

**Inmate Interview Worksheet for Prisons and Jails with a Population of 51-100****Facility Name: Mecklenburg Detention - North, NC****Onsite Dates: October 29-Nov 1, 2019****Inmate Population as of the first day of the onsite audit: 60****Auditors' Names: Karen Albert , Tim Fuss, and Kathryn Bryan**

Interview Type	Minimum # Required	# Interviews Conducted	Unique Identifier	Total
Overall Minimum Number of Inmate Interviews	10			
Random Inmate Interviews	5			
Targeted Inmate Interviews	5			
Breakdown of Required Targeted Inmate Interviews				
Youthful Inmates	1+			
Inmates with a Physical Disability	1			
Inmates who are Blind, Deaf, or Hard of Hearing				
Inmates who are LEP				
Inmates with a Cognitive Disability				
Inmates who Identify as Lesbian, Gay, or Bisexual	1			
Inmates who Identify As Transgender or Intersex	0			
Inmates in Segregated Housing for High Risk of Sexual Victimization	1			
Inmates Who Reported Sexual Abuse	1			
Inmates Who Reported Sexual Victimization During Risk Screening				

**Mecklenburg County Detention Center, NC**  
**PREA Audit Agenda**  
**October 29-November 1, 2019**

**Tuesday, October 29, 2019**

<b>Time</b>	<b>Focus</b>
10:00 am – 11:00 am	<b>Kick Off Meeting – Clarify scope and expectations</b>
11:00 am – 12:30 pm.	<b>Tour Central Jail:</b> (Including housing, adjacencies, compliance with standards)
12:30 pm – 1:30 pm	<b>Lunch</b>
1:30 pm – 3:00 pm	<b>Continue Tour Central Jail –</b>
3:00 pm – 6:30 pm	<b>Interviews (Agency Staff):</b> A more detailed schedule to follow
6:30 pm – 7:30 pm	<b>Dinner</b>
7:30 pm – 9:30 pm	<b>Interviews: Primarily night shift personnel</b>

**Wednesday, October 30, 2019**

9:00 am – 11:00 am	<b>Tour Jail North</b>
11:00 am – 12:00	<b><i>NORTH: Interviews and File Review</i></b> <b><i>CENTRAL: Interviews and File Review</i></b>
12:00 pm – 1:00 pm	<b>Lunch</b>
1:00 pm – 5:00 pm	<b><i>NORTH: Interviews and File Review</i></b> <b><i>CENTRAL: Interviews and File Review</i></b>
5:00 pm – 6:00 pm	<b>Auditor Review Period</b>
6:00 pm – 7:00 pm	<b>Dinner</b>
7:00 pm -	<b><i>NORTH: Interviews; night shift personnel</i></b> <b><i>CENTRAL: Interviews; night shift personnel</i></b>

**Thursday, October 31, 2019**

9:00 am – 12:30 pm	<b><i>CENTRAL: Interviews and File Review:</i></b>
12:30 pm – 1:30 pm	<b>Lunch</b>
1:30 pm – 5:00 pm	<b>Interviews / File Review follow up</b>
Evening	<b>Auditor Review Period</b>

**Friday, November 1, 2019**

9:00 am – 11:30 am	<b>CENTRAL Jail File Review and Staff Interviews if necessary</b>
11:30 am – 1:00 pm	<b>Auditor Prep</b>
1:00 pm – 2:00 pm	<b>Closeout: next steps; schedule</b>
2:00 pm – 5:00 pm	<b>Interviews / File Review follow up – if necessary</b>

Shifts: 7-7; MTXXFSU, XXWHXXX

Current Population (10-8-19) North: 60; Central: 1400.

*Smau*



## PREA Audit Request for Information

### Investigations

Please provide the following information to the Auditor related to the PREA Investigations standards.

#### Instructions:

1. Complete **Table 1** providing data on total number of **allegations** of sexual abuse and sexual harassment reported for investigation during the preceding 12 months prior to the audit.
2. Complete **Table 2** providing data on the total number of **incident reports** from the 12 months preceding the audit.
3. Complete **Table 3** providing data on the total number of **grievances** made in the 12 months preceding the audit.
4. Complete **Table 4** providing data on the total number of **hotline calls** made in the 12 months preceding the audit (if applicable).
5. Complete **Table 5** providing a summary of all **investigations**, both administrative and criminal in the 12 months preceding the audit.
6. Complete **Table 6** providing a summary listing of all investigations, providing case numbers.
7. Complete **Appendix A** entitled *Agency Investigative Matrix* which provides the Auditor with an overview of the investigation entities and their scope of authority over administrative and criminal investigations at the facility.

