

## Prison Rape Elimination Act (PREA) Audit Report Adult Prisons & Jails

Interim       Final

**Date of Interim Audit Report:** Click or tap here to enter text.       N/A

If no Interim Audit Report, select N/A

**Date of Final Audit Report:**      April 13, 2020

### Auditor Information

**Name:** Chris Harrifeld      **Email:** Chris.Harrifeld@yahoo.com

**Company Name:** The Kiehl Consulting Group

**Mailing Address:** 3345 West Plum Street, #1      **City, State, Zip:** Lincoln, NE 68522

**Telephone:** 402-310-9876      **Date of Facility Visit:** February 24, 2020

### Agency Information

**Name of Agency:** Hall County Department of Corrections

**Governing Authority or Parent Agency (If Applicable):** Hall County Board of Corrections

**Physical Address:** 110 Public Safety Drive      **City, State, Zip:** Grand Island, NE 68801

**Mailing Address:** 110 Public Safety Drive      **City, State, Zip:** Grand Island, NE 68801

**The Agency Is:**       Military       Private for Profit       Private not for Profit

Municipal       County       State       Federal

**Agency Website with PREA Information:** <http://www.hallcountyne.gov>

### Agency Chief Executive Officer

**Name:** Todd Bahensky

**Email:** toddb@hallcountyne.gov      **Telephone:** 308-385-5211 ext. 2460

### Agency-Wide PREA Coordinator

**Name:** Sgt. Jason Conley

**Email:** jasonc@hallcountyne.gov      **Telephone:** 308-385-5211 ext. 2458

**PREA Coordinator Reports to:**      **Number of Compliance Managers who report to the PREA Coordinator:**

Asst. Director Craig Gottschalk      0

## Facility Information

**Name of Facility:** Hall county Department of Corrections

**Physical Address:** 110 Public Safety Drive

**City, State, Zip:** Grand Island, NE 68801

**Mailing Address (if different from above):**

Click or tap here to enter text.

**City, State, Zip:** Click or tap here to enter text.

**The Facility Is:**

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

**Facility Type:**

Prison

Jail

**Facility Website with PREA Information:** <http://www.hallcountyne.gov>

**Has the facility been accredited within the past 3 years?**  Yes  No

**If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years):**

ACA

NCCHC

CALEA

Other (please name or describe: Immigration and Customs Enforcement annual inspection.

N/A

**If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:**  
Achieved full compliance with Nebraska Jail Standards on March 6, 2020.

### Warden/Jail Administrator/Sheriff/Director

**Name:** Todd Bahensky

**Email:** toddb@hallcountyne.gov

**Telephone:** 308-385-5211 ext. 2460

### Facility PREA Compliance Manager

**Name:** Sgt. Jason Conley

**Email:** jasonc@hallcountyne.gov

**Telephone:** (308)385-5211 ext. 2458

### Facility Health Service Administrator N/A

**Name:** Dana Stevens (site manager), Jenny Hoyt (ACH regional manager)

**Email:** danas@hallcountyne.gov

**Telephone:** 308-385-5211 ext. 2498

### Facility Characteristics

**Designated Facility Capacity:**

321

**Current Population of Facility:**

284

Average daily population for the past 12 months:	261	
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input type="checkbox"/> Males <input checked="" type="checkbox"/> Both Females and Males	
Age range of population:	16-29	
Average length of stay or time under supervision:	11 Days	
Facility security levels/inmate custody levels:	Minimum, Medium and Maximum	
Number of inmates admitted to facility during the past 12 months:	4289	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	3097	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	1051	
Does the facility hold youthful inmates?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Number of youthful inmates held in the facility during the past 12 months: (N/A if the facility never holds youthful inmates)	3 <input type="checkbox"/> N/A	
Does the audited facility hold inmates for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Select all other agencies for which the audited facility holds inmates: Select all that apply (N/A if the audited facility does not hold inmates for any other agency or agencies):	<input checked="" type="checkbox"/> Federal Bureau of Prisons <input checked="" type="checkbox"/> U.S. Marshals Service <input checked="" type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input checked="" type="checkbox"/> State or Territorial correctional agency <input checked="" type="checkbox"/> County correctional or detention agency <input checked="" type="checkbox"/> Judicial district correctional or detention facility <input checked="" type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: <a href="#">Click or tap here to enter text.</a> <input type="checkbox"/> N/A	
Number of staff currently employed by the facility who may have contact with inmates:	84	
Number of staff hired by the facility during the past 12 months who may have contact with inmates:	15	
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	13	
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	13	
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	20	

## Physical Plant

<p><b>Number of buildings:</b></p> <p>Auditors should count all buildings that are part of the facility, whether inmates are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house inmates, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</p>	1
<p><b>Number of inmate housing units:</b></p> <p>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows inmates to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	11
<p><b>Number of single cell housing units:</b></p>	3
<p><b>Number of multiple occupancy cell housing units:</b></p>	4
<p><b>Number of open bay/dorm housing units:</b></p>	5
<p><b>Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):</b></p>	14
<p><b>In housing units, does the facility maintain sight and sound separation between youthful inmates and adult inmates? (N/A if the facility never holds youthful inmates)</b></p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<p><b>Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?</b></p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?</b></p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<h3>Medical and Mental Health Services and Forensic Medical Exams</h3>	
<p><b>Are medical services provided on-site?</b></p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>Are mental health services provided on-site?</b></p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

<p><b>Where are sexual assault forensic medical exams provided? Select all that apply.</b></p>	<input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe: <a href="#">Click or tap here to enter text.</a> )
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**Investigations**

**Criminal Investigations**

<p><b>Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:</b></p>	<p>0</p>
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<p><b>When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.</b></p>	<input type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity
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<p><b>Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)</b></p>	<input checked="" type="checkbox"/> Local police department <input checked="" type="checkbox"/> Local sheriff's department <input checked="" type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: <a href="#">Click or tap here to enter text.</a> ) <input type="checkbox"/> N/A
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**Administrative Investigations**

<p><b>Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?</b></p>	<p>7</p>
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<p><b>When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply</b></p>	<input checked="" type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity
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<p><b>Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)</b></p>	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: <a href="#">Click or tap here to enter text.</a> ) <input checked="" type="checkbox"/> N/A
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# Audit Findings

## Audit Narrative (including Audit Methodology)

*The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-onsite audit, onsite audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.*

Pre-Audit activity for the Hall County Department of Corrections (HCDC) began approximately six weeks prior to the on-site visit with the publication of audit date and Auditor contact information being posted throughout the facility. During this time frame local sexual assault, domestic violence and rape crisis centers were contacted concerning any contact that may have been had with HCDC. Approximately thirty (30) days prior to the on-site audit this Auditor received the facility's Pre-Audit Questionnaire (PAQ). Pre-audit activities consisted of reviewing the facility's PAQ along with provided documentation and working with the facility's PREA Coordinator to clarify provided data. The Hall County Department of Corrections (HCDC) on-site PREA Audit was conducted February 24-28, 2020. According to the facility's PAQ the average inmate daily population was 261. At the time of the on-site audit the facility's population was 294. There are currently 84 staff members employed by the HCDC who may have contact with inmates. Actions taken during the on-site phase consisted of a facility tour, additional documentation / file review, video surveillance review, witnessing staff procedures including intake. Furthermore, this Auditor conducted inmate, staff, contractor/volunteer, medical and mental health provider interviews.

This Auditor was present at the facility during different shifts and interviewed a sample of staff from those different shifts. This Auditor randomly selected inmates both male and female to be interviewed from the facility's provided roster. Intake information was analyzed as well as staff discussion to identify targeted inmate interviews.

It should be noted that HCDC participated in their first Compliance Audit in December of 2015. Since that audit HCDC has made numerous personnel changes to include Director, Assistant Director and PREA Coordinator. It is evident that HCDC benefitted greatly from the 2015 audit and corrective action phase. It is clear that in part due to the previous audit experience HCDC was able to achieve full compliance during this audit. In addition, HCDC staff were able make improved changes since the last audit to policies, procedures and facility practices that further helped to achieve compliance for this current audit.

## Facility Characteristics

*The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate, resident or detainee population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.*

The Hall County Department of Corrections is located in Grand Island Nebraska. The HCDC consists of one adult detention facility with eleven (11) housing units and a designed capacity of 321 inmates. The population is made up of both female and male inmates with the average length of stay being approximately eleven (11) days. The facility houses inmates at custody levels of minimum, medium and maximum security. In addition to county inmates HCDC contracts with Immigration and Customs Enforcement (ICE) for the detention of immigration detainees and the Nebraska Department of Correctional Services (NDCS) for the detention of inmates in the custody of the State of Nebraska.

The Hall County Department of Corrections (HCDC) operates with oversight from the Hall County Board of Corrections. One of the facility's Sergeants serves as the PREA Coordinator. Since this agency operates one stand-alone facility the person responsible for PREA compliance operates as both the PREA Coordinator and PREA Manager. The PREA Coordinator reports directly to the facility's Assistant Director.

HCDC has on-site county medical services and mental health providers. Any emergency medical services or forensic medical exam services will be referred to the Saint Francis Medical Center located in Grand Island Nebraska approximately 3 miles from HCDC.

The Hall County Department of Corrections maintains eight (8) designated administrative investigators for administrative investigations only. Any incidents that appear to be criminal in nature are referred to investigators with the Hall County Sheriff's Office (HCSO), Grand Island Police Department (GIPD) or the Nebraska State Patrol (NSP).

## Summary of Audit Findings

*The summary should include the number and list of standards exceeded, number of standards met, and number and list of standards not met.*

**Auditor Note:** *No standard should be found to be “Not Applicable” or “NA”. A compliance determination must be made for each standard.*

### Standards Exceeded

**Number of Standards Exceeded:** 3

**List of Standards Exceeded:** 115.18, 115.34, 115.81

### Standards Met

**Number of Standards Met:** 42

### Standards Not Met

**Number of Standards Not Met:** 0

**List of Standards Not Met:** [Click or tap here to enter text.](#)



## 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.*

### **115.11 (a)**

The Hal County Department of Corrections (HCDC) has policy # 3C-21 - **Sexual Abuse and Assault Prevention and Intervention Program** and policy # 3C-21(a) **Prison Rape Elimination Act (PREA)** in place mandating a zero tolerance policy towards all forms of sexual abuse and sexual harassment. These policies detail the HCDC approach to preventing, detecting and responding to sexual abuse and harassment. This standard was supported by existing policy and procedure.

### **115.11 (b)**

The Hall County Department of Corrections (HCDC) has designated an existing staff member as the PREA Coordinator. This staff member is a member of upper-level facility management. During interviews the PREA Coordinator confirmed that he does have sufficient time and authority to develop, implement and oversee HCDC efforts to comply with PREA Standards. This standard is supported by interviews with the PREA Coordinator, facility Director, supporting documentation, existing policy and procedure. HCDC has also developed policy # 1B-02(g) - **Prison Rape Elimination Act PREA Coordinator**. This policy defines the duties and essential job functions of the PREA Coordinator. Policy # 1B-02(g) further supports compliance with this standard.

### **115.11 (c)**

The Hall County Department of Corrections (HCDC) only operates one facility therefore standard 115.311 (c) does not apply.

### **Evidence Replied Upon:**

Facility Policy 3C-21 - **Sexual Abuse and Assault Prevention and Intervention Program**  
Facility Policy 3C-21(a) - **Prison Rape Elimination Act (PREA)**  
HCDC Policy 1B-02(g) - **Prison Rape Elimination Act PREA Coordinator** (job description)  
Provided PREA Questionnaire  
HCDC Organizational Chart  
Interviews with HCDC Director and PREA Coordinator

**Corrective Action:** No Corrective Action needed.

## 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.)  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.*

#### **115.12 (a)**

The Hall County Department of Corrections (HCDC) does not contract for the confinement of its inmates with private or other entities to include government agencies. This was verified in meetings with the Director, Assistance Director and PREA Coordinator. This standard does not apply to the HCDC.

#### **115.12 (b)**

This standard does not apply to the HCDC.

**Evidence Replied Upon:**

Provided PREA Questionnaire (PAQ)

Interviews with HCDC Director, Assistant Director and PREA Coordinator

**Corrective Action:** No Corrective Action needed.

## 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 facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?  Yes  No  NA
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards?  Yes  No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?  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.*

### **115.13 (a)**

The Hall County Department of Corrections (HCDC) does have a documented staffing plan. In calculating an adequate staffing plan HCDC has considered all elements required by PREA Standards. HCDC has had no findings of inadequacy with any judicial body, Federal investigation, internal or external oversight bodies. All physical plant considerations are taken into account including blind spots and video monitoring placement. Further consideration is given for any incidents that may have occurred and the location of such incident in the facility.

Documents supplied show a 12-hour shift schedule including leave time, meals and narratives. A platoon staffing estimate was also provided showing posts and how many staff are placed there. The agency staffing plan is designed around a minimum number of staff. HCDC has declared that nine (9) floor officers per shift is their minimum staffing level. This staffing minimum has a suitable representation of both female and male staff figured into it which is also required by state standards. If needed the agency will utilize voluntary overtime or involuntary overtime to maintain that minimum level. Post orders have been developed for what the facility deems as mandatory posts.

