence Reviewed

- Completed Pre-Audit Questionnaire submitted by MCSO
- Interview (Warden Designee, Major Matt Haines)
- Policy JM -6.14.1(Prison Rape Elimination Act - Special Management Housing)
- Interview (Staff who Supervise Inmates in Segregated Housing)

# INVESTIGATIONS

## Standard 115.71: Criminal and administrative agency investigations

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

### 115.71 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not

responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA

- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA

#### 115.71 (b)

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

#### 115.71 (c)

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

#### 115.71 (d)

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

#### 115.71 (e)

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

#### 115.71 (f)

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

#### 115.71 (g)

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

#### 115.71 (h)

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

#### 115.71 (i)

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

#### 115.71 (j)

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

#### 115.71 (k)

- Auditor is not required to audit this provision.

#### 115.71 (l)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

JM-6.14.1 Employees from the Special Investigations Unit and the Inspectional Services Unit who conduct investigations of sexual abuse and sexual harassment in the jail are trained for conducting such Investigations in a correctional setting. The auditor requested and was provided with a list of all detectives who have received the special training for sexual misconduct in a confinement setting. The auditor reviewed the investigative training curriculum and found it to be compliant with applicable PREA standards in all material ways. The facility reported (2) sexual abuse allegations for the previous 12 months; one investigation was determined to be unfounded and the other investigation is active pending criminal investigation. The auditor determined investigations and supporting documentation to be compliant with standard 115.71(c)(d)(e)(f)(g)(h)(i)(j) in all material ways. Standard 115.71(k) Auditor is not required to audit this provision. 115.71(l) is non-applicable to the MCSO as the agency does not utilize outside agencies to conduct administrative or criminal investigations.

#### **Policy, Materials, Interviews and Other Evidence Reviewed**

- Completed Pre-Audit Questionnaire submitted by MCSO
- Policy JM-6.14.1 (Prison Rape Elimination Act – Employee Training)
- Investigator List by Department (Inspectional Services Unit, Sex Offender Registration Unit, Special Investigations)
- Test Results for PREA 3 – Investigation Allegations of Sexual Misconduct in Confinement Setting, section number 001 (PowerDMS)
- Bullet C WD 6.2.2 (Professional Conduct Investigations)
- Bullet F (Process for conducting Administrative Investigation)
- Bullet D WD 5.2.2 (Criminal Investigations)
- Bullet K&L Memo to file

### **Standard 115.72: Evidentiary standard for administrative investigations**

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

#### **115.72 (a)**

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

#### **Auditor Overall Compliance Determination**

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

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

### Instructions for Overall Compliance Determination Narrative

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

Policy JM-6.14.1 (Prison Rape Elimination Act) outlines the agency does not impose any standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. The auditor determined compliance through review of investigative documentation/files and interviews conducted with investigative staff.

### Policy, Materials, Interviews and Other Evidence Reviewed

- Completed Pre-Audit Questionnaire submitted by MCSO
- Policy JM-6.14.1 (Prison Rape Elimination Act - Investigations)
- Auditor review of (PREA related Investigations and Incident Reports)
- Interview (Investigative Staff)

## Standard 115.73: Reporting to inmates

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

#### 115.73 (a)

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

#### 115.73 (b)

- If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency

in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) ☐ Yes ☐ No ☒ NA

#### 115.73 (c)

- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The staff member is no longer posted within the inmate's unit? ☒ Yes ☐ No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The staff member is no longer employed at the facility? ☒ Yes ☐ No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? ☒ Yes ☐ No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? ☒ Yes ☐ No

#### 115.73 (d)

- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility? ☒ Yes ☐ No
- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility? ☒ Yes ☐ No

#### 115.73 (e)

- Does the agency document all such notifications or attempted notifications? ☒ Yes ☐ No

#### 115.73 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

Policy JM-6.14.1 (Prison Rape Elimination Act) states following an investigation of an allegation of sexual abuse or sexual harassment, the investigator will notify the alleged victim and alleged abuser of the finding of the investigation. The investigator will also notify the alleged victims of any indictment or conviction relating to the allegations. All notifications and attempted notifications shall be documented by investigator. The auditor was able to corroborate the aforementioned through investigative documentation review and interviews with investigative staff. 115.73(b) is non-applicable to the MCSO as the agency conducts all sexual misconduct investigations within the Montgomery County Jail. During the past 12 months the Montgomery county Jail reported (2) allegations of sexual abuse. One case was determined to be unfounded and the inmate was advised of the investigation outcome. In regards to the 2<sup>nd</sup> case, which is still active pending criminal investigation, the inmate has since been released from custody, thus the agency's obligation to report under standard 115.73(f) shall terminate.