Agency Name: Click or tap here to enter text.		Facility Name: Click or tap here to enter text.	
Date Complete: Click or tap here to enter text.		Audit Date: Click or tap here to enter text.	
Person Completing Form: Click or tap here to enter text.	Phone Number: Click or tap here to enter text.	Email: Click or tap here to enter text.	

**Table 1: Total Number of Allegations<sup>1</sup> of Sexual Abuse and Sexual Harassment in Past 12 Months Preceding the PREA Audit**

Month <sup>2</sup>	Sexual Abuse		Sexual Harassment
	Staff-on-Inmate	Inmate-on-Inmate	
January 2019	0	0	1
February 2019	0	0	0
March 2019	0	0	1
April 2019	0	0	1
May 2019	0	0	1
June 2019	0	0	0
July 2019	1	0	0
August 2019	0	0	0
September 2019	0	0	2
October 2018	0	0	6
November 2018	0	0	2
December 2018	0	1	0
<b>Total Allegations</b>	<b>1</b>	<b>1</b>	<b>14</b>

<sup>1</sup> Allegations should include all reports from all sources (e.g., grievances, hotline, verbal reports, anonymous, third party, etc.)

<sup>2</sup> Insert the correct year beside month.

Table 2: Total Number of Incident Reports<sup>3</sup> in Past 12 Months Preceding the PREA Audit

Month <sup>4</sup>	Sexual Abuse	Sexual Harassment
January 2019	0	1
February 2019	0	0
March 2019	0	1
April 2019	0	1
May 2019	0	0
June 2019	0	0
July 2019	1	0
August 2019	0	0
September 2019	0	0
October 2018	0	1
November 2018	0	0
December 2018	1	0
Total Incident Reports	2	4

Table 3: Total Number of Grievances in Past 12 Months Preceding the PREA Audit

Month <sup>5</sup>	All Grievances <sup>6</sup>	Grievances Alleging Sexual Abuse	Grievances Alleging Sexual Harassment
January 2019	76	0	0
February 2019	88	0	0
March 2019	62	0	0
April 2019	47	0	0
May 2019	57	0	1
June 2019	40	0	0
July 2019	6	0	0
August 2019	2	0	0
September 2019	6	0	2
October 2018	95	0	5
November 2018	78	0	2
December 2018	83	0	0
Total Grievances	640	0	10

<sup>3</sup> If the facility does not use "incident reports", please include whatever process used to document allegations (e.g., emails, logs, etc.)

<sup>4</sup> Insert the correct year beside month.

<sup>5</sup> Insert the correct year beside month.

<sup>6</sup> Please include the number of all grievances submitted on all topics. Sexual abuse and sexual harassment are subsets of the total.

submitted with the time sheet to receive pay.



### Specialized Staff and Leadership

Specialized Staff			Staff Name	Staff Title
Agency Head (or Designee)				
Agency PREA Coordinator				
Facility Head (or Designee)				
Facility PREA Compliance Manager				
Agency Contract Administrator				
Intermediate/Higher Level Facility Staff				
<del>Line Staff Who Supervise Youthful Inmates</del>				
Education and Program Staff Who Work with Youthful Inmates				
Non-Med/Cross-Gender Strip/Visual Body Cavity Searches				
Intake Staff				
Classification Staff				
SAFE-SANE	JDI	Community Advocate		
Volunteers with Inmate Contact				
Contractors with Inmate Contact				
Investigative Staff				
Investigative Staff				
Screening for Risk of Victimization/Abusiveness				
Staff Who Supervise Inmates in Segregated Housing				
Incident Review Team Staff				
Monitor(s) of Retaliation				
First Responder (Security/Non-Security)				
HR Staff				
Director of Training				
Mailroom Staff				
Food Services Staff Supervising Inmates				
Grievance Staff				
IT Staff				
Medical Staff				
Mental Health Staff				
Inmate Disciplinary Hearing Staff				
Maintenance Staff Supervising Inmates				
Director of Volunteers and Contractors				

Floor plan - North - Brad Land  
Roster print by housing unit ~~for~~ print day of

## **Instructions\***

### **A-1: Staff-on-Inmate Sexual Abuse – Criminal Investigation**

Describe the type of cases investigated and by whom (attach multiple sheets as necessary). For example, do separate agencies investigate allegations against sworn staff versus civilian staff? The facility must provide the name of the agency(s) or division(s) that conduct the criminal investigation for staff-on-inmate sexual abuse. This may be local law enforcement, state police, or other external agencies such as state or local inspector general offices, ombudsman's offices, independent monitors, etc.