This standard is also supported by interviews with the facility's Director and PREA Coordinator.

### **115.13 (b)**

HCDC has not deviated from the established staffing plans within the last 12 months. According to interviews with the facility Director any deviation from the established minimum staffing level would be documented including the reason. This standard is not applicable to HCDC.

### **115.13 (c)**

HCDC complies with the established staffing plan. The facility has not operated under the number of staff identified in the staffing plan. HCDC makes this possible by utilizing volunteer overtime or involuntary overtime (mandatory) in order to reach minimum staffing. The provisions of 115.313 (c) are covered in monthly Sergeant meetings and Staffing Plan Team meetings. This standard was supported by meeting minutes, staff interviews, a staffing plan and staffing documentation.

### **115.13 (d)**

HCDC has 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. Per policy 3C-07 page 3 – **Inspections** - Shift Sergeants are responsible for doing these types of rounds. These rounds are conducted on all shifts, day and night. Supervisors are required to document these rounds on both the unit log book and the unit inspection sheet. These logs were examined in conjunction with date and video monitoring recordings with corresponding rounds. Facility policy also prohibits staff from alerting other staff that these rounds are being conducted. Interviews with Shift Sergeants, documentation and video surveillance footage support this standard.

**Evidence Replied Upon:**

HCDC Policy 3C-07 - **Inspections**

HCDC Staffing Plan Team Meeting minutes

Supervisor logs

Provided PREA Questionnaire

Review of video surveillance footage

12-Hour Shift Schedule with Overtime Procedure

Minimum Staffing Plan (Platoon Staffing)

Interviews with HCDC Director, PREA Coordinator, Shift Sergeants and Random Staff

**Corrective Action:** No Corrective Action needed.

## 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.*

### **115.14 (a)**

The Hall County Department of Corrections (HCDC) has policy 4A-08(b) – **Juvenile Custody** in place stating that all offenders under 18 years of age will be housed sight and sound separate from inmates 18 years or older. The facility's medical unit is used for youthful offender housing as needed. At the time of this audit HCDC had two youthful inmates. During interviews with staff who supervise these inmates it was verified that youthful inmates have their own housing unit and are maintained sight and sound separate from adult living units. This was also supported by interviews with both youthful inmates in custody. The youthful inmates also stated that they are receiving all programming available to adult inmates. This was further supported by reviewing the housing unit activity log for each youthful inmate.

### **115.14 (b)**

Policy 4A-08(b) page 2 indicates that sight and sound separation will be maintained. Staff as well as youthful inmate interviews verified that in areas outside of housing if separation is not possible staff are always present.

### **115.14 (c)**

HCDC does not isolate youthful inmates. Instead the agency's practice is to utilize the facility's medical unit for youthful inmates. Policy # 4A-08(b) addresses that absent any exigent circumstances, youthful inmates will not be denied recreation, educational services and access to other programs. This was further supported through activity log reviews and youthful inmate interviews. Both youthful inmates interviewed stated that they had access to recreation, library, medical and counseling. It was also verified that educational services are provided by a local high school.

### **Evidence Replied Upon:**

HCDC Policy 4A-08(b) – **Juvenile Custody**  
Provided PREA Questionnaire  
Housing Unit Activity Log  
Auditor Observations  
Interviews with HCDC Staff and Youthful Inmates

**Corrective Action:** No Corrective Action needed.



## 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, except in exigent circumstances? (N/A if the facility does not have female inmates.)  
 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 if the facility does not have female inmates.)  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? (N/A if the facility does not have female inmates.)  Yes  No  NA

### 115.15 (d)

- Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?  Yes  No
- Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?  Yes  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.*

### **115.15 (a), 115.15 (c)**

The Hall County Department of Corrections (HCDC) has demonstrated that it always refrains from conducting cross gender searches of any kind. Cross gender strip searches and body cavity searches conducted by HCDC staff are prohibited, except in the case of emergency or other extraordinary or unforeseen circumstances. In those exigent circumstances policy 3C-21(a) page 7 – **PREA-Limits to Cross-Gender Viewing and Searches** states that all cross gender searches will be documented. Policy also restricts nonmedical staff from viewing inmates of the opposite gender who are nude. This practice was confirmed by interviews with random staff. HCDC reported that no searches of this type have been conducted within the last 12 months preceding this audit. As a result, no documentation review could be performed.

**115.15 (b)**

As stated in the provision above cross gender strip searches and body cavity searches conducted by HCDC staff are prohibited, except in the case of emergency or other extraordinary or unforeseen circumstances. The facility does not restrict female inmates access to regularly available programming or out of cell opportunities in order to comply with this provision. HCDC accomplishes this by staffing the facility with a suitable representation of both female and male staff. This was verified by reviewing the facility's staffing plan and roster. Compliance with this standard was also determined after random staff and female inmate interviews. During staff interviews both male and female staff stated that there are always female staff assigned to each shift and that program restrictions have never occurred for this reason. Female inmate interviews yielded the same response. One female inmate stated that on a particular occasion there was no female staff readily available so a female staff member was pulled from another area of the facility to perform the search. This however did not result in missing her GED program just a delay.

**115.15 (d)**

Policy 3C-21(a) restricts nonmedical staff from viewing inmates of the opposite gender who are nude or performing bodily functions. HCDC facility design allows inmates to shower, dress and perform bodily functions without non-medical staff viewing them. Direct supervision housing units are supervised primarily by same gender staff. This is supported by rosters, staff assignments, Auditor observation and staff as well as inmate interviews.

According to this same policy staff are required to announce their presence upon entering an opposite gender housing unit. This was also supported by inmate interviews.

**115.15 (e)**

According to HCDC policy 3C-21(a) page 7 the facility shall not allow for the searching or physical examination of a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. This same policy also states that if the inmate's genital status is unknown, it may be determined during conversations with the inmate, by reviewing medical records, or if necessary, learning that information as part of a broader medical examination conducted in private by a medical practitioner. This standard is supported by policy and staff interviews. HCDC reported that no searches of this type have been conducted within the last 12 months preceding this audit. As a result, there were no inmate interviews conducted or completed search logs to review.

**115.15 (f)**

All staff have been trained on how to conduct cross-gender pat down searches in a professional and respectful manner in the least intrusive manner possible, consistent with security needs. HCDC provided the curriculum, PowerPoint and other training materials they utilize. This standard is supported by the previously mentioned training documentation and random staff interviews.

**Evidence Replied Upon:**

HCDC Policy 3C-21(a) - **Prison Rape Elimination Act (PREA)**

HCDC Policy 3C-17 – **Inmate Searches**

12-Hour Shift Schedule

Minimum Staffing Plan (Platoon Staffing)

HCDC Staff Roster

Provided PREA Questionnaire (PAQ)

Auditor Observation

Search Forms

Search logs

Training logs

Training curriculum

Training PowerPoint

Interviews with HCDC Random staff and random inmates

**Corrective Action:** No Corrective Action needed

**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.*

### **115.16 (a)**

The Hall County Department of Corrections (HCDC) has developed policy 3C-21(a) – **PREA–Accommodating Inmates with Special Needs**. The policy ensures that inmates who are limited English proficient (LEP), deaf, or disabled are able to report sexual abuse and sexual harassment to staff directly, through interpretive technology, or through non-inmate interpreters. Policy further states that accommodations are made to convey all written information about sexual abuse and sexual harassment policies, including how to report sexual abuse and sexual harassment, verbally to inmates who have limited reading skills or who are visually impaired.

The facility provides a written PREA brochure during intake available in both English and Spanish. Inmate handbooks are available on the unit kiosks as well as unit posters in multiple languages. The facility also employs some staff members that are certified interpreters. In addition to certified staff interpreters HCDC also utilizes a Telephonic Interpreting service for which supporting documentation was supplied in the form of invoices. HCDC also contracts with Immigration Customs Enforcement (ICE) which allows additional resources to alternative language options. ICE detainees receive the inmate handbook both in print form and on housing unit kiosks.

Interviews with the facility Director, PREA Coordinator and intake staff support the provisions of this standard. At the time of this Auditor's on-site visit there were two inmates fitting these criteria for interview. Both inmates stated that materials were provided however they relied on staff members to help them understand such materials. These inmate interviews were conducted using a staff interpreter and also verified that staff assist inmate's participation in HCDC PREA efforts.

### **115.16 (b)**

As stated above policy ensures that inmates who are limited English proficient (LEP) are able to report sexual abuse and sexual harassment to staff directly, through interpretive technology, or through non-inmate interpreters. HCDC employs four (4) staff members that are certified interpreters. In addition to certified staff interpreters HCDC also utilizes a Telephonic Interpreting service for which supporting documentation was supplied in the form of invoices. HCDC also contracts with Immigration Customs Enforcement (ICE) which allows additional resources to alternative language options.

Provided documentation, Auditor observation and interviews with the facility PREA Coordinator and limited English proficient inmates support the provisions of this standard.

### **115.16 (c)**

Policy 3C-21(a) addresses that HCDC will utilize interpretive technology or non-inmate interpreters for assistance with PREA related issues. This standard was not only supported by policy but also by random staff interviews and LEP inmate interviews.

#### **Evidence Replied Upon:**

HCDC Policy 3C-21(a) **PREA – Accommodating Inmates with Special Needs.**

Provided PREA Questionnaire

List of Certified Staff Interpreters

PREA Brochure

PREA Brochure – Spanish

Telephonic Interpreting Documentation (invoice)

PREA Handbook - Spanish

Interviews with HCDC Director, PREA Coordinator, Random Staff and LEP inmates

Auditor Observation

**Corrective Action:** No Corrective Action needed.

## **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 who may have contact with inmates?  Yes  No
- Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates?  Yes  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.*

### 115.17 (a), 115.17 (b)

The Hall County Department of Corrections (HCDC) has developed policy 1C-21 – **Employment Requirements**, policy 1B-05 - **Officer** and policy 3C-21(a) - **PREA-Hiring and Promotion Decisions** in regards to hiring and promotions decisions. Both policies # 1C-28 and 3C-21(a) address that HCDC will not hire, promote anyone or enlist the 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
- 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; or
- Has been civilly or administratively adjudicated to have engaged in the activity described in the above sections section.

Furthermore, both policies 1C-21 and 3C-21(a) support standards whereas the agency considers any incident of sexual harassment in determining whether to hire or promote anyone, or enlist the services of any contractor who may have contact with inmates

Provided HDCD employee annual reviews support this standard provision. Interviews with a staff member representing Human Resources (HR) and employee file reviews further supported this standard.

**115.17 (c)**

Policy 1B-05 states that the facility will collect fingerprints from new employees and will submitted said fingerprints to the Nebraska State Patrol for criminal background checks. Policy 3C-21(a) also states that consistent with federal, state and local law the agency will make its best efforts to contact prior institutional employers for substantiated allegations of sexual abuse.

**115.17 (d)**

Policy 1C-28 provided documentation supports that HCDC performs criminal background checks on all contractors and again at least every 3 years. Additionally, contractor checks are conducted through the same method as staff. This process was verified by Human Resource representative interviews.

**115.17 (e)**

HCDC policy and practice is to conduct criminal background checks every three (3) years on staff and contractors who will have contact with inmates. During interviews with the Human Resources representative (HR) it was confirmed that these checks are done every three (3) years regardless of employment or contractor anniversaries. In many instances some staff will have their background checks done multiple times in a three (3) year span. This was also verified through record review.

**115.17 (f), 115.17 (g)**

Policy 3C-21(a) supports that all applicants and current staff are asked directly about previous misconduct during interviews and annual reviews. Policy 1C-21 addresses that any person supplying false or misleading employment application information is subject to denial of employment or immediate termination. Human Resource (HR) interviews supported this practice adding that employees are asked directly during the hiring review process, all annual reviews and prior to all future background checks. HR also confirmed that there have not been any terminations for this reason in recent history.

**115.17 (h)**

According to HCDC policy unless prohibited by law, the agency shall 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. this provision was further supported by interviews with HR.

**Evidence Replied Upon:**

HCDC Policy 1C-21 – **Employment Requirements**

HCDC Policy 1B-05 – **Officer**

HCDC Policy 3C-21(a) – **PREA – Hiring and Promotion Decisions**

Provided PREA Questionnaire - PAQ

Annual Employee Reviews

Employment Application

Employee Background Checks

Five (3) year Background Checks

Interviews with HCDC Human Resources

**Corrective Action:** No Corrective Action needed

**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

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### **115.18 (a)**

HCDC has not acquired a new facility or made substantial expansions or modifications to the existing facility therefore this standard provision is not applicable.

### **115.18 (b)**

The Hall County Department of Corrections (HCDC) policy 3C-21(a) page 8 – **PREA – Assessment and Use of Monitoring Technology** addresses standard 115.318 (b). HCDC has upgraded their video surveillance and DVR system since their last PREA Audit. Upgrades were not only made to the existing video surveillance system and DVR but additionally cameras were added throughout the facility. The cameras and their placement were observed by this Auditor. Provided meeting minutes' support provision that HCDC considers how surveillance may enhance the facility's ability to protect inmates.