### Policy, Materials, Interviews and Other Evidence Reviewed

- Completed Pre-Audit Questionnaire submitted by MCSO
- Policy JM-6.14.1 (Prison Rape Elimination Act - Investigations)
- Auditor review (Investigative files and supporting documentation)
- Documentation review (Inmates released prior to conclusion of Investigation)
- Bullet B 115.73 Memo to file
- Bullet D& E (Inmate Indictment records)
- Interview (Investigative Staff)
- Interview (Warden or Designee, Major Matt Haines)

## DISCIPLINE

### Standard 115.76: Disciplinary sanctions for staff

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

### 115.76 (a)

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

### 115.76 (b)

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

### 115.76 (c)

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

### 115.76 (d)

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

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

Agency PAQ and interviews conducted with agency leadership specify there have been no claims, disciplinary sanctions, or terminations of staff for violating any agency policies relating to sexual abuse or sexual harassment. Policy JM-6.14.1 states any employee who violates General Orders Manual Section 3.5.1 (Professional Conduct Rules and Law Enforcement Code of Ethics is subject to discipline. Termination shall be presumptive disciplinary sanction for any employee who violates sexual abuse and sexual harassment policies. Compliance with standard 115.76 was determined through the review of policy and procedures; onsite documentation review; and interviews conducted with agency leadership.

#### **Policy, Materials, Interviews and Other Evidence Reviewed**

- Completed Pre-Audit Questionnaire submitted by MCSO
- Policy JM-6.14.1 (Prison Rape Elimination Act – D. Sanctions)
- Policy 3.5.1. (Professional Conduct Rules)
- General Orders Manual 3.5.2 (Disciplinary Procedures)
- Interviews (Agency Leadership)
- Bullets A-D 115.76 Memo to file

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

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

##### **115.77 (a)**

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

##### **115.77 (b)**

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

#### **Auditor Overall Compliance Determination**

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

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

### Instructions for Overall Compliance Determination Narrative

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

Policy JM 6.14.1 (Prison Rape Elimination Act) outlines the agency's procedures regarding contractors or volunteers who engage in sexual abuse is prohibited from contact with inmates and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. The facility takes appropriate remedial measures and considers whether to prohibit further contact with inmates in the case of any violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. During the past 12 months, the MCSO has reported no contractors or volunteers have been subjected to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies, nor have any been reported to applicable licensing bodies for engaging in sexual abuse of inmates. Compliance with PREA standard 115.77 was determined through the review of agency policy; onsite documentation review, and interview conducted with the Warden's designee/ PREA Coordinator, Major Matt Haines.

### Policy, Materials, Interviews and Other Evidence Reviewed

- Completed Pre-Audit Questionnaire submitted by MCSO
- Policy JM-6.14.1 (Prison Rape Elimination Act – D. Sanctions)
- General Orders Manual 3.2.5 (Sheriff's Volunteer Chaplin)
- Bullet A&B 115.77 memo to file
- Bullet memo to file 115.77 (Contractors)
- Bullet memo to file 115.77 (Volunteers)

## Standard 115.78: Disciplinary sanctions for inmates

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

### 115.78 (a)

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

**115.78 (b)**

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

**115.78 (c)**

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

**115.78 (d)**

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

**115.78 (e)**

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

**115.78 (f)**

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

**115.78 (g)**

- Does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)  
☒ Yes ☐ No ☐ NA

**Auditor Overall Compliance Determination**

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

## Instructions for Overall Compliance Determination Narrative

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

Policy JM-6.14.1 outlines the agency's procedures for disciplinary sanctions for inmates. All reported sexual assaults are investigated by the MCSO Special Investigations Unit and referred to the Prosecutor's Office for case file review and to seek approval for charges. Inmates are subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse. During the past 12 months, the facility has reported (0) administrative/criminal findings of inmate on inmate or staff on inmate sexual abuse. Reports of suspected sexual abuse or sexual harassment that are made in good faith, and are not found to be substantiated, will not be considered as a false report or lie. Inmates will only be disciplined for having sexual contact with an employee if the employee did not consent to such sexual activity with the inmate. Inmates who have been found to be offenders of sexual abuse or sexual harassment in the facility can be considered for required participation in therapy and counseling interventions. An inmate's mental disabilities or mental illness shall be considered when they are under disciplinary review for violation of sexual abuse or sexual harassment policies, if the condition contributed to the incident. Discipline sanctions upon inmates will be commensurate with the nature and circumstances of the abuse committed. Compliance with standard 115.78 was determined through review of agency policy and procedures; onsite documentation review of investigative files, Interviews conducted with the Warden Designee, Major Matt Haines, and PREA Compliance Manager, Melissa Riley.