### **A-2: Staff-on-Inmate Sexual Abuse and/or Sexual Harassment– Administrative Investigation**

The facility must provide the name of the agency(s) or division(s) that conduct the administrative investigation for staff-on-inmate sexual abuse and/or sexual harassment and staff-on-inmate policy violations. This may be a separate internal affairs division, the facility administration, or another external agency. If the facility does a preliminary fact finding regarding an incident prior to notifying the external criminal investigators or administrative investigators, they must also be listed under A-2.

### **B-1: Inmate-on-Inmate Sexual Abuse – Criminal Investigation**

The facility must provide the name of the agency(s) or division(s) that conduct the criminal investigation for inmate-on-inmate sexual abuse. This may be local law enforcement, state police, or other agencies such as inspector general offices.

### **B-2: Inmate-on-Inmate Sexual Abuse and/or Sexual Harassment – Administrative Investigation**

The facility must provide the name of the agency(s) or division(s) that conduct the administrative investigation for inmate-on-inmate sexual abuse. This may be the facility administration or other agency level entities. This investigation normally focuses on whether facility rules were violated by an inmate.

\* This document is intended to assist PREA Auditors and facilities being audited in understanding and clarifying the investigative process and those entities and/or individuals responsible for conducting investigations of sexual abuse and sexual harassment at the agency and facility level. It is also recommended that the facility and/or agency develop an *Investigation Process Flow Chart* that visually depicts the process and flow of investigations of sexual abuse and sexual harassment. Together this document and a flow chart will ensure that all involved with the PREA audit have an accurate understanding of the investigative process.



## Appendix A: PREA AUDIT – Agency Investigative Matrix

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

	1 - Criminal Investigation	2 - Administrative Investigation
A - Staff-On-Inmate Sexual Abuse and/or Sexual Harassment	<b>Types of Cases:</b> (Check all that apply) <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Sworn Staff <input type="checkbox"/> Civilian Staff <input type="checkbox"/> Other: <a href="#">Click or tap here to enter text.</a>	<b>Types of Cases:</b> (Check all that apply) <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Sex Harassment <input type="checkbox"/> Sworn Staff <input type="checkbox"/> Civilian Staff <input type="checkbox"/> Rule Violation <input type="checkbox"/> Other: <a href="#">Click or tap here to enter text.</a>
	<b>Name of Investigative Agency/Agencies or Division(s)*:</b> <a href="#">Click or tap here to enter text.</a>	<b>Name of Investigative Agency/Agencies or Division(s)*:</b> <a href="#">Click or tap here to enter text.</a>
	<b>Agency or Division Head:</b> <a href="#">Click or tap here to enter text.</a> <b>Contact Phone:</b> <a href="#">Click or tap here to enter text.</a> <b>Contact Email:</b> <a href="#">Click or tap here to enter text.</a>	<b>Agency or Division Head:</b> <a href="#">Click or tap here to enter text.</a> <b>Contact Phone:</b> <a href="#">Click or tap here to enter text.</a> <b>Contact Email:</b> <a href="#">Click or tap here to enter text.</a>
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B – Inmate on Inmate Sexual Abuse and/or Sexual Harassment	<b>Types of Cases:</b> (Check all that apply) <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor	<b>Types of Cases:</b> (Check all that apply) <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Sex Harassment <input type="checkbox"/> Rule Violation <input type="checkbox"/> Other: <a href="#">Click or tap here to enter text.</a>
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B – Inmate on Inmate Sexual Abuse and/or Sexual Harassment	<b>State or Local Oversight Agencies (e.g., Ombudsman, Inspector General, Independent Monitor, etc.)</b> <a href="#">Click or tap here to enter text.</a>	<b>State or Local Oversight Agencies (e.g., Ombudsman, Inspector General, Independent Monitor, etc.)</b> <a href="#">Click or tap here to enter text.</a>
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\*If different or multiple agencies investigate different types of cases, please attach an additional matrix page for that information as necessary.



**Appendix A: PREA AUDIT – Agency Investigative Matrix** (Additional page if needed)

Facility Name: Click or tap here to enter text.