#### **Evidence Replied Upon:**

HCDC Policy 3C-21(a) - **PREA – Assessment and Use of Monitoring Technology**

Interviews with HCDC Director, PREA Coordinator and Random Staff

Camera Observation

Video Review

Monthly Meeting Minutes addressing video system

**Corrective Action:** No Corrective Action needed.

## 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? (N/A if the agency *always* makes a victim advocate from a rape crisis center available to victims.)  Yes  No  NA
- 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 agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)  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 *always* makes a victim advocate from a rape crisis center available to victims.)  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.*

### **115.21 (a), 115.21 (b)**

The Hall county Department of Corrections (HCDC) policy 3C-21(a) – **PREA-Evidence Protocol and Forensic Medical Examinations** addresses PREA Standard 115.21. HCDC policy utilizes the uniform evidence protocol based on U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents. This protocol is reference however staff will only secure the scene and protect any potential evidence from being destroyed.

It should be noted that certified administrative investigators at the HCDC will only perform administrative investigations and will refer all criminal investigations to the Hall County Sheriff's Office (HCSO), Grand Island Police Department (GIPD) or the Nebraska State Patrol (NSP). At this point both outside agency investigation and evidence protocols will be assumed. An MOU with HCSO, GIPD and NSP were provided for review. These MOUs specifically describes that outside investigative agency's evidence protocols will be utilized. HCDC line staff will only be responsible for securing any scene. During interviews all random staff acknowledged knowing the limited protocol and the role they play. Staff were able to describe the basics of crime scene and evidence protection.

**115.21 (c), 115.21 (d)**

HCDC will coordinate transportation of the victim for medical care as needed and a forensic examination will be performed by SAFE or SANE certified medical staff at no charge to the victim. HCDC will utilize SAFE and/or SANE certified staff at the Saint Francis Medical Center (SFMC) if needed to perform forensic medical examinations. This was supported by an MOU with SFMC. HCDC also maintains an MOU with The Crisis Center for a victim advocate and additional victim support. HCDC's PREA Coordinator confirmed that there have been no reported incidents or referrals to Saint Francis Memorial Hospital or The Crisis Center within the last 12 months.

**115.21 (e)**

Per HCDC policy 3C-21(a) HCDC will make available a victim advocate to support the victim through the examination and investigation process and provide additional support. As stated above these services will be provided by The Crisis Center under an existing MOU. This standard is further supported by an existing MOU and interviews with the HCDC PREA Coordinator. According to the facility's PAQ no incidents of this type have been reported within the last 12 months.

**115.21 (f)**

HCDC investigators only perform administrative investigations. When allegations appear to be criminal the investigation is referred to the outside law enforcement agencies named above. This is supported by HCDC policy 3C-21(a) and an existing MOU with those outside agencies, which outline the specific responsibilities of the outside investigative agencies.

**115.21 (g), 115.21 (h)**

These standards are not applicable.

**Evidence Replied Upon:**

HCDC policy 3C-21(a) – **Evidence Protocol and Forensic Medical Examinations**

Provided PREA Questionnaire (PAQ)

MOU with Hall County Sheriff's Office (HCSO)

MOU with Saint Francis Memorial Hospital (SFMH)

MOU with The Crisis Center

Administrative Investigators Certifications

Interviews with HCDC PREA Coordinator and Administrative Investigators

**Corrective Action:** No Corrective Action needed.

## 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 the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).)  Yes  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.*

### **115.22 (a), 115.22 (b), 115.22 (c)**

The facility has a practice of conducting administrative sexual abuse and sexual harassment investigations or referring investigations that appear criminal to outside law enforcement agencies with investigative authority. This is supported by policy 3C-21(a) page 8- **PREA-Agreements with Outside Law Enforcement Agencies** and page 15 **PREA – Investigations**. Interviews with HCDC investigators as well as the Director also supported these policies and procedures. During the past 12-months there were seven (7) allegations received. All seven (7) allegations were investigated administratively. Of those seven (7) none were referred for criminal investigation. Past investigation files were provided for review as well as an MOU with the HCSO.

After examining the facility's website, it was determined that the site does publish such policy. Policy describes HCDC and law enforcement's responsibilities under PREA, which further supports standard.

### **115.22 (d), 115.22 (e)**

These provisions are not required to be audited.

#### **Evidence Replied Upon:**

HCDC Policy 3C-21(a) - **PREA – Agreements with Outside Law Enforcement Agencies and Investigations**  
Provided PREA Questionnaire (PAQ)  
Completed Administrative Investigations  
MOU with the Hall County Sheriff's Office (HCSO)  
HCDC Website  
Interview with HCDC Investigators, Director and PREA Coordinator

**Corrective Action:** No Corrective Action needed.

# 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.*

#### **115.31 (a)**

Hall county Department of Corrections (HCDC) policy 3C-21(a) – **PREA-Prevention: Employee Training** requires that all employees receive PREA training. This training takes place during employee initial training. After reviewing the provided HCDC training curriculum and other educational materials it was determined by this Auditor that staff were trained in all elements required by this standard.

Through interviews it was further determined that staff do in fact receive this training. Through interviews staff were able to identify all aspects of the required training topics called for by this standard some with a better degree of understanding than others however, it was apparent they have all receive required training.

#### **115.31 (b)**

Upon curriculum review it was determined that HCDC does consider the unique needs and attributes of the inmate population when tailoring their training program. This training applies to both genders of inmates. HCDC only operates one facility therefore reassignment of staff does not apply.

### **115.31 (c)**

All current employees who may have contact with inmates receive training. HCDC has an in-house initial training program which ensures all staff who have contact with inmates receive training. Refresher training is provided at least once annually through RELIAS on-line training which exceeds the standard calling for refresher training every two (2) years. This also satisfies the provision for refresher training on years when employees do not receive training.

### **115.31 (d)**

Staff training records were reviewed showing evidence that both initial and refresher training occurs. These training records also contained electronically signed staff training records that indicate staff understand the training as well as completed PREA testing.

#### **Evidence Replied Upon:**

HCDC Policy 3C-21(a) - **Prevention: Employee Training**

Provided PREA Questionnaire

Employee Training Files

RELIAS PREA Training records

Completed Staff PREA Tests

PREA Training Curriculum for Staff Including PowerPoints

Interviews with HCDC PREA Coordinator and Random Staff

**Corrective Action:** No Corrective Action needed.

## **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.*

### **115.32 (a), 115.32 (b)**

HCDC Policy 3C-21(a) – **PREA-Volunteer and Contractor Training** addresses procedures for training volunteers and contractors. This training specifically targets that volunteers and contractors will be informed of HCDC's zero tolerance policy and expectations of them to report any knowledge or suspicion of sexual abuse or sexual harassment. This Auditor was provided with a PREA orientation form informing inmates that volunteer and contractors are required to report such incidents. This Auditor was also provided with the volunteer and contractor training curriculum as well as the volunteer / contractor agreement. As part of this training curriculum HCDC's PREA Coordinator will train volunteers and contractors. This training requirement was supported by interviews with volunteers, contractors as well as the PREA Coordinator. Further supporting evidence was provided through training record reviews. In conjunction with HCDC provided training, contractor companies also provide PREA training to their contract staff.

### **115.32 (c)**

As outlined above it was determined that HCDC maintains documentation confirming that volunteers and contractors have received and understand the training they receive. This determination was made by reviewing training records and volunteer and contractor acknowledgment signatures.

### **Evidence Replied Upon:**

HCDC Policy 3C-21(a) - **Volunteer and Contractor Training**  
Provided PREA Questionnaire (PAQ)  
PREA Training Materials for Volunteers and Contractors  
PREA Volunteer and Contractor Acknowledgement of Training  
Interviews with HCDC PREA Coordinator, volunteers and contractors

**Corrective Action:** No Corrective Action needed.

## 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 the comprehensive education referenced in 115.33(b)?  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.*

#### **115.33 (a)**

HCDC policy 3C-21(a) – **Inmate Education** addresses educating inmates on PREA issues. During intake facility staff inform inmates of the agency's zero-tolerance policy. The facility also provides educational materials in the form of a brochure to inmates at this time. ICE detainees also receive a printed inmate handbook. This is a requirement of ICE standards. It was clearly determined through documentation, interviews and observations that inmates receive information explaining the agency's zero tolerance policy and how to report such incidents or suspicions.

#### **115.33 (b)**

As stated above all inmates receive training materials initially at intake and then every 30 days thereafter. The facility utilizes kiosk systems located on the living units for the comprehensive education process. Inmates cannot use the kiosk system for any other activity until they complete the PREA education process. The kiosk provides reading material and a comprehensive video concerning PREA. These kiosks reset every 30 days requiring inmates to review the PREA educational materials again. The kiosk system generates a list of inmates who have not logged onto the kiosk. Staff use this list to ensure that these inmates view the PREA material prior to 30 days. Interviews with intake staff and random inmates as well as kiosk electronic signatures support this provision.

**115.33 (c)**

By reviewing the operation of the intake process and kiosk training records it was determined that all inmates receive comprehensive education. Regardless of their previous facility prior to admission to HCDC the intake process is the same ensuring all inmates receive required education. This was verified through Auditor observations and interviews with intake staff.

**115.33 (d)**

As referred to in PREA Standard 115.16 the Hall County Department of Corrections (HCC) has developed policy 3C-21(a) page 7 – **PREA-Accommodating Inmates with Special Needs** and page 9-10 - **Inmate Education**. These policies ensure that inmates who are limited English proficient (LEP), deaf, or disabled are able to report sexual abuse and sexual harassment to staff directly, through interpretive technology, or through non-inmate interpreters. Policy further states that accommodations are made to convey all written information about sexual abuse and sexual harassment policies, including how to report sexual abuse/harassment, verbally to inmates who have limited reading skills or who are visually impaired.

The facility provides a written PREA brochure during intake available in both English and Spanish. Inmate handbooks are available on the unit kiosks in both English and Spanish. ICE detainees receive the inmate handbook on the kiosk and in print form. The educational video is also presented in these formats. The facility also employs four (4) staff members that are certified interpreters. In addition to certified staff interpreters HCDC also utilizes a Telephonic Interpreting service for which supporting documentation was supplied in the form of invoices. HCDC also contracts with Immigration Customs Enforcement (ICE) for holds which allows additional resources to alternative language options.

Interviews with the facility Director, PREA Coordinator and intake staff support the provisions of this standard. At the time of this Auditor’s on-site visit there were two inmates fitting these criteria for interview. Both inmates stated that materials and training video was provided however, they relied on staff interpreters to help them understand such materials. These inmate interviews were conducted using a staff interpreter and also verified that staff assist inmate’s participation in HCDC PREA efforts.

**115.33 (e)**

It was determined by this Auditor that HCDC collects and maintains documentation of an inmate’s participation in the facility’s PREA educational efforts. Inmates are required to sign that they acknowledge and understand initial education during intake. Electronic kiosk signatures or PIN numbers are used to verify acknowledgement of the monthly PREA video. These training records were reviewed as verification of this provision.

**115.33 (f)**

In addition to the video being required viewing every 30-days HCDC further ensures that key PREA information is continuously and readily available or visible to inmates. This is accomplished by providing inmate handbooks on the kiosk, PREA brochure at intake, as well as posters in multiple languages throughout the facility not just on the living units. Compliance with this standard was easily determined through observation and interviews with random inmates.



**Evidence Replied Upon:**

HCDC policy 3C-21(a) – **PREA - Inmate Education and Accommodating Inmates with Special Needs**

Provided PREA Questionnaire

30 Day PREA Training Kiosk Electronic Signature

Kiosk Generated Not Viewed List

PREA Brochure – Inmate

PREA Orientation Brochure Sign Off

PREA Training Video Review – English/Spanish

Auditor Observation

Interviews with HCDC Director, PREA Coordinator, Staff Interpreters and LEP Inmates

**Corrective Action:** No Corrective Action needed.

**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 receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)  Yes  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.*

### **115.34 (a), 115.34 (c)**

Hall County Department of Corrections (HCDC) policy 3C-21(a) Page 10 – **PREA-Specialized Training: Investigators** states that in addition to the general training provided to all employees, the agency ensures that agency investigators conducting sexual abuse and sexual harassment investigations have received comprehensive and up-to-date training in conducting such investigations in confinement settings.

Policy 3C-21(a) goes on to specifically outline those training requirements for investigators responsible for conducting administrative sexual abuse and sexual harassment investigations within the facility. It should be noted that any criminal investigations will be forwarded to outside law enforcement agencies with investigative authority. This is also specified in policy 3C-21(a).

Eight (8) investigators from HCDC completed an on-line investigators training provided by the National Institute of Corrections (NIC). Investigator's certificates as well as training curriculums were provided to this Auditor for review. Interviews with HCDC investigators and supporting training documentation satisfy provisions of this standard. In addition, all documentation for completed training is maintained in the employee's training file.

**115.34 (b)**

Specialized training for HCDC investigators includes techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, the criteria and evidence required to substantiate a cause for administrative action or prosecution referral. This standard was supported by HCDC investigator interviews, training records, curriculum review and policy.