### Policy, Materials, Interviews and Other Evidence Reviewed

- Completed Pre-Audit Questionnaire submitted by MCSO
- Policy JM-6.14.1 (Prison Rape Elimination Act – D. Sanctions)
- Inmate Handbook (Revised May 2018)
- Interview (Warden or Designee, Major Matt Haines)
- Interview (PREA Compliance Manager)

## MEDICAL AND MENTAL CARE

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

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

### 115.81 (a)

- If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)  
☐ Yes ☐ No ☒ NA

### 115.81 (b)

- If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.) ☐ Yes ☐ No ☒ NA

### 115.81 (c)

- If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? ☒ Yes ☐ No

### 115.81 (d)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?  
☒ Yes ☐ No

### 115.81 (e)

- Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18? ☒ Yes ☐ No

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

115.81 (a)(b) are non-applicable to MCSO (Facility is not a Prison). Policy JM-6.7.1 (Prisoner Mental Health) outlines the agency protocols for inmates who have experienced prior sexual victimization, whether it occurred in an institutional setting or in the community. During the initial intake all inmates, regardless of the results of the initial assessment, are offered a follow-up meeting, within (12) days of being admitted to the jail with a mental health employee who completes a mental health consult report. While onsite, the Auditor reviewed a sampling of inmate medical and mental health records, interviewed medical, mental health staff, and inmates who disclosed prior victimization and determined inmates are offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. Inmate orientation handbook – section (Medical Services Orientation 1-11) provides detailed information regarding all services available to inmates through the medical and mental health departments, to include information related to sexual victimization or abusiveness. The facility has a computerized management medical and mental health data base restricting which staff have access to the data. Medical and mental health staff will obtain informed consent regarding an inmate's disclosure about prior sexual victimization within the community before reporting to the facility authorities.

#### **Policy, Materials, Interviews and Other Evidence Reviewed**

- Completed Pre-Audit Questionnaire submitted by MCSO
- Inmate Handbook (Revised May 2018)
- Bullet A&B 115.81 memo to file
- Policy JM-6.7.1 (Prisoner Mental Health)
- Interview (Staff Responsible for Risk Screening)
- Interview (Inmates who Disclose Sexual Victimization at Risk Screening)

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

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

##### **115.82 (a)**

- Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by

medical and mental health practitioners according to their professional judgment?

☒ Yes ☐ No

#### 115.82 (b)

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

#### 115.82 (c)

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

#### 115.82 (d)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

The Montgomery County Jail has medical staff on duty 24 hours day. This provides for medical staff's continuous availability to respond to all reports of sexual abuse and provide timely medical treatment if needed. In review of agency policy and procedures and Interviews with NaphCare Staff, contracting agency who provides medical and mental health services to the facility, the auditor confirmed inmate victims are provided with timely medical and psychological interventions for allegation of sexual abuse.

In review of the agency's coordinated response plan, security staff are required to contact medical and mental for allegations of sexual abuse. The auditor confirmed through review of Investigative files and submitted incident reports, security staff and first responders to allegations of sexual assault are following agency protocol. Inmates receive at the facility and or if required at the local hospital access to emergency contraception and sexually transmitted infections prophylaxis and such treatment is provided to the victim without financial cost.

#### **Policy, Materials, Interviews and Other Evidence Reviewed**

- Completed Pre-Audit Questionnaire submitted by MCSO
- Inmate Handbook (Revised May 2018)
- Bullet B 115.82 memo to file
- Naphcare (Abuse and Sexual Assault Policy)
- Review (Investigative Files and facility Incident Reports)
- Interview (Medical and Mental Health Staff)
- Interview (Inmates who Reported a Sexual Abuse)

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

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

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

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

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

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

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

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

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

- Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.) ☒ Yes ☐ No ☐ NA

### 115.83 (e)

- If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.) ☒ Yes ☐ No ☐ NA

### 115.83 (f)

- Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? ☒ Yes ☐ No

### 115.83 (g)

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

### 115.83 (h)

- If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.) ☐ Yes ☐ No ☒ NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