	1 - Criminal Investigation	2 - Administrative Investigation
A - Staff-On-Inmate Sexual Abuse and/or Sexual Harassment	<b>Types of Cases:</b> (Check all that apply) <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Sworn Staff <input type="checkbox"/> Civilian Staff <input type="checkbox"/> Other: Click or tap here to enter text.	<b>Types of Cases:</b> (Check all that apply) <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Sex Harassment <input type="checkbox"/> Sworn Staff <input type="checkbox"/> Civilian Staff <input type="checkbox"/> Rule Violation <input type="checkbox"/> Other: Click or tap here to enter text.
	<b>Name of Investigative Agency/Agencies or Division(s)*:</b> Click or tap here to enter text.	<b>Name of Investigative Agency/Agencies or Division(s)*:</b> Click or tap here to enter text.
	<b>Agency or Division Head:</b> Click or tap here to enter text. <b>Contact Phone:</b> Click or tap here to enter text. <b>Contact Email:</b> Click or tap here to enter text.	<b>Agency or Division Head:</b> Click or tap here to enter text. <b>Contact Phone:</b> Click or tap here to enter text. <b>Contact Email:</b> Click or tap here to enter text.
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	<b>State or Local Oversight Agencies (e.g., Ombudsman, Inspector General, Independent Monitor, etc.)</b> Click or tap here to enter text.	<b>State or Local Oversight Agencies (e.g., Ombudsman, Inspector General, Independent Monitor, etc.)</b> Click or tap here to enter text.
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	<b>Name of Investigative Agency/Agencies or Division(s):</b> Click or tap here to enter text.	<b>Name of Investigative Agency/Agencies or Division(s):</b> Click or tap here to enter text.
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	<b>State or Local Oversight Agencies (e.g., Ombudsman, Inspector General, Independent Monitor, etc.)</b> Click or tap here to enter text.	<b>State or Local Oversight Agencies (e.g., Ombudsman, Inspector General, Independent Monitor, etc.)</b> Click or tap here to enter text.
	<b>Agency or Division Head:</b> Click or tap here to enter text. <b>Contact Phone:</b> Click or tap here to enter text. <b>Contact Email:</b> Click or tap here to enter text.	<b>Agency or Division Head:</b> Click or tap here to enter text. <b>Contact Phone:</b> Click or tap here to enter text. <b>Contact Email:</b> Click or tap here to enter text.
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\*If different or multiple agencies investigate different types of cases, please attach an additional matrix page for that information as necessary.

# PREA Audit Request for Information

## Investigations

Please provide the following information to the Auditor related to the PREA Investigations standards.

### Instructions:

1. Complete **Table 1** providing data on total number of **allegations** of sexual abuse and sexual harassment reported for investigation during the preceding 12 months prior to the audit.
2. Complete **Table 2** providing data on the total number of incident reports from the 12 months preceding the audit.
3. Complete **Table 3** providing data on the total number of grievances made in the 12 months preceding the audit.
4. Complete **Table 4** providing data on the total number of hotline calls made in the 12 months preceding the audit (if applicable).
5. Complete **Table 5** providing a summary of all investigations, both administrative and criminal in the 12 months preceding the audit.
6. Complete **Table 6** providing a summary listing of all investigations, providing case numbers.
7. Complete **Appendix A** entitled *Agency Investigative Matrix* which provides the Auditor with an overview of the investigation entities and their scope of authority over administrative and criminal investigations at the facility.

Agency Name: Click or tap here to enter text.		Facility Name: Click or tap here to enter text.	
Date Complete: Click or tap here to enter text.		Audit Date: Click or tap here to enter text.	
Person Completing Form: Click or tap here to enter text.	Phone Number: Click or tap here to enter text.	Email: Click or tap here to enter text.	

**Table 1: Total Number of Allegations<sup>1</sup> of Sexual Abuse and Sexual Harassment in Past 12 Months Preceding the PREA Audit**

Month <sup>2</sup>	Sexual Abuse		Sexual Harassment
	Staff-on-Inmate	Inmate-on-Inmate	
January 2019			
February 2019			
March 2019			
April 2019			
May 2019			
June 2019			
July 2019			
August 2019			
September 2019			
October 2018			
November 2018			
December 2018			
Total Allegations			

<sup>1</sup> Allegations should include all reports from all sources (e.g., grievances, hotline, verbal reports, anonymous, third party, etc.)

<sup>2</sup> Insert the correct year beside month.