**115.34 (d)**

This provision is not required to be audited.

**Evidence Replied Upon:**

HCDC policy 3C-21(a) – PREA -Specialized Training: Investigators

Provided PREA Questionnaire (PAQ)

HCDC Investigator Certifications

NIC Training Curriculum – Specialized Investigator Training

Interviews with HCDC PREA Coordinator and Administrative Investigators

MOU with Hall County Sheriff’s Office (HCSO).

**Corrective Action:** No Corrective Action needed.

**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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  Yes  No  NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  Yes  No  NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  Yes  No  NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  Yes  No  NA

### 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 or the agency does not employ medical staff.)  
 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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  Yes  No  NA

### 115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)  
 Yes  No  NA
- Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)  Yes  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.*

**115.35 (a)**

HCDC policy 3C-21(a) page 10 – **PREA-Specialized Training: Medical and Mental Health Care** covers all aspects of training required by standard 115.35 (a) for all medical and mental health care professionals. The facility ensures this by providing in-house training to medical and mental health practitioners. Mental Health and medical practitioners receive the same PREA training as line staff. These training curriculums and training records were provided for review. Interviews with random mental health and medical practitioners also support this training practice and standard.

**115.35 (b)**

Medical staff employed by HCDC do not conduct forensic medical examinations. These are conducted by medical staff at Saint Francis Medical Center (SFMC) therefore this standard does not apply to HCDC.

**115.35 (c)**

HCDC maintains documentation of all medical and mental health practitioners training. This includes curriculum, any certificates and signed acknowledgment of training. This documentation was reviewed prior to and during this Auditor’s on-site visit.

**115.35 (d)**

Medical and mental health practitioners receive the same training that is mandated for all other employees. As stated above training covers all aspects required by standard 115.35 (a) regarding all medical and mental health care professionals. Interviews with medical/mental health practitioners, curriculums and training records support this standard.

**Evidence Replied Upon:**

HCDC policy 3C-21(a) - **PREA - Specialized Training: Medical and Mental Health Care**

Provided PREA Questionnaire (PAQ)

HCDC Training Records

Training Curriculums

MOU – Saint Francis Medical Center (SFMC)

Interviews with HCDC Medical and Mental Health staff

**Corrective Action:** No Corrective Action needed.

# 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, as 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, as 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, as 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 an incident of sexual abuse?  Yes  No

- Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?  
 Yes  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.*

#### **115.41 (a), 115.41 (b)**

All inmates are assessed immediately upon arrival during an intake screening. This intake screening takes place well within the required 72-hour time frame provision set forth in standards. This standard is well supported by policy 3C-21(a) page 10 – **PREA -Screening for risk of victimization and abusiveness** as well as interviews with random inmates.

#### **115.41 (c), 115.41 (d), 115.41 (e)**

HCDC completes such assessments using an objective screening instrument in combination with classification and medical/mental health screenings. The screening instrument was provided during the on-site audit phase. The HCDC screening instrument addresses all criteria specified in standard 115.41 (c). These screening instruments were provided for review prior to the on-site phase and a random samples were reviewed during the on-site visit.



HCDC staff gain needed information for the facility's screening instrument through numerous means. Staff utilize current charges along with any previous criminal records, facility records and any other relevant documentation. Staff also obtain needed information through conversation with inmates and using the yes or no format of the screening instrument. All information gained is in conjunction with an existing classification and mental health screening instrument. Staff members that conduct intake and screenings supported this policy and procedures during interviews. Randomly selected inmates also supported that this practice does in fact occur upon intake. Screening instruments were provided and reviewed showing this procedure does take place and policy is followed.

**115.41(f), 115.41 (g)**

All inmates receive classification reviews every 30 days, at this time the inmates risk will also be reassessed. Policy 3C-21(a) states than an inmate's risk level will be reassessed again when warranted due to referrals, requests, incidents of sexual abuse and upon receiving any additional information that bears on the inmate's risk of sexual victimization or abusiveness. 30 day reviews were provided and intake staff interviews verified this provision.

**115.41 (h)**

Facility policy does not allow for an inmate to be disciplined for refusing to answer or for not disclosing complete information in response to screening questions asked pursuant to paragraphs (d) 1, (d) 7, (d) 8 or (d) 9 of this standard. Intake staff interviews support this provision.

**115.41 (i)**

HCDC has appropriate mechanisms in place for control and dissemination of information gained from intake screenings to protect sensitive information from possible exploitation by staff or other inmates. Facility software limits staffs access to this screening information. Provisions of this standard were further supported by interviews with HCDC's PREA Coordinator and intake staff that perform screenings. Staff interviews and software observation affirmed that the intake screening information is restricted to intake staff, classification officers, mental health and medical practitioners. It was verified that line staff do not have access to these records. Policy and practice were confirmed through document review, observations and interviews with intake staff as well as the PREA Coordinator.

**Evidence Replied Upon:**

HCDC Policy 3C-21(a) – **PREA - Screening for Risk of Victimization and Abusiveness**

Provided PREA Questionnaire (PAQ)

HCDC Classification Instrument

HCDC Mental Health / Medical Screening

HCDC PREA Screening Instrument

Interviews with HCDC PREA Coordinator, Mental Health staff, Intake staff, and Random inmates

Auditor Observations

**Corrective Action:** No Corrective Action needed.

## 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? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)  Yes  No  NA
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)  Yes  No  NA
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)  
 Yes  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.*

### **115.42 (a)**

HCDC policy 3-21(a) page 12- **PREA-Use of Screening Information** states that employees use information from the risk screening to inform housing, bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. This process was confirmed with provided classification, screening and medical/ mental health instruments. The resulting scores of these instruments determine housing units, room assignments and programming to include potential mental health needs. This practice was further supported by interviews with HCDC PREA Coordinator, intake staff and mental health practitioners. This Auditor further confirmed this practice while observing the intake process.

### **115.42 (b), 115.42 (c), 115.42(e)**

Policy 3-21(a) further states that HCDC makes individualized determinations about how to ensure the safety of each inmate. Each inmate's classification is taken on a case-by-case basis to insure the inmate's health and safety. Intake screening instruments and classification tools were provided to determine compliance with this provision. Interviews with intake staff also provided supporting evidence for compliance. HCDC PREA Coordinator confirmed that for each transgender or intersex inmate the facility makes decisions on a case-by-case basis when assigning an inmate to a male or female living unit and when making other housing and programming assignments. The determination takes into consideration whether the placement would ensure the inmate's health and safety, and whether the placement would present management or security problems.

### **115.42(d)**

Per HCDC policy 3C-22 – **Classification / Re-Housing** – All inmates receive a classification review every 30 days. This policy and procedure well exceeds the standard provision of at least twice yearly. This practice was verified through interviews with the intake staff and PREA Coordinator as well as classification review documentation. Policy 3C-21(a) page 11 – **PREA-Screening for Risk of Victimization and Abusiveness** further supports this provision by addressing that an inmate's risk level will be reassessed when warranted due to referrals, requests, incidents of sexual abuse/harassment and receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness.

**115.42 (f)**

HCDC practice requires that all inmates including transgender or intersex inmates are given the opportunity to shower separately from other inmates. Facility design lends to this by only being equipped with single shower stalls in seven (7) of the nine (9) active living units. It should be noted that the two housing units with 2-3 person showers are direct supervision housing units. Interviews with staff responsible for Intake Screenings and the PREA Coordinator confirmed that all residence shower separately. No inmates that identified as transgender or intersex were lodged at the HCDC during the time of this on-site phase so no interviews of this type were conducted.

**115.42 (g)**

According to HCDC policy Lesbian, gay, bisexual, transgender, or other gender-nonconforming inmates are not placed in particular facilities, units, or wings solely on the basis of their sexual orientation, genital status, or gender identity. During the on-site phase one inmate who had identified as gay during intake stated that he was not place in any particular living unit do to his sexual orientation. From other random inmate interviews it was determined that identifying LGBTI status is part of the intake process. This policy and practice was also confirmed by intake staff and PREA Coordinator interviews.

**Evidence Replied Upon:**

HCDC Policy 3-21(a) - **PREA – Use of Screening Information and Screening for Risk of Victimization and Abusiveness**

HCDC Policy 3C-22 – **Classification / Re-Housing**

Provided PREA Questionnaire (PAQ)

HCDC Classification Screening Instrument

HCDC Medical / Mental Health Screening

HCDC PREA Initial Sexual Predator/Sexual Victimization Screening Form

HCDC PREA Sexual Predator/Sexual Victimization Reassessment Form

Interviews with HCDC Director, PREA Coordinator, Mental Health/medical staff, Intake staff

And an inmate who identified as transgender/intersex/gay/lesbian.

Auditor Observations

**Corrective Action:** No Corrective Action needed.

**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 any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.)  Yes  No  NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.)  Yes  No  NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.)  Yes  No  NA

#### 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.*

### **115.43 (a), 115.43 (c), 115.43 (e)**

The Hall County Department of Corrections (HCDC) policy 3C-21(a) page 12 – **PREA-Use of Screening Information** is consistent with standards stating that “Inmates at high risk for sexual victimization may be placed in segregated housing only as a last resort and then only until an alternative means of separation from likely abusers can be arranged”. According to interviews with HCDC Director segregated housing would not last more than 24 hours. He stated that if an alternative means of separation could not be found within that time frame that HCDC would look to transfer that inmate for his or her safety. HCDC practice is that all inmates placed in segregation receive reassessments every seven (7) days. Interviews with staff and HCDC's Pre-Audit Questionnaire (PAQ) indicated that the facility currently has no inmates segregated for this reason therefore no interviews of this type were conducted.

### **115.43 (b)**

Policy HCDC 3C-21 (E-7) - **Sexual Abuse and Assault Prevention and Intervention Program** addresses that inmates placed in segregated housing for this purpose shall have access to programs, privileges, education, and work opportunities to the extent possible. If the facility restricts access to programs, privileges, education, or work opportunities, the facility shall document:

- The opportunities that have been limited;
- The duration of the limitation; and
- The reasons for such limitations.

Policy is further supported by interviews with the Director and PREA Coordinator. The facility's PAQ indicated that restrictions of this type have not occurred within the past 12 months. No interviews with this type of segregated inmates was able to be conducted.

### **115.43 (d)**

Policy 3C-21 (E-5) - **Sexual Abuse and Assault Prevention and Intervention Program** addresses that HCDC will document the basis for concern for an inmate's safety and the reason why no alternative means of separation can be arranged if involuntary segregated confinement is utilized. HCDC Director stated that continued segregation for this reason would not continue beyond 24 hours. According to the Director if continued separation is needed the facility would look to transfer the inmate to another facility for his or her safety.

#### **Evidence Replied Upon:**

HCDC Policy 3C-21(a)- **PREA-Use of Screening Information**

HCDC Policy 3C-21

Provided PREA Questionnaire (PAQ)

Interviews with HCDC Director and PREA Coordinator.

Auditor Observations

**Corrective Action:** No Corrective Action needed.

## **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? (N/A if the facility *never* houses inmates detained solely for civil immigration purposes)  
 Yes  No  NA

### 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.*

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

Hall County Department of Corrections (HCDC) provides multiple internal ways for inmates to privately report sexual abuse and sexual harassment, retaliation by other inmates or staff for reporting sexual abuse and sexual harassment and staff neglect or violation of responsibilities that may have contributed to such incidents. The facility's PREA Coordinator as well as random staff reported during interviews that inmates have multiple ways to report sexual abuse and harassment. According to staff interviews inmates can report to any staff including, medical and mental health staff. Inmates can also utilize the PREA reporting program on the housing unit kiosk and the written grievance process. The written option enables inmates to report anonymously. Inmate interviews consistently demonstrated that there were multiple reporting options and that they were well known among inmates. Most inmates interviewed stated that they would elect to speak directly to staff as their first option.

### **115.51 (b)**

HCDC also provides at least one way for inmates to report abuse or harassment to a public or private entity or office that is not part of HCDC and that is able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to HCDC officials. The kiosks on the living units are available to inmates. These kiosks allow the inmate to make a report directly to the Grand Island Police Department (GIDP) or the Hall County Sheriff's Office (HCSO) bypassing HCDC. The inmates may also utilize the phone system and contact The Crisis Center. These options would allow the inmate to remain anonymous upon request. These numbers are provided to the inmates in written materials and unit posters. Both of these reporting options are able to immediately forward inmate reports to HCDC officials.

Inmates detained solely for civil immigration purposes are provided with reporting options in their inmate handbook. Since HCDC has a contract with Immigration Customs Enforcement (ICE) officials with this agency are constantly available for reporting purposes. HCDC policy 3C-21(a) – **PREA- Supplemental Standards for Facilities with Immigration Detainees** details immigration facilities compliance with PREA standards. Interviews with HCDC PREA Coordinator, random staff and inmates support this standard as well.