The Montgomery County Jail has medical staff on duty 24 hours day. This provides for medical staff's continuous availability to respond to all reports of sexual abuse and provide timely medical treatment if needed. (Naphcare - Abuse and Sexual Assault Policy) outlines the agency's procedures for timely and unimpeded access to emergency medical and mental health services. The agency sends all inmates to a local hospital who will perform SAFE/SANE services if required. Treatment services are provided to the

victim without financial cost regardless of the situation and whether the victim is cooperating with the investigation or not. While onsite the auditor interviewed (1) Inmate who reported sexual abuse, who acknowledged he has been seen by medical staff and offered mental health services. The auditor reviewed the sexual abuse investigation and supporting documentation in its entirety, in which the investigation was determined to be unfounded. Inmates will receive at the facility and or local hospital access to emergency contraception and sexually transmitted infections prophylaxis and such treatment is provided without financial cost. The auditor determined compliance with the standard through review of policy and procedures; additional onsite documentation review; Interviews with NaphCare medical and mental health staff.

#### **Policy, Materials, Interviews and Other Evidence Reviewed**

- Completed Pre-Audit Questionnaire submitted by MCSO
- Inmate Handbook (Revised May 2018)
- Bullet B 115.82 memo to file
- Naphcare (Abuse and Sexual Assault Policy)
- Review (Investigative Files & Facility Incident Reports)
- Interview (Medical and Mental Health Staff)
- Interview (Inmates who Reported a Sexual Abuse)
- Review of Medical Records – Secondary Documentation (Medical & Mental Health)
- Bullet H 115.83(h) memo to file

## **DATA COLLECTION AND REVIEW**

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

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

#### **115.86 (a)**

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

#### **115.86 (b)**

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

#### 115.86 (c)

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

#### 115.86 (d)

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

#### 115.86 (e)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

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

JM Policy 6.14.1 states a sexual abuse or sexual harassment incident reviews will be conducted within 30 days of the conclusion of all investigations. The review will be conducted by the PREA Coordinator and the PREA Compliance Manager utilizing input from line supervisors, investigators, and medical and mental health staff. Determinations and recommendations for sexual abuse incident reviews are made pursuant to policy for improvements and submitted in a report to the Facility Head. The facility implements recommendations for improvement or documents its reason for not doing so. Incident-reviews cover all elements described in standard 115.86(d). In the past 12 months the facility has reported (2) incidents of sexual abuse and (1) investigation was determined to be unfounded, thus not requiring an after-incident review and the other investigation is still active. While onsite the auditor reviewed samples of after incident reviews from previous sexual abuse investigations and found them to be compliant with standard 115.86 in all material ways.

### **Policy, Materials, Interviews and Other Evidence Reviewed**

- Completed Pre-Audit Questionnaire submitted by MCSO
- Policy (JM-6.14.1 Prison Rape Elimination Act)
- Review (Completed Incident-Reviews ARS 15-355)
- Interview (Warden or Designee, Major Matt Haines)
- Interview (PREA Compliance Manager)
- Interview (Incident Review Team Member)

## **Standard 115.87: Data collection**

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

#### **115.87 (a)**

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

#### **115.87 (b)**

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

#### **115.87 (c)**

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

#### 115.87 (d)

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

#### 115.87 (e)

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

#### 115.87 (f)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

Policy JM-6.14.1 (PREA Rape elimination Act – Data Collection) outlines the agency's approach for the collection of data on sexual abuse and harassment investigation's. The Jail collects data relating to incident reports on sexual assaults, offender information, case disposition, medical records and counseling records. Data collected is reported as required to Federal and State entities and is included in the Montgomery County Sheriff's Office Annual Report and retained as permanent record. The agency reported no allegations of sexual abuse or sexual harassment for calendar years 2016 & 2017. The auditor reviewed the agency's 2015, 2016 and 2017 Annual Reports and determined the agency collects incident-based sexual abuse data at least annually and documents such information in the annual report. The Auditor reviewed the agency's most recent submitted incident-based data of the Survey of Sexual Violence (SSV) and found that it included, at a minimum, the data necessary to answer all questions conducted by the Department of Justice. Standard 115.87(3) is non-applicable to the MCSO as the agency does not contract for confinement of their inmates.