**Table 2: Total Number of Incident Reports<sup>3</sup> in Past 12 Months Preceding the PREA Audit**

Month <sup>4</sup>	Sexual Abuse	Sexual Harassment
January 2019		
February 2019		
March 2019		
April 2019		
May 2019		
June 2019		
July 2019		
August 2019		
September 2019		
October 2018	0	2
November 2018	0	0
December 2018	0	1
Total Incident Reports		

**Table 3: Total Number of Grievances in Past 12 Months Preceding the PREA Audit**

Month <sup>5</sup>	All Grievances <sup>6</sup>	Grievances Alleging Sexual Abuse	Grievances Alleging Sexual Harassment
January 2019			
February 2019			
March 2019			
April 2019			
May 2019			
June 2019			
July 2019			
August 2019			
September 2019			
October 2018	1	0	1
November 2018			
December 2018			
Total Grievances			

<sup>3</sup> If the facility does not use "incident reports", please include whatever process used to document allegations (e.g., emails, logs, etc.)

<sup>4</sup> Insert the correct year beside month.

<sup>5</sup> Insert the correct year beside month.

<sup>6</sup> Please include the number of all grievances submitted on all topics. Sexual abuse and sexual harassment are subsets of the total.



**Table 4:** Total Number of Hotline Calls<sup>7</sup> in Past 12 Months Preceding the PREA Audit

Month <sup>8</sup>	Number of Calls
January 2019	
February 2019	
March 2019	
April 2019	
May 2019	
June 2019	
July 2019	
August 2019	
September 2019	
October 2018	
November 2018	
December 2018	
Total Hotline Calls	

**Table 5:** Overview of Administrative and Criminal Cases and Dispositions in Past 12 Months Preceding the PREA Audit

	Administrative Cases	Criminal Cases
Sexual Abuse:		
Pending Cases		
Closed Cases		
Sexual Harassment:		
Pending Cases		
Closed Cases		
Total Cases		
Dispositions: Administrative Cases		
Substantiated		
Unsubstantiated		
Unfounded		
Dispositions: Criminal Cases		
Referred to Prosecutor		
Prosecution Refused		
Indictment		
Conviction		
Acquittal		

<sup>7</sup> Hotline refers to any telephone reporting methods available to inmates to report sexual abuse and sexual harassment, both internal and external. Hotline calls is a subset of all allegations of sexual abuse and sexual harassment in Table 1.

<sup>8</sup> Insert the correct year beside month.

**Table 6:** Summary of all Investigations in the Past 12 Months Preceding the PREA Audit\*

	Victim Name or Initials	Case Number/ID Number Administrative Case	Case Number/ID Number Criminal Case	Retaliation Monitoring Conducted
1				<input type="checkbox"/> Yes <input type="checkbox"/> No
2				<input type="checkbox"/> Yes <input type="checkbox"/> No
3				<input type="checkbox"/> Yes <input type="checkbox"/> No
4				<input type="checkbox"/> Yes <input type="checkbox"/> No
5				<input type="checkbox"/> Yes <input type="checkbox"/> No
6				<input type="checkbox"/> Yes <input type="checkbox"/> No
7				<input type="checkbox"/> Yes <input type="checkbox"/> No
8				<input type="checkbox"/> Yes <input type="checkbox"/> No
9				<input type="checkbox"/> Yes <input type="checkbox"/> No
10				<input type="checkbox"/> Yes <input type="checkbox"/> No
11				<input type="checkbox"/> Yes <input type="checkbox"/> No
12				<input type="checkbox"/> Yes <input type="checkbox"/> No
13				<input type="checkbox"/> Yes <input type="checkbox"/> No
14				<input type="checkbox"/> Yes <input type="checkbox"/> No
15				<input type="checkbox"/> Yes <input type="checkbox"/> No
16				<input type="checkbox"/> Yes <input type="checkbox"/> No
17				<input type="checkbox"/> Yes <input type="checkbox"/> No
18				<input type="checkbox"/> Yes <input type="checkbox"/> No
19				<input type="checkbox"/> Yes <input type="checkbox"/> No
20				<input type="checkbox"/> Yes <input type="checkbox"/> No
21				<input type="checkbox"/> Yes <input type="checkbox"/> No
22				<input type="checkbox"/> Yes <input type="checkbox"/> No
23				<input type="checkbox"/> Yes <input type="checkbox"/> No
24				<input type="checkbox"/> Yes <input type="checkbox"/> No
25				<input type="checkbox"/> Yes <input type="checkbox"/> No
26				<input type="checkbox"/> Yes <input type="checkbox"/> No
27				<input type="checkbox"/> Yes <input type="checkbox"/> No
28				<input type="checkbox"/> Yes <input type="checkbox"/> No
29				<input type="checkbox"/> Yes <input type="checkbox"/> No
30				<input type="checkbox"/> Yes <input type="checkbox"/> No
31				<input type="checkbox"/> Yes <input type="checkbox"/> No
32				<input type="checkbox"/> Yes <input type="checkbox"/> No
33				<input type="checkbox"/> Yes <input type="checkbox"/> No
35				<input type="checkbox"/> Yes <input type="checkbox"/> No
36				<input type="checkbox"/> Yes <input type="checkbox"/> No
37				<input type="checkbox"/> Yes <input type="checkbox"/> No