### **115.51 (c)**

HCDC policy 3C-21(a) page 13- **PREA-Inmate Reporting** states that HCDC staff accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports. Random staff as well as the PREA Coordinator corroborated that inmates do have these reporting options and that staff would accept any one of these reporting options. Staff interviews overwhelmingly supported policy stating that they would document any such verbal reports. Examples of documented verbal reports were reviewed prior to and during the on-site audit. Inmate interviews also revealed that they believed these reporting options existed and they felt comfortable using them if needed.

### **115.51 (d)**

HCDC has established methods for staff to privately report sexual abuse and harassment of inmates. In this effort HCDC provides staff the means to report directly in person to the shift supervising Sergeant, PREA Coordinator, Assistant Director as well as the Director. Staff may also direct emails to these same staff members.

Through interviews staff expressed that they believe they can make a private report and named multiple methods to do so and to whom they could report to, naming individuals at different levels of HCDC management. Staff also expressed they could contact the Hall County Sheriff's Office as well.

#### **Evidence Replied Upon:**

HCDC Policy 3C-21(a)- **PREA-Supplemental Standards for Facilities with Immigration Detainees**

Provided PREA Questionnaire (PAQ)

Inmate Handbook

PREA Brochure

PREA Posters

Auditor Observation

Interviews with HCDC PREA Coordinator, random staff and inmates

**Corrective Action:** No Corrective Action needed.

## 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

#### 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.*

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

Hall County Department of Corrections (HCDC) has established administrative procedures to address inmate grievances regarding sexual abuse. Among these are HCDC policy 3C-21(a) –**PREA-Exhaustion of Administrative Remedies**, policy 5I-01 – **Inmate Request Procedure** and policy 5I-02 – **Inmate Grievance Procedure**. These policies establish mechanisms for inmates to report sexual abuse and sexual harassment allegations in a safe and efficient manner. A formal grievance process was corroborated through random staff as well as random inmate interviews. HCDC's grievance process was further corroborated by documentation review and Auditor observations.

#### **115.52 (b)**

Policy 5I-02 (9) – **Inmate Grievance Procedure** addresses that HCDC shall not impose a time limit on when an inmate may submit a grievance regarding an allegation of sexual abuse. HCDC may apply otherwise-applicable time limits on any portion of a grievance that does not allege an incident of sexual abuse. This policy further supports the provision stating that HCDC shall not require an inmate to utilize any informal grievance process or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse or sexual harassment.

Interviews with random inmates support this policy and standard by consistently indicating that they believe they may file a grievance at any time regarding sexual abuse and sexual harassment.

#### **115.52 (c)**

HCDC policy also ensures 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 and that such grievance is not referred to a staff member who is the subject of the complaint. Inmates are able to submit grievances using the housing unit kiosk or paper form.

**115.52 (d)**

Policy 5I-02 (8.) states that HCDC's final agency decision regarding the merits of any portion of a grievance alleging sexual abuse will be issued within 90 days of the initial filing of the grievance. Computation of the 90-day time period shall not include time consumed by the inmate in preparing any administrative appeal.

Policy 3C-21(a) page 12 - **PREA-Exhaustion of Administrative Remedies** also supports this provision by stating that HCDC "may claim an extension of time to respond, of up to 70 days, if the normal time period for response is insufficient to make an appropriate decision. The inmate will be notified in writing of any such extension and provide a date by which a decision will be made." Page 13 of this policy states that "The Department recognizes that the absence of a response within the time allotted for reply (including any properly noticed extension) at any time in the administrative process (including the final level) allows the inmate to consider this absence of a response to be a denial at that level".

In the past 12 months HCDC reported that six (6) grievances were filed alleging sexual abuse. All six (6) grievances reached a final decision within the 90 days dictated by this provision and HCDC policy. No grievances were filed that required an extension to make a final decision so no written notification was needed.

**115.52 (e)**

According to HCDC policy 5I-021 page 2 - **Inmate Grievance Procedure** state that "Third party, fellow inmates, staff members, family members, attorneys and outside advocates may submit a grievance alleging sexual abuse on behalf of an inmate". Policy 3C-21(a) page 13 – **PREA-Third Party Reporting** adds that "The facility receives and investigates all third-party reports of sexual abuse/harassment. At the conclusion of the investigation, the facility notifies in writing the third-party individual who reported the abuse/harassment and the inmate named in the third-party report of the outcome of the investigation. The facility distributes publicly information on how to report sexual abuse/harassment on behalf of an inmate."

HCDC reported that there were no documented incidents of grievances being filed by a third party on behalf of an inmate over the past 12 months that could be reviewed during this on-site phase. During interviews inmates expressed that they knew that other persons could fill out a grievance on their behalf. Additional support for this provision was found on the HCDC website where contact information is given to report sexual abuse and sexual harassment by third parties outside of the facility.

**115.52 (f)**

HCDC Policy 5I-02 (7.)- **Inmate Grievance Procedure-Emergency Grievances** states that "Grievances involving immediate threats to the safety and/or security of an inmate shall be immediately expedited to the Shift Supervisor or designee for investigation". Policy 5I-02 (8.)- **Inmate Grievance Procedure-Sexual Assault/Abuse Grievances** states "Initial responses to sexual assault/abuse grievances including sexual assault/abuse will be given within 48 hours with a completed final decision within 5 calendar days. The response will document the determination of whether the inmate is in substantial risk of immediate sexual abuse and the action taken in response to the grievance".

PREA Coordinator interviews indicated that he would be notified immediately if a grievance requires immediate action. This further supports policy and the provisions of this standard. HCDC reported in their PAQ that there were no emergency grievances filed in the past 12 months.

### **115.52 (g)**

HCDC policy 5I-02 (8.) does states that HCDC may discipline an inmate for filing a grievance related to alleged sexual abuse only where the agency demonstrates that the inmate filed the grievance in bad faith. The facility's PAQ as well as the PREA Coordinator affirmed this policy and that no inmate has been disciplined for filing a grievance in bad faith within the past 12 months.

#### **Evidence Replied Upon:**

HCDC Policy 3C-21(a) –**PREA-Exhaustion of Administrative Remedies**

HCDC Policy 5I-01 – **Inmate Request Procedure**

HCDC Policy 5I-02 – **Inmate Grievance Procedure**

HCDC Grievance Forms

Provided PREA Questionnaire (PAQ)

Interviews with HCDC Director, PREA Coordinator, Random staff and inmates

HCDC Website

Auditor Observations

**Corrective Action:** No Corrective Action needed.

## **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? (N/A if the facility *never* has persons detained solely for civil immigration purposes.)  Yes  No  NA
- 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.*

### 115.53 (a)

The Hall County Department of Corrections (HCDC) policy 3C-21(a) page 13 **PREA-Inmate Access to Outside Confidential Support Services** states that in addition to providing on-site mental health care services, the facility provides inmates with access to outside victim advocates for emotional support services related to sexual abuse/harassment. The facility provides such access by giving inmates the current mailing addresses and telephone numbers, including toll-free hotline numbers, of local, State, and/or national victim advocacy or rape crisis organizations and enabling reasonable communication between inmates and these organizations. This provision was supported by signage located throughout the facility containing contact information including the address and telephone numbers.

This Auditor observed PREA posters containing information on how to contact victim services in English and Spanish throughout the facility. These posters contain mailing addresses as well as phone numbers. Written materials provided to inmates during intake further supports this provision of the standard.

Inmates interviewed demonstrated different levels of knowledge in the area of outside advocates and services. All inmates confirmed the presence of posters containing mailing addresses and phone numbers. Those who demonstrated less knowledge stated that they knew where to find this contact information if they needed it. All inmates confirmed that they would be able to use the phone to report sexual abuse anytime they needed to.



Inmates detained solely for civil immigration purposes are provided with reporting options in their inmate handbook. Since HCDC has a contract with Immigration Customs Enforcement (ICE) officials with this agency are readily available for reporting purposes. HCDC policy 3C-21(a) – **PREA- Supplemental Standards for Facilities with Immigration Detainees** details immigration facilities compliance with PREA standards.

**115.53 (b)**

This same policy states that the facility ensures that communications with such advocates are private, confidential and privileged, to the extent allowable by Federal, State and local law. The facility informs inmates, prior to giving them access, of the extent to which such communications will be private, confidential and/or privileged.

Interviews with inmates were inconsistent concerning their knowledge of whether or not the calls are monitored or recorded.

**115.53 (c)**

HCDC has entered into an MOU with The Crisis Center. The Crisis Center has agreed under the current MOU to provide numerous services to inmates including confidential emotional support services related to sexual abuse, crisis intervention, information, referrals and advocacy services. These services were detailed in the MOU provided to this Auditor.

**Evidence Replied Upon:**

HCDC Policy 3C-21(a) - **PREA-Inmate Access to Outside Confidential Support Services**

HCDC Policy 3C-21(a) – **PREA- Supplemental Standards for Facilities with Immigration Detainees**

HCDC Inmate PREA Brochure

Provided PREA Questionnaire (PAQ)

MOU with The Crisis Center (Grand Island, Nebraska)

Interviews with HCDC Director, PREA Coordinator, Random staff and inmates

PREA Posters

Auditor Observations

**Corrective Action:** No Corrective Action needed.

## 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.*

#### **115.54(a)**

HCDC policy 3C-21(a) page 13 - **PREA-Third Party Reporting** states that the facility receives and investigates all third-party reports of sexual abuse and sexual harassment. At the conclusion of the investigation, the facility notifies in writing the third-party individual who reported the abuse and sexual harassment and the inmate named in the third-party report of the outcome of the investigation. HCDC distributes publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate through their website as well as information posted in the facility's lobby.

#### **Evidence Replied Upon:**

HCDC Policy 3C-21a) - **PREA-Third Party Reporting**  
HCDC Website  
Auditor Observation

**Corrective Action:** No Corrective Action needed.

# 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.*

### **115.61 (a)**

HCDC policy 3C-21(a) – **PREA-Staff and Facility Head Reporting Duties** requires that all staff members to report immediately and according to agency policy any knowledge, suspicion or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in an institutional setting, retaliation against inmates or staff who reported abuse and harassment and any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse and sexual harassment or retaliation.

All random staff members that were interviewed affirmed the obligation that they are required to report any knowledge, suspicion or information received regarding an incident of sexual abuse, sexual harassment or retaliation.

### **115.61 (b)**

Policy 3C-21(a) complies with this standard whereas; apart from reporting to designated supervisors or officials, staff are prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions.

Those staff that were interviewed confirmed that this type of information was on a need to know basis and would only apply to those involved in the incident or the investigation of such.

### **115.61 (c)**

In addition, policy 3C-21(a) states that unless otherwise precluded by Federal, State, or local law, medical and mental health practitioners are required to report sexual abuse and sexual harassment and must inform inmates of their duty to report at the initiation of services. This provision was also verified during interviews with medical and mental health staff.

**115.61 (d)**

According to policy 3C-21(a) If the victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable person’s statute, the facility head must report the allegation to the designated State or local services agency under applicable mandatory reporting laws. This procedure was further verified through interviews with HCDC Director and PREA Coordinator

**115.61 (e)**

Upon receiving any allegation of sexual abuse and sexual harassment Policy 3C-21(a) page 15 – **PREA-Duty to Investigate** states that the facility investigates all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports and notifies victims and/or other complainants in writing of investigation outcomes and any disciplinary or criminal sanctions, regardless of the source of the allegation. All investigations are carried through to completion, regardless of whether the alleged abuser or victim remains at the facility. All allegations of sexual abuse and sexual harassment that appear to be criminal in nature are referred for investigation to the Hall County Sheriff’s Office (HCSO), Grand Island Police Department (GIPD) or the Nebraska State Patrol (NSP) to conduct criminal investigations.

This information was also corroborated by the facility’s Director.

**Evidence Replied Upon:**

HCDC Policy 3C-21(a) – **PREA-Staff and Facility Head Reporting Duties**

Provided PREA Questionnaire (PAQ)

Interviews with HCDC Director, PREA Coordinator, random staff, medical and mental health providers

Auditor Observation

**Corrective Action:** No Corrective Action needed.

**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.*

### **115.62 (a)**

HCDC does not have specific policy that addresses agency protective duties. Interviews with random staff members demonstrated the facility's mission to protect inmates from sexual abuse. Staff interviews overwhelmingly supported that they would utilize practices similar to first responders to keep inmates safe. Interviews with the facility's Director confirmed that an inmate would immediately be removed from any potential danger and the incident would be investigated similar to any other sexual abuse or sexual harassment report. The Director added that the investigation would also be followed by an inmate re-classification. Interviews with the director and random staff members also confirmed that there had been no instances of this type within the past 12 months. This was further supported by facility's PAQ.

#### **Evidence Replied Upon:**

HCDC Policy 3C-21(a) = **PREA-Staff First Responder Duties**

Provided PREA Questionnaire

Interviews with HCDC Director and Random Staff Members

**Corrective Action:** No Corrective Action needed.

## **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.*

### **115.63 (a)**

The Hall County Department of Corrections (HCDC) policy 3C-21(a) page 14– **PREA-Reporting to Other Confinement Facilities** outlines the HCDC's requirement of reporting to other confinement facilities upon receiving an allegation that an inmate was sexually abused while confined at that facility and that notification is to be made to the head of that facility where the abuse occurred. HCDC policy dictates that the Director of HCDC will be responsible for notifying the facility head where the alleged abuse occurred.