## Policy, Materials, Interviews and Other Evidence Reviewed

- Completed Pre-Audit Questionnaire submitted by MCSO
- Policy (JM-6.14.1 Prison Rape Elimination Act)
- Bullet B (2015, 2016 & 2017 MCSO Annual Report)
- Policy 5.2.2 (Criminal Investigation Procedures)
- Bullet E 115.87(e) memo to file
- MCSO (Record Retention Schedule RC-2)
- Policy (NaphCare -Abuse and Sexual Assault)
- MCSO (Website -Annual Report)
- Agency submitted Survey of Sexual Victimization (SSV)

## Standard 115.88: Data review for corrective action

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

### 115.88 (a)

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

### 115.88 (b)

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

### 115.88 (c)

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

#### 115.88 (d)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

Policy JM-6.14.1 (PREA Rape elimination Act – Data Collection) outlines the agency's approach for the collection of data on sexual abuse and harassment investigation's. The Jail collects data relating to incident reports on sexual assault, offender information, case disposition, medical records and counseling records. Data collected is reported as required to Federal and State entities and is included in the Montgomery County Sheriff's Office annual report and retained as permanent record. The agency reported no allegations of sexual abuse or sexual harassment for calendar year 2017. The Auditor verified through review of the agency's annual reports for calendar years 2015, 2016 & 2017 that the agency is completing comparisons of the current year's data. There were no allegations of sexual abuse or harassment reported for calendar years 2016 and 2017, therefore there was no aggregated data depicting corrective actions to review and compare with those from prior years.

#### Policy, Materials, Interviews and Other Evidence Reviewed

- Completed Pre-Audit Questionnaire submitted by MCSO
- Policy (JM-6.14.1 Prison Rape Elimination Act)
- Agency Annual Reports (Calendar Year, 2015, 2016 & 2017)
- Sexual Abuse Incidents Reviews (ARS 15.355)
- Survey of Sexual Victimization 2015 (SSV)

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

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

#### 115.89 (a)

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

#### 115.89 (b)

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

#### 115.89 (c)

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

#### 115.89 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

PREA Coordinator, Major Matt Haines, advises the agency ensures that data collected pursuant to standard 115.87 is securely retained and is available to staff on a need to know basis. Policy JM-6.14.1 states the facility's sexual abuse data under its direct control is made readily available to the public, at

least annually, through its website. The auditor confirmed this practice through review of annual reports on the agency website. The agency ensures all personal identifiers are redacted before being made public. The MCSO retains all sexual abuse data collected indefinitely, exceeding the PREA standards requirement for at least 10 years.

#### **Policy, Materials, Interviews and Other Evidence Reviewed**

- Completed Pre-Audit Questionnaire submitted by MCSO
- Policy (JM-6.14.1 Prison Rape Elimination Act)
- Agency Annual Reports (Calendar Year, 2015, 2016 & 2017)
- MCSO (Record Retention Schedule RC-2)
- MCSO (Website)

## **AUDITING AND CORRECTIVE ACTION**

### **Standard 115.401: Frequency and scope of audits**

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

#### **115.401 (a)**

- During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (*Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.*) ☒ Yes ☐ No

#### **115.401 (b)**

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*) ☒ Yes ☐ No
- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the second year of the current audit cycle.) ☐ Yes ☐ No ☒ NA
- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the third year of the current audit cycle.) ☐ Yes ☐ No ☒ NA

#### 115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility?  
☒ Yes ☐ No

#### 115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? ☒ Yes ☐ No

#### 115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?  
☒ Yes ☐ No

#### 115.401 (n)

- Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? ☒ Yes ☐ No

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

The agency ensured that its only operated facility was audited at least once during the prior three-year audit period. The auditor had access to, and the ability to observe, all areas of the audited facility. The auditor requested and received copies of any relevant documents (including electronically stored information). The auditor was permitted to conduct private interviews with inmates, staff, contractors and volunteers. Inmates were permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel. The auditor received no correspondence from staff or inmates.

## Standard 115.403: Audit contents and findings

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

#### 115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) ☐ Yes ☒ No ☐ NA

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

The agency has not published on its website all Final PREA Audit Reports within 90 days of issuance by auditor.

#### Corrective Action recommendation

1. Corrective action recommendation is for the agency to develop a PREA resource information tab/page on the agency's website to include all Final PREA Audit Reports within 90 days of issuance by the auditor.

**Corrective Action Verification** The auditor was provided with documentation on February 4, 2019, demonstrating the agency has developed a PREA information tab/page on the agency's website which includes all Final PREA Audit Reports. The auditor further verified this by reviewing the MCSO website.

## AUDITOR CERTIFICATION

I certify that:

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

### Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.<sup>3</sup> Auditors are not permitted to submit audit reports that have been scanned.<sup>4</sup> See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Mark Stegemoller

02/23/2019

**Auditor Signature**

**Date**

<sup>3</sup> See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

<sup>4</sup> See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.