\*Add additional lines as needed by creating another page (use tab key to lengthen table).

**Inmate Interview Worksheet for Prisons and Jails with a Population of 51-100****Facility Name:** Mecklenburg Detention - North, NC**Onsite Dates:** October 29-Nov 1, 2019**Inmate Population as of the first day of the onsite audit:** 60**Auditors' Names:** Karen Albert , Tim Fuss, and Kathryn Bryan

Interview Type	Minimum # Required	# Interviews Conducted	Unique Identifier	Total
Overall Minimum Number of Inmate Interviews	16			
Random Inmate Interviews	8			
Targeted Inmate Interviews	8			
<b>Breakdown of Required Targeted Inmate Interviews</b>				
Youthful Inmates	2+			
Inmates with a Physical Disability	1			
Inmates who are Blind, Deaf, or Hard of Hearing				
Inmates who are LEP				
Inmates with a Cognitive Disability	1			
Inmates who Identify as Lesbian, Gay, or Bisexual	1			
Inmates who Identify As Transgender or Intersex	2			
Inmates in Segregated Housing for High Risk of Sexual Victimization	1			
Inmates Who Reported Sexual Abuse	1			
Inmates Who Reported Sexual Victimization During Risk Screening	1			



**PREA AUDIT: PRE-AUDIT QUESTIONNAIRE**  
**Mecklenburg County Detention Center North**

Completed by:	
Date of Final Submission	NA

<b>AGENCY INFORMATION</b>	
<b>Name of agency:</b>	Mecklenburg County Sheriff's Office
<b>Date of last agency PREA audit(if applicable):</b>	
<b>Telephone:</b>	704-336-2543
<b>Governing authority or parent agency (if applicable):</b>	Mecklenburg County
<b>Physical Address:</b>	700 East 4th Street, Charlotte, North Carolina - 28202
<b>Mailing Address:</b>	
<b>The Agency is:</b>	<input checked="" type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Military <input type="checkbox"/> Private for profit <input type="checkbox"/> Private not for profit
<b>Agency Mission (attach additional document if necessary):</b>	
<b>Upload Attachment (optional):</b>	
<b>Agency Chief Executive Officer Information:</b>	
<b>Name:</b> Garry McFadden	<b>Title:</b> Sheriff
<b>Email address:</b> garry.mcfadden@mecklenburgcountync.gov	<b>Telephone number:</b> 980-314-5010
<b>Agency-Wide PREA Coordinator Information:</b>	
<b>Name:</b> Celeste Youngblood	<b>Email:</b> celeste.youngblood@mecklenburgcountync.gov
<b>PREA coordinator reports to:</b>	Chief Telisa White
<b>Number of compliance managers who report to PREA coordinator:</b>	3
<b>Agency website with PREA information:</b>	<a href="http://www.mecksheriff.com">http://www.mecksheriff.com</a>
<b>Is the agency accredited by any other organization?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

<b>FACILITY INFORMATION</b>	
Facility name:	Mecklenburg County Detention Center North
Facility physical address:	5235 Spector Drive, Charlotte, North Carolina - 28216
Facility Phone	
Facility mailing address:	

Facility website with PREA Information:	www.mecksheriff.com <input type="checkbox"/> N/A
Has the facility been accredited within the past 3 years?	<input checked="" type="radio"/> Yes <input type="radio"/> 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):	<input checked="" type="checkbox"/> ACA <input checked="" type="checkbox"/> NCCHC <input type="checkbox"/> CALEA <input type="checkbox"/> Other(please name or describe): <input type="checkbox"/> N/A
If your facility has completed any internal or external audits other than those that resulted in accreditation, please describe:	<input checked="" type="checkbox"/> N/A
Upload any relevant accreditation, internal, or external audit reports (referenced above):	<input checked="" type="checkbox"/> N/A