### **115.63 (b), 115.63 (c)**

This policy also dictates that such notification shall be provided as soon as possible, but no later than seventy-two (72) hours after receiving the allegation. The HCDC Director will also document that it has provided such notification in writing. Both the Director and PREA Coordinator were interviewed confirming they were aware of this policy and the requirements. There were no reports of this type within the last 12 months therefor no documentation review was performed.

### **115.63 (d)**

Policy also addresses that in the event HCDC received such notification from another agency, HCDC shall ensure the allegation is investigated in accordance with PREA standards. During the Director's interview he stated that upon receiving a report of this type HCDC investigators would gather whatever information they could within the facility and that outside law enforcement with investigative authority would be contacted. As stated above there were no reports of this type within the last 12 months therefor no documentation review was performed.

### **Evidence Replied Upon:**

HCDC policy 3C-21(a) – **PREA-Reporting to Other Confinement Facilities**

Provided PREA Questionnaire (PAQ)

Interviews with HCDC Director and PREA Coordinator

**Corrective Action:** No Corrective Action needed.

## 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.*



**115.64 (a)**

HCDC policy 3C-21(a) – **PREA-Staff First Responder Duties** states that upon learning that an inmate was sexually abused within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report is required to (1) separate the alleged victim and abuser; (2) seal and preserve any crime scene(s); and (3) instruct the victim not to take any actions that could destroy physical evidence, including washing, brushing his or her teeth, changing his or her clothes, urinating, defecating, smoking, drinking, or eating. During interviews it was determined that no staff member had actually acted as a first responder to an incident of this type within the past 12 months. The PAQ indicated that five (5) such incidents occurred however after further review it was determined that the PAQ did not accurately represent true first responder’s activities. Instead these incidents occurred and were not reported to staff until sometime later. Incidents reported were not of the type where physical evidence could have been collected.

Staff during interviews were able to explain how they would respond and were familiar with the protocol and procedures related to first responder actions. Staff also demonstrated knowledge on how to protect a crime scene and how to ensure physical evidence was not destroyed. Medical and mental health staff affirmed that they had received training and understood how to preserve physical evidence of a sexual assault.

**115.64 (b)**

Policy 3C-21(a) page 14 also states that if the staff first responder is not a security staff member, he or she is required to instruct the victim not take any actions that could destroy physical evidence, and then notify security staff. This policy and standard was supported by medical, mental health and contract staff interviews.

**Evidence Replied Upon:**

HCDC Policy 3C-21(a) – **PREA-Staff First Responder Duties**

Provided PREA Questionnaire (PAQ)

Interviews with HCDC PREA Coordinator, Random Staff, Medical and Mental Health providers

Administrative Investigation Files

**Corrective Action:** No Corrective Action needed.

## 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.*

### 115.65 (a)

HCDC's institutional plan is detailed in both policy 3C-21(a) **PREA-Coordinated Response Plan** and 3C-21 - **Sexual Abuse and Assault Prevention and Intervention Program**. The plan was developed to coordinate actions taken in response to an incident of sexual abuse. This plan is broken down into responsibilities for first responders, supervisors, investigators, medical/mental health providers, PREA Coordinator and upper facility management. The plan also addresses contact and cooperation with investigative agencies including the Hall County Sheriff's Office (HCSO), the Grand Island Police Department (GIPD) and the Nebraska State Patrol (NSP).

Staff interviewed were aware of these policies and that there was a coordinated response plan. Employees were able to articulate their duties under the response plan and had good general knowledge of the policy as a whole and what was required of others under the plan.

**Evidence Replied Upon:**

HCDC Policy 3C-21(a) – **PREA-Coordinate Response Plan**  
HCDC Policy 3C-21 – **Sexual Abuse and Assault Prevention and Intervention Program**  
Provided PREA Questionnaire (PAQ)  
Interviews with HCDC Director, Random Staff, Medical and Mental Health providers  
Administrative Investigation Files

**Corrective Action:** No Corrective Action needed.

**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.*

**115.66 (a)**

Per Hall County government policy, the Director of the Hall County Department of Corrections has the authority to suspend employees with or without pay pending the outcome of an investigation. After review of these agreements and interviews with HCDC Director and PREA Coordinator it was determined that there is nothing that would prevent staff, volunteers or contractors from being removed from contact with inmates while an investigation was being conducted.

**115.66 (b)**

The Standard provision is not required to audited.

**Evidence Replied Upon:**

Provided PREA Questionnaire (PAQ)

Hall County Policy

Interviews with HCDC Director and PREA Coordinator

**Corrective Action:** No Corrective Action needed.

**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

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### **115.67 (a)**

HCDC policy 3C-21(a) - **Agency Protection Against Retaliation** outlines the facility's response to retaliation against a staff member or an inmate and the protection for all inmates and/or staff members who report an allegation of sexual abuse and sexual harassment; or who cooperates with an investigation into such allegations. Policy states and it was confirmed through interviews with the Assistant Director that he has been designated as the individual who is responsible for monitoring any retaliation. It should be noted that the Assistant Director is also an administrative investigator for the facility.

### **115.67 (b)**

HCDC policy 3C-21(a) further states that the agency employs multiple protection measures, including 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/harassment or cooperating with investigations. Interviews with the Director and Assistant Director support this policy as well as the provisions of this standard. No instances of this type have occurred in the past 12-months so documentation was unavailable for review.

### **115.67 (c)**

Policy 14.27 (A.3) states "The agency monitors the conduct and/or treatment of inmates or staff who have reported sexual abuse/harassment or cooperated with investigations, including any staff reassignments, negative staff performance reviews, inmate disciplinary reports, housing, or program changes, for at least 90 days (or longer if needed) following their report or cooperation to see if there are changes that may suggest possible retaliation by inmates or staff".

### **115.67 (d)**

Policy 3C-21(a) verifies that such monitoring shall also include periodic status checks of the individual being monitored. HCDC discusses any changes with the appropriate inmate or staff member as part of its efforts to determine if retaliation is taking place. HCDC Director and Assistant Director confirmed this policy and practice during interviews. No examples of retaliation were noted for the past 12-months.

**115.67 (e)**

Policy 3C-21(a) is clear throughout that monitoring for potential retaliation and protection from retaliation extends to any inmate or staff member who reports sexual abuse and sexual harassment or cooperates with sexual abuse and sexual harassment investigations. This was also corroborated by interviews with HCDC Director and Assistant Director. No instances of this type have been report in the past 12 months which did not allow for documentation review.

**115.67 (f)**

This Standard provision is not required to audited.

**Evidence Replied Upon:**

HCDC Policy 3C-21(a) – **PREA-Agency Protection Against Retaliation**

Provided PREA Questionnaire (PAQ)

Interviews with HCDC Director and Assistant Director

**Corrective Action:** No Corrective Action needed.

**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.*

**115.68 (a)**

Hall County Department of Corrections (HCDC) Policy HCDC 3C-21 (E-7) - **Sexual Abuse and Assault Prevention and Intervention Program** is consistent with this standard. Policy HCDC 3C-21 (E-7) addresses that inmates placed in segregated housing for this purpose shall have access to programs, privileges, education and work opportunities to the extent possible. If the facility restricts access to programs, privileges, education or work opportunities, the facility shall document:

- The opportunities that have been limited;
- The duration of the limitation; and
- The reasons for such limitations.

Policy 3C-21 (E-5) also addresses that HCDC will document the basis for concern for an inmate’s safety and the reason why no alternative means of separation can be arranged if involuntary segregated confinement is utilized. HCDC Director stated that continued segregation for this reason would not continue beyond 24 hours. According to the Director if continued separation is needed the facility would look to transfer the inmate to another facility for his or her safety. Policy is further supported by information gained from interviews with the PREA Coordinator. The facility’s PAQ and Auditor observation verified that no one was currently segregated for this reason and hadn’t been within the past 12 months. No interviews with this type of segregated inmate was able to be conducted.

**Evidence Replied Upon:**

HCDC Policy 3C-21(a)- **PREA-Use of Screening Information**  
 HCDC Policy 3C-21(E7) - **Sexual Abuse and Assault Prevention and Intervention Program**  
 Provided PREA Questionnaire (PAQ)  
 Interviews with HCDC Director and PREA Coordinator.  
 Auditor Observations

**Corrective Action:** No Corrective Action needed.

**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.*

### 115.71 (a)

HCDC policy 3C-21(a) page 15 – **PREA-Criminal and Administrative Agency Investigations** addresses the provisions of this standard stating “Agency investigations into allegations of sexual abuse/harassment are prompt, thorough, objective”. Policy 3C-21(a) **PREA-Duty to Investigate** includes third-party and anonymous reports to these duties. Investigators reported that an investigation would start immediately as soon as they received a report. Both investigators interviewed confirmed that investigative measures would start within minutes of receiving such a report. During interviews with random staff it was determined that staff know who HCDC investigators are and that they would handle administrative investigations for the facility. Both investigators also confirmed that outside law enforcement investigators would take over and conduct any criminal investigation.

The two HCDC investigators interviewed also supported policy and standard stating that third party and anonymous reports would be investigated in the same manner as any other investigation.

**115.71 (b)**

HCDC policy 3C-21(a) points out that investigations will be conducted by investigators who have received specialized training in sexual abuse and sexual harassment investigations pursuant to Standard 115.34. Eight (8) investigators from HCDC completed an on-line investigators training provided by the National Institute of Corrections (NIC). Investigator's certificates as well as training curriculum were provided to this Auditor for review. Interviews with HCDC investigators and supporting training documentation satisfy provisions of this standard. In addition, all documentation for completed training is maintained in the employee's training file.

**115.71 (c)**

Per policy "Investigators will gather direct and circumstantial evidence, including any available physical and DNA evidence and any electronic monitoring data; interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse and sexual harassment involving the suspected perpetrator." This policy, practice and standard was supported by interviews with HCDC investigators. It is also supported by the specialized training investigators have receive.

Specialized training for HCDC investigators includes techniques for interviewing inmate sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, the criteria and evidence required to substantiate a cause for administrative action or prosecution referral. This standard was supported by HCDC investigator interviews, training records, curriculum review and policy.

**115.71 (d)**

Outside law enforcement agencies with investigative authority will be the only entity to conduct compelled interviews. Compelled interviews shall be conducted only after consulting with the Hall County Attorney's Office as to whether compelled interviews may be an obstacle for subsequent criminal prosecution. This practice is supported by policy 3C-21(a) as well as HCDC investigator interviews.

**115.71 (e)**

According to policy 3C-21(a) The credibility of a victim, suspect or witness shall be assessed on an individual basis and is determined by the person's status as an inmate or staff in. HCDC will not allow the inmate (who alleges sexual abuse) to submit to a polygraph examination.

HCDC investigators reported that all allegations are taken on a case by case basis without any preexisting bias. During interviews both investigators confirmed that no inmate would be required to submit to a polygraph examination or other truth telling device as a condition for proceeding with an investigation.

**115.71 (f)**

Policy 3C-21 (a) addresses that Administrative investigations shall include an effort to determine whether staff actions or failures to act contributed to the abuse. Policy further states that “Administrative investigations are documented in written reports that include a description of the physical and testimonial evidence, reasoning behind credibility assessments, investigative facts and findings.” Investigator interviews supported that when they review evidence that they are also making an effort to determine what impact staff actions may have contributed to the incident.

A review of investigative files demonstrated that administrative investigations are documented. These provisions were also supported by HCDC investigators during interviews.

**115.71 (g)**

HCDC investigative staff reported during interviews that all criminal investigations are conducted by the Hall County Sheriff’s Office (HCSO), the Grand Island Police Department (GIPD) or the Nebraska State Patrol (NSP) and HCDC is provided with a copy of the report once completed. Investigators confirmed that the report would contain interviews with staff and inmates as well as documentation of evidence obtained during the investigation. Policy 3C-21(a) also supports this by stating “When outside agencies investigate sexual abuse/harassment, the facility has a duty to keep abreast of the investigation and cooperate with outside investigators.” HCDC has not had any substantiated allegations of conduct that appear to be criminal that were forwarded to the HCSO, GIPD or NSP since their last audit.

**115.71 (h)**

HCDC policy 3C-21(a) page 16 addresses this issue, stating “Substantiated allegations of conduct that appears to be criminal are referred for prosecution.” Investigators interviewed states that the HCSO, NSP or GIPD conducts all criminal investigations and would be responsible for referring any substantiated allegations that appear to be criminal for prosecution. Per their PAQ HCDC reported there have been no substantiated allegations that appeared to be criminal referred for prosecution since their last audit.

**115.71 (i)**

According to policy “The department retains all written reports for as long as the alleged abuser is incarcerated or employed by the agency, plus five (5) years.” This policy fulfills the provisions of this standard. As further evidence of compliance, investigative reports were reviewed that demonstrated that investigative reports are maintained.

**115.71 (j)**

HCDC policy 3C-21(a) page 15 states “All investigations are carried through to completion, regardless of whether the alleged abuser or victim remains at the facility.” Investigative staff reaffirmed that an investigation would not be terminated due to an inmate being released from HCDC or due to the termination of employment by those involved in the investigation.

**115.71 (k)**

This provision is not required to be audited.

### **115.71 (I)**

HCDC policy address this provision by stating “When outside agencies investigate sexual abuse and sexual harassment, the facility has a duty to keep abreast of the investigation and cooperate with outside investigators. During interviews with HCDC’s Director, PREA Coordinator and facility investigators the practice was supported that the facility would remain informed of the progress of any investigation. This would be accomplished through phone, email or in person with the HCSO, NSP or GIPD.

#### **Evidence Replied Upon:**

HCDC Policy 3C-21(a) – **PREA-Criminal and Administrative Agency Investigations**

HCDC Policy 3C-21(a) – **PREA-Specialized Training: Investigators**

Provided PREA Questionnaire (PAQ)

HCDC Investigator Certifications

National Institute of Corrections Training Curriculum – Specialized Investigator Training

Interviews with HCDC Director, PREA Coordinator and Investigators

MOU with Hall County Sheriff’s Office (HCSO), Grand Island Police Department (GIPD) and Nebraska State Patrol (NSP)

Documentation Review

**Corrective Action:** No Corrective Action needed.

## **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.*

**115.72 (a)**

HCDC policy 3C-21(a)- **PREA-Evidentiary Standard for Administrative Investigations** states that Allegations of sexual abuse/harassment are substantiated if supported by a preponderance of the evidence. This policy was supported during interviews with the facility’s investigators and with HCDC Director. Interviews with investigators and the Director corroborated that the standard of proof in administrative investigations is the preponderance of evidence. It should again be noted that criminal investigations will be performed by either the Hall County Sheriff’s Office (HCSO), Grand island Police Department (GIPD) or Nebraska State patrol (NSP).

**Evidence Replied Upon:**

HCDC Policy 3C-21(a) – **PREA-Evidentiary Standard for Administrative Investigations**

Provided PREA Questionnaire (PAQ)

Interviews with: HCDC Director and investigators

**Corrective Action:** No Corrective Action needed.

**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.*

**115.73 (a)**

According to HCDC policy 3C-21(a) page 16 – **PREA-Reporting to Inmates** states that “Following an investigation into an inmate’s allegation that he or she suffered sexual abuse in the facility, the Department shall inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded”. The provision of this standard was verified by interviews with the facility’s Director, Investigators and investigation record reviews. No incidents involving staff have been reported in the past 12 months.

**115.73 (b)**

Policy 3C-21(a) also addresses that if HCDC did not conduct the investigation, it shall request the relevant information from the investigative agency in order to inform the inmate. The agency reported no allegations of sexual abuse that were investigated by an outside agency in the past 12 months. Since no allegation had been investigated there was no supporting documentation addressing outside investigations.

The facility’s Pre-Audit Questionnaire (PAQ) identified five (5) allegations of sexual abuse within the last 12 months. These allegations did not involve staff. In these allegations the inmates were informed of the outcome of the investigations and this notice was documented in an investigation report. This policy was supported by investigation files as well as copies of the notifications.

**115.73 (c)**

Following an inmate’s allegation that a staff member has committed sexual abuse against the inmate, the Department shall subsequently inform the inmate (unless it is determined that the allegation is unfounded) whenever:

1. The staff member is no longer posted in the inmate’s unit,
2. The staff member is no longer employed by the Department,
3. The Department learns that the staff member has been indicted on a charge related to the sexual abuse within the facility, or
4. The Department learns that the staff member has been convicted on a charge related to the sexual abuse within the facility.

The facility reported per the PAQ that there have not been any substantiated or unsubstantiated reports of sexual abuse committed by a staff member, contractor or volunteer against an Inmate in the facility in the last 12 months. Since no inmates were housed at HCDC that alleged sexual abuse by a staff member no interviews were conducted to address this standard.

**115.73 (d), 115.73 (e)**

Following an inmate’s allegation that he or she has been sexually abused by another inmate, the Department shall subsequently inform the alleged victim whenever:

- The Department learns that the alleged abuser has been indicted on a charge related to the sexual abuse within the facility; or
- The Department learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

The facility’s Pre-Audit Questionnaire (PAQ) identified five (5) allegations of inmate on inmate sexual abuse within the last 12 months. In these allegations the inmates were informed of the outcome of the investigations and this notice was documented in an investigation report. This policy was supported by HCDC investigation files and interviews with investigators.



This policy further addresses that all such notifications or attempted notifications shall be documented. While on site investigation files for alleged sexual abuse were reviewed. The documentation reviewed corroborates that the facility is documenting all notifications or attempted notifications. Since there were no substantiated allegations of sexual abuse within the past 12 months no further documentation review could be performed.

**115.73 (f)**

This Standard provision is not required to audited.

**Evidence Replied Upon:**

HCDC Policy 3C-21(a) – **PREA-Reporting to Inmates**  
Provided PREA Questionnaire (PAQ)  
Numerous PREA Notification of Investigation Reports  
Numerous PREA Investigation Reports  
Numerous Inmate Notification Letters  
Interviews with HCDC Director and Investigators

**Corrective Action:** No Corrective Action needed.

<b>DISCIPLINE</b>
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**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.*

#### **115.76 (a), 115.76 (b)**

HCDC policy 3C-21(a) page 17 - **Disciplinary Sanctions for Staff** addresses this provision stating "Staff is subject to disciplinary sanctions up to and including termination when staff has violated agency sexual abuse/harassment policies. The presumptive disciplinary sanction for staff members who have engaged in sexually abusive contact or penetration is termination". Furthermore, policy requires any termination for such cause will be reported to law enforcement agencies and any relevant licensing bodies.

HCDC reported that there have been no disciplinary actions, including termination taken against any staff member, volunteer or contractor within the past 12 months for violating HCDC policies on sexual abuse and sexual harassment. A selection of staff files were reviewed and confirmed no disciplinary action of this type in the past 12 months.

#### **115.76 (c)**

HCDC policy 3C-21(a) addresses this provision stating that "Disciplinary sanctions for violations of agency policies relating to the sexual abuse/harassment (other than actually engaging in sexual abuse) shall be 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."

As stated above HCDC reported that there have not been any staff violations of any sexual abuse or sexual harassment related policies in the past 12 months. This stands to reason that there would be no terminations for violations of such policies. Personnel file reviews indicated that there were no disciplinary actions taken against staff for violation of such policies.

**115.76 (d)**

HCDC policy 3C-21(a) page 17 addresses this provision stating that “All terminations for violations of agency sexual abuse/harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.”

The facility reported that there have been no violations by staff in regard to sexual abuse and sexual harassment policies within the past 12 months therefore no reports were made to relevant licensing bodies or law enforcement. In addition, no documentation of this type would be available for review.

**Evidence Replied Upon:**

HCDC Policy 3C-21(a) – **PREA-Disciplinary Sanctions for Staff**  
Provided PREA Questionnaire (PAQ)  
Personnel Files  
Interviews with HCDC Director and PREA Coordinator

**Corrective Action:** No Corrective Action needed

**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.*

### **115.77 (a), 115.77 (b)**

HCDC policy 3C-21 page 8 - **Sexual Abuse and Assault Prevention and Intervention Program (G-2)** and HCDC policy 3C-21(a) page 17 – **Disciplinary Sanctions for Staff** address this standard regarding contractors and volunteers that violate HCDC PREA policies. Policy 3C-21 states that - When an employee, contractor or volunteer is alleged to be the perpetrator of inmate sexual abuse and/or assault, it is the Director's responsibility to ensure that the incident is promptly referred to the appropriate law enforcement agency having jurisdiction for investigation and reported to the Field Office Director (when ICE detainee(s) are involved). The County Board of Corrections shall also be notified. Also staff (including contractors and volunteers) suspected of perpetrating sexual abuse or assault shall be removed from all duties requiring inmate contact pending the outcome of an investigation.

Interviews with the facility's Director verified that HCDC will take appropriate remedial measures and shall consider whether to prohibit further contact with inmates, in the case of any other violation of sexual abuse or sexual harassment policies by a contractor or volunteer.

There have been no such occurrences within the past 12 months so no documentation review was able to be completed. Investigative files from the past 12 months were reviewed and none involved volunteers or contractors.

### **Evidence Replied Upon:**

HCDC policy 3C-21 - **Sexual Abuse and Assault Prevention and Intervention Program**

HCDC policy 3C-21(a) – **Disciplinary Sanctions for Staff**

Provided PREA Questionnaire (PAQ)

Interviews with HCDC Director and PREA Coordinator

**Corrective Action:** No Corrective Action needed.

## 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)

- If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)  Yes  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.*

### **115.78 (a)**

HCDC policy 3C-21(a) page 18 – **PREA-Disciplinary Sanctions for Inmates** states that “Inmates shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse or following a criminal finding of guilt for inmate-on-inmate sexual abuse”. This policy and practice supports the standard provision.

According to the facility's PAQ there have been five (5) reports of alleged inmate on inmate sexual abuse in the past 12 months. Internal investigative reports were reviewed and of these five (5) reports, two (2) were determined to be unsubstantiated or lacked sufficient evidence, while two (2) resulted in administrative disciplinary sanctions. One (1) report was not made until the alleged perpetrator had been release from custody thus not garnering administrative sanctions.

### **115.78 (b)**

HCDC policy 3C-21(a) states that sanctions shall be commensurate with the nature of the circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories. This policy, supporting disciplinary documentation as well as the facility Director's interview fulfills the provision of this standard.

### **115.78 (c)**

The provision of this standard were met with policy 3C-21(a) which states the disciplinary process shall consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. None of the administrative findings of sexual abuse had any indications of mental disability or mental illness.

Interviews with the Director verified that the disciplinary process would take into account the inmates mental disabilities or mental illness. He further confirmed that mental health would be part of the sanction process.

**115.78 (d)**

HCDC will refer inmates who engaged in sexual abuse to on-site mental health personnel. When possible, therapy, counseling, and other interventions designed to address and correct underlying reasons or motivations for the abuse, the Department shall consider whether to require the offending inmate to participate in such interventions as a condition of access to programming or other benefits., according to policy 3C-21(a) page 18. Interviews with HCDC mental health staff confirmed that they would provide these types of services.

**115.78 (e)**

Provisions of this standard were met with policy 3C-21(a) stating that the Department may discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact. This policy was also supported by the facility's PAQ response. No incidents of this type have occurred within the past 12 months.

**115.78 (f)**

The provision of this standard is satisfied by policy 3C-21(a) stating for the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.

**115.78 (g)**

HCDC policy 3C-21(a) states that the department prohibits all sexual activity between inmates and may discipline inmates for such activity. The Department may not, however, deem such activity to constitute sexual abuse if it determines the activity is not coerced.

**Evidence Replied Upon:**

HCDC Policy 3C-21(a) – **PREA-Disciplinary Sanctions for Inmates**

HCDC Disciplinary Hearing reports

HCDC Investigation files

Provided PREA Questionnaire (PAQ)

Interviews with HCDC Director, PREA Coordinator, Medical and Mental Health staff

**Corrective Action:** No Corrective Action needed.

## 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), 115.81 (c)**

Provisions of this standard are covered in policy C-21(a) page 18 – **PREA-Medical and Mental Health Screenings-History of Sexual Abuse**. This policy states that Qualified medical or mental health practitioners ask inmates about prior sexual victimization and abusiveness during medical and mental health reception and intake screenings. If an inmate discloses prior sexual victimization or abusiveness, whether it occurred in an institutional setting or in the community, during a medical or mental health reception or intake screening, the practitioner provides the appropriate referral for treatment, based on his or her professional judgment. Policy further states that any necessary referrals and/or follow up meetings shall be done within 14 days.

This policy and practice was further supported by interviews with mental health providers and intake staff.

### **115.81 (b)**

This standard provision does not apply to the Hall County Department of Corrections (HCDC).

### **115.81 (d)**

HCDC policy 3C-21(a) states "Any information related to sexual victimization or abusiveness that occurred in an institutional setting must be strictly limited to medical and mental health practitioners and other staff, as required by agency policy and Federal, State, or local law, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments". Facility software limits what information staff have access to. Provisions of this standard were further supported by interviews with HCDC's PREA Coordinator and intake staff that perform screenings. Staff affirmed that the intake screening information is restricted to just the intake staff, classification officers, mental health and medical practitioners. It was verified that line staff do not have access to these records.

### **115.81 (e)**

According to policy 3C-21(a) Medical and mental health practitioners must 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. Interviews with both medical and mental health practitioners confirmed this practice.

**Evidence Replied Upon:**

HCDC Policy - C-21(a) – **PREA-Medical and Mental Health Screenings- History of Sexual Abuse.**

Provided PREA Questionnaire (PAQ)

Screening Forms - Printed

Auditor Observations

Interviews with HCDC PREA Coordinator Intake/ Screening Staff, Medical and Mental Health Staff

**Corrective Action:** No Corrective Action needed.

**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.*

### **115.82 (a)**

HCDC policy 3C-21(a) – **PREA-Access to Emergency Medical and Mental Health Services** states that Victims of sexual abuse have 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.