<b>Primary Contact</b>	
Name:	Major C.D. Youngblood
Email Address:	celeste.youngblood@mecklenburgcountync.gov
Telephone Number:	980-314-5287



**Warden/Jail Administrator/Sheriff/Director**

Name:	Major C.D. Youngblood
Email Address:	celeste.youngblood@mecklenburgcountync.gov
Telephone Number:	980-314-5287 980-314-5287

**Facility PREA Compliance Manager**

Name:	Avis Henderson
Email Address:	Avis.Henderson@mecklenburgcountync.gov
Telephone Number:	980-314 5518

**Facility Health Service Administrator On-site**

Name:	Molike Green RN
Email Address:	mmgreen@wellpath.us
Telephone Number:	704-488-1700

☐ N/A







<b>Facility Characteristics</b>	
Designed facility capacity:	721
Current population of facility:	51
Average daily population for the past 12 months:	227
Has the facility been over capacity at any point in the past 12 months?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Which population(s) does the facility hold?	<input type="radio"/> Females <input checked="" type="radio"/> Males <input type="radio"/> Both females and males
Age range of population:	16-80
Average length of stay or time under supervision:	17.79
Facility security levels/inmate custody levels:	Min/Med/Max
Number of inmates admitted to facility during the past 12 months:	906
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	386
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	118
Does the facility hold youthful inmates?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Number of youthful inmates held in the facility during the past 12 months (N/A if the facility never holds youthful inmates):	443 <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="radio"/> Yes <input type="radio"/> 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"/> US Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input type="checkbox"/> State or Territorial correctional agency



	<input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input 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): <input type="checkbox"/> N/A
<b>Number of staff currently employed at the facility who may have contact with inmates:</b>	96
<b>Number of staff hired by the facility during the past 12 months who may have contact with inmates:</b>	0
<b>Number of contracts in the past 12 months for services with contractors who may have contact with inmates:</b>	14
<b>Number of individual contractors who have contact with inmates, currently authorized to enter the facility:</b>	172
<b>Number of volunteers who have contact with inmates, currently authorized to enter the facility:</b>	446







<b>Physical Plant</b>	
Number of buildings: Auditors should count all buildings that are part of the facility, whether residents 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.	1
Number of 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 residents 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.	20
Number of single cell housing units:	20
Number of multiple occupancy cell housing units:	0
Number of open bay/dorm housing units:	0

Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):	12
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)	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="checkbox"/> N/A
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>Medical and Mental Health Services and Forensic Medical Exams</b>	
Are medical services provided on-site?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Are mental health services provided on-site?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Where are sexual assault forensic medical exams provided? Select all that apply	<input type="checkbox"/> Onsite <input checked="" type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other(please name or describe):



<b>Investigations</b>	
Number of investigators employed by the agency and/or facility who are responsible for conducting <b>CRIMINAL</b> investigations into allegations of sexual abuse or sexual harassment:	0
When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), <b>CRIMINAL INVESTIGATIONS</b> are conducted by: Select all that apply	<input type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity
Select all external entities responsible for <b>CRIMINAL INVESTIGATIONS</b> : Select all that apply (N/A if no external entities are responsible for criminal investigations)	<input checked="" 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): <input type="checkbox"/> N/A
Number of investigators employed by the agency and/or facility who are responsible for conducting <b>ADMINISTRATIVE</b> investigations into allegations of sexual abuse or sexual harassment:	4
When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), <b>ADMINISTRATIVE INVESTIGATIONS</b> are conducted by: Select all that apply	<input checked="" type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity
Select all external entities responsible for <b>ADMINISTRATIVE INVESTIGATIONS</b> : Select all that apply (N/A if no external entities are responsible for administrative investigations)	<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): <input checked="" type="checkbox"/> N/A