Provisions for this standard were further achieved through interviews with both medical and mental health practitioners. Mental health practitioners interviewed stated that services would be provided in a timely and unimpeded manner. These services would be offered within minutes of a report or notification and would be determined according to their professional judgment. Interviews with medical staff echoed this practice.

### **115.82 (b)**

Policy 3C-21(a) states that if no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, security staff first responders take preliminary steps to protect the victim and immediately notify the appropriate medical and mental health practitioners.

Staff interviews overwhelmingly support this provision and policy. All staff interviewed stated that they would take preliminary steps to protect the inmate victim. Staff interviewed were detailed and specific in steps that they would take. Notification of medical and mental health were in these initial steps after they had removed the inmate victim to ensure his or her safety.

It should be noted that the Hall County Department of Corrections (HCDC) makes it a practice to utilize the Saint Francis Medical Center for emergency and forensic medical exam services. HCDC has an existing MOU with this Medical Center for such services.

**115.82 (c), 115.82 (d)**

According to policy 3C-21 (l) page 9 - **Sexual Abuse and Assault Prevention and Intervention Program** states prophylactic treatment, emergency contraception and follow up examinations for sexually transmitted diseases shall be offered to all victims, as appropriate. Health care professionals shall test for sexually transmitted diseases and infections (e.g. HIV, gonorrhea, hepatitis, Chlamydia and other diseases/infections) and refer victim for counseling, as appropriate. Prophylactic treatment, emergency contraception and follow up examination for sexually transmitted diseases shall be offered to all victims, as appropriate. Policy 3C-21(a) supports this provision by stating that treatment services must be provided free of charge to the victim and regardless of whether the victim names the abuser.

Medical staff interviews supported this provision.

**Evidence Replied Upon:**

HCDC Policy 3C-21(a) – **PREA-Access to Emergency Medical and Mental Health Services**

HCDC Policy 3C-21 l. **Sexual Abuse and Assault Prevention and Intervention Program**

Provided PREA Questionnaire (PAQ)

Interviews with HCDC Medical and Mental Health Staff

**Corrective Action:** No Corrective Action needed.

**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. *Note: in “all-male” facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*)  Yes  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. *Note: in “all-male” facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*)  Yes  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.*

### **115.83 (a), 115.83 (b), 115.83 (c)**

Policy 3C-21(a) – **PREA-Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers** states that the facility provides ongoing medical and/or mental health evaluation and treatment to all known victims of sexual abuse. The evaluation and treatment of sexual abuse victims must include appropriate follow-up services, treatment plans, and, when necessary, referrals for continued care following their release from custody.

This policy is further supported by stating that the level of medical and mental health care provided to inmate victims must match the community level of care generally accepted by the medical and mental health professional communities. The facility conducts a mental health evaluation of all known abusers and provides treatment, as deemed necessary by qualified mental health practitioners.

Interviews with mental health staff indicated that they provide such services and conduct on-going evaluations. On-going evaluations would continue while the inmate was in the facility. After that, mental health staff can recommend out-patient services. In addition, both medical and mental health providers confirmed that they believed services at HCDC were better than the community level of care.

### **115.83 (d), 115.83 (e)**

Policy 3C-21(a) states Inmate victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests. If pregnancy results from the abuse, such victim shall receive timely and comprehensive information about lawful pregnancy-related medical services. Interviews with medical staff support this provision adding that information and access to lawful pregnancy related services would be immediate upon discovery. No incidents of this type have been reported so documentation for review was unavailable.

### **115.83 (f), 115.83 (g)**

According to policy 3C-21 (l) page 9 - **Sexual Abuse and Assault Prevention and Intervention Program** states prophylactic treatment, emergency contraception and follow up examinations for sexually transmitted diseases shall be offered to all victims, as appropriate. Health care professionals shall test for sexually transmitted diseases and infections (e.g. HIV, gonorrhea, hepatitis, Chlamydia and other diseases/infections) and refer victim for counseling, as appropriate. Prophylactic treatment, emergency contraception and follow up examination for sexually transmitted diseases shall be offered to all victims, as appropriate. Furthermore, policy 3C-21(a) supports this provision by stating that treatment services must be provided free of charge to the victim and regardless of whether the victim names the abuser.

### **115.83 (h)**

This standard provision does apply to HCDC.

**Evidence Replied Upon:**

HCDC Policy – 3C-21(a) – **PREA-Access to Emergency Medical and Mental Health Services**

HCDC Policy 3C-21 (l) - **Sexual Abuse and Assault Prevention and Intervention Program**

Provided PREA Questionnaire (PAQ)

Interviews with HCDC Intake/Screening Staff, Medical and Mental Health providers.

**Corrective Action:** No Corrective Action needed.

<b>DATA COLLECTION AND REVIEW</b>
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**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.*

### **115.86 (a), 115.86 (b), 115.86 (c)**

HCDC policy 3C-21(a) – **PREA-Sexual Abuse / Harassment Incident Reviews** requires that 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. According to policy such reviews shall occur within 30 days of the conclusion of the investigation and the review team shall include administrative officials, with input from supervisors, investigators, and medical or mental health practitioners.

Interviews with the Director confirmed that the facility does have a sexual abuse incident review team and that the team membership fulfills provisions of this standard. Incident review team documentation was also appraised and supported that reviews are conducted within the time frame established by HCDC policy and provisions of this standards.



### **115.86 (d)**

Policy 3c-21(a) requires that the review team:

- a. Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse.
- b. Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or, gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility.
- c. Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse.
- d. Assess the adequacy of staffing levels in that area during different shifts.
- e. Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff.
- f. Prepare a report of its findings, and any recommendations for improvement and submit such report to the Director and PREA Coordinator.

Interviews with the Director, PREA Coordinator and Review Team Members confirm that the review team considers all items listed above. Review team documents, incident reports and HCDC investigative reports were provided as supporting documentation.

### **115.86 (e)**

According to policy 3C-21(a) page 20 the facility shall implement the recommendations for improvement, or shall document its reasons for not doing so. As stated above when completed these team reviews are forwarded to the Director and PREA Coordinator per policy and interviews.

#### **Evidence Replied Upon:**

HCDC policy 3C-21(a) – **PREA-Sexual Abuse / Harassment Incident Reviews**

Provided PREA Questionnaire (PAQ)

Investigation Files

HCDC Sexual Abuse and Sexual Harassment Incident Review documentation

Interviews with HCDC Director, PREA Coordinator, Review Team Members

**Corrective Action:** No Corrective Action needed.

## **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.*

**115.87 (a)**

HCDC policy 3C-21(a) page 20 - **Data Collection** states that the agency collects accurate, uniform data for every allegation of sexual abuse within its facility using the instrument and definitions set forth by the Bureau of Justice Statistic (BJA) in the Survey of Sexual Violence. The facility’s PREA Coordinator did provide a latest copy (2019) of HCDC’s annual DOJ Survey of Sexual Victimization for review. This policy and supporting documentation fulfills the provisions of this standard.

**115.87 (b), 115.87 (c)**

According to policy 3C-21(a) The PREA Coordinator reviews and aggregates the incident-based sexual abuse data annually. As stated above the PREA Coordinator did provide HCDC’s annual BJA Survey of Sexual Victimization for year 2019 as supporting documentation for this standard. The use of this instrument was also corroborated during the PREA Coordinators interview. HCDC does include in their incident data report at a minimum the data necessary to answer all questions from the Survey of Sexual Victimization conducted for the BJA.

**115.87 (d)**

Also according to this same policy 3C-21(a) the agency maintains, review, and collect data as needed from all available incident-based documents including reports, investigation files and sexual abuse incident reviews. The policy and standard was further supported by interviews with the PREA Coordinator.

**115.87 (e)**

The provisions of this standard does not apply to HCDC.

**115.87 (f)**

HCDC PREA Coordinator did provide annual DOJ Survey of Sexual Victimization statistics for 2019 using the standardized instrument for capturing this aggregated data. This was further supported through the PREA Coordinator’s interview.

**Evidence Replied Upon:**

- HCDC Policy – 3C-21(a) - **Data Collection**
- HCDC PREA DOJ Survey of Sexual Violence 2019
- Provided PREA Questionnaire
- Interviews with HCDC PREA Coordinator

**Corrective Action:** No Corrective Action needed.

**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.*

**115.88 (a)**

Policy 3C-21(a) page 20 – **Data Review for Corrective Action** states that the agency reviews data collected and aggregated pursuant Standard 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection and response policies, practices and training. This data is reviewed in order to identifying problem areas, including any racial dynamics underpinning patterns of sexual abuse and harassment, takes corrective action on an ongoing basis, and at least annually prepare a report of its findings and corrective actions.

The PAQ indicates that HCDC does collect and aggregate sexual abuse and sexual harassment data. Compliance with this provision was also evident upon reviewing the agency’s annual report. Interviews with the PREA Coordinator further supports compliance.

**115.88 (b)**

According to policy such reports shall include a comparison of the current year’s data and corrective actions with those from prior years and shall provide an assessment of the HCDC’s process in addressing sexual abuse. Upon review of the annual report provided it was determined that HCDC does in fact compare current years’ data to past data and any actions taken.

**115.88 (c)**

HCDC policy 3C-21(a) also addresses that the annual report will be approved by the agency head, submitted to the appropriate legislative body and made readily to the public through its website or other means. Through interviews and after reviewing the annual report, it was verified that the process is to forward the report to the Director for his response. The 2014 through 2018 reports comparing data were also witnessed to be on HCDC’s website for public viewing. The 2019 report had not yet been added to the website.

**115.88 (d)**

Policy 3C-21(a) allows HCDC to redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility. Policy states that HCDC must indicate the nature of the material redacted.

**Evidence Replied Upon:**

HCDC Policy – 3C-21(a) - **Data Review for Correction Action**

Provided PREA Questionnaire

HCDC Annual PREA Report 2014-2018

Interviews with HCDC PREA Coordinator

Auditor Observations

HCDC Website

**Corrective Action:** No Corrective Action needed.

## 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.*

#### 115.89 (a)

HCDC policy 3C-21(a) - **Data Storage, Publication, and Destruction** states the agency ensures that the collected sexual abuse and harassment data is properly stored, securely retained and protected. All data is secured in the PREA Coordinators office. The PREA Coordinator verified this during interviews stating that he was responsible for securing such data.

**115.89 (b), 115.89 (c)**

Facility policy addresses that the agency will make all aggregated data available on the facility’s website annually after removing all personal identifiers. This Auditor observed HCDC’s website which posts aggregated sexual abuse data annually. The annual reports contained no personal identifiers. At the time of this audit 2014 through 2018 data was available on HCDC’s website. The 2019 report had not yet been posted.

**115.89 (d)**

Policy 3C-21(a) confirms that HCDC does maintain sexual abuse and harassment data for at least 10 years after the date of its initial collection unless Federal, State, or local law allows for the disposal of official information in less than 10 years. The PREA Coordinator did confirm this practice during his interview. Further confirmation was made with documentation review.

**Evidence Replied Upon:**

HCDC Policy – 3C-21(a) - **Data Storage, Publication, and Destruction**

Provided PREA Questionnaire

HCDC Annual PREA Report 2014 - 2018

Interviews with HCDC PREA Coordinator

Historical Data Review

HCDC Website

Auditor Observation

**Corrective Action:** No Corrective Action needed.

**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.*

#### **115.401 (a), 115.401 (b)**

The Hall County Department of Corrections (HCDC) underwent a previous PREA Audit in late 2015. HCDC is a stand-alone facility and does not operate any other facilities. HCDC also does not contract with any private organization for the confinement of their inmates.



**115.401 (h), 115.401 (i)**

This Auditor was provided full access to and the ability to observe all areas of the facility as well as its operations. This Auditor was also permitted to request and receive copies of any relevant documents. If materials were not provided prior to the on-site phase they were reviewed while on-site.

**115.401 (m)**

Private interviews with inmates were permitted. Inmate interviews occurred in the same location as confidential attorney visits.

**115.401 (n)**

Inmates were permitted to send confidential information or correspondence to this Auditor. This was verified in interviews with inmates as they acknowledge my Audit announcement postings and contact information.

**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. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.)  Yes  No  NA

**Auditor Overall Compliance Determination**

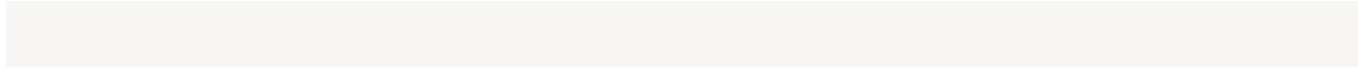
- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

**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.*

**115.403 (f)**

The Hall County Department of Corrections (HCDC) has made available to the public all Final Audit Reports. HCDC has undergone one previous PREA Compliance Audit and the results of that audit are located on the agency's 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>1</sup> Auditors are not permitted to submit audit reports that have been scanned.<sup>2</sup> See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Chris Harrifeld

April 13, 2020

**Auditor Signature**

**Date**

<sup>1</sup> See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

<sup>2</sup> See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.