PREVENTION PLANNING		
§115.11 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator		
115.11 (a) - 1	The agency has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment in facilities it operates directly or under contract.  Upload/select zero tolerance policy	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <b>Supporting Documents</b> <a href="#">CP6.18 Sexual Misconduct.pdf</a>
115.11 (a) - 2	The facility has a policy outlining how it will implement the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment.  Upload/select policy outlining implementation plan	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <b>Supporting Documents</b> <a href="#">CP6.18 Sexual Misconduct.pdf</a>
115.11 (a) - 3	The policy includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
115.11 (a) - 4	The policy includes sanctions for those found to have participated in prohibited behaviors.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
115.11 (a) - 5	The policy includes a description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of inmates.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
115.11 (b) - 1	The agency employs or designates an upper-level, agency-wide PREA Coordinator.  Upload/select agency organizational chart	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <b>Supporting Documents</b> <a href="#">PREA Org Chart.pdf</a>
115.11 (b) - 2	The PREA Coordinator has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
115.11 (b) - 3	The position of the PREA Coordinator in the agency's organizational structure:	yes
115.11 (c) - 1	The facility has designated a PREA Compliance manager. If "No", skip to 115.12.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

	If applicable, select agency organizational chart and indicate relevant page/section.	<b>Supporting Documents</b> <u>PREA Org Chart.pdf</u>
<b>115.11 (c)</b> - 2	The PREA Compliance Manager has sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>115.11 (c)</b> - 3	The position of the PREA Compliance Manager in the agency's organizational structure:	yes
<b>115.11 (c)</b> - 4	The person to whom the PREA Compliance Manager reports:	Major C.D. Youngblood- PREA Coordinator
<b>§115.12 - Contracting with other entities for the confinement of inmates</b>		
<b>115.12 (a)</b> - 1	The agency has entered into or renewed a contract for the confinement of inmates on or after August 20, 2012, or since the last PREA audit, whichever is later. If "No", skip to 115.13.  Upload/select contracts for the confinement of inmates entered into (or renewed) after August 20, 2012, or since the last PREA audit	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>115.12 (a)</b> - 2	All of the above contracts require contractors to adopt and comply with PREA standards.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>115.12 (a)</b> - 3	The number of contracts for the confinement of inmates that the agency entered into or renewed with private entities or other government agencies on or after August 20, 2012, or since the last PREA audit, whichever is later:	
<b>115.12 (a)</b> - 4	The number of above contracts that DID NOT require contractors to adopt and comply with PREA standards:	
<b>115.12 (b)</b> - 1	All of the above contracts require the agency to monitor the contractor's compliance with PREA standards.  If applicable, select contracts and indicate relevant page/section.	<input type="checkbox"/> Yes <input type="checkbox"/> No

115.12 (b) - 2	The number of contracts referenced in 115.12 (a)-3 that DO NOT require the agency to monitor contractor's compliance with PREA standards:	
<b>§115.13 - Supervision and monitoring</b>		
115.13 (a) - 1	<p>The agency requires each facility it operates to develop, document, and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against abuse.</p> <p>Upload/select documentation of staffing plan development process; Upload/select staffing plan</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <b>Supporting Documents</b> <a href="#">MECKLENBURGStaffingReport.pdf</a> <a href="#">Staffing Plan.pdf</a>
115.13 (a) - 2	Since August 20, 2012, or last PREA audit, whichever is later, the average daily number of inmates:	222
115.13 (a) - 3	Since August 20, 2012, or last PREA audit, whichever is later, the average daily number of inmates on which the staffing plan was predicated:	2067
115.13 (b) - 1	<p>Each time the staffing plan is not complied with, the facility documents and justifies all deviations from the staffing plan. Check N/A if no deviations from plan.</p> <p>Upload/select documentation of deviations from staffing plans and written justifications for all such deviations</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA  <b>Supporting Documents</b> <a href="#">shift lineup.pdf</a>
115.13 (b) - 2	If documented, the six most common reasons for deviating from the staffing plan in the past 12 months:	Training, Sick, FMLA
115.13 (c) - 1	<p>At least once every year the facility/agency, in collaboration with the PREA Coordinator, reviews the staffing plan to see whether adjustments are needed to: (a) the staffing plan, (b) the deployment of monitoring technology, or (c) the allocation of facility/agency resources to commit to the staffing plan to ensure compliance with the staffing plan.</p> <p>Upload/select documentation of annual reviews</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <b>Supporting Documents</b> <a href="#">Staffing Plan Review.pdf</a>



<b>115.13 (d)</b> <b>- 1</b>	The facility requires that intermediate-level or higher-level staff conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment. If "No," skip to 115.14.  Upload/select policy or other documentation of requirement	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <b>Supporting Documents</b> <a href="#">CP8.28 Supervisor Rounds.pdf</a>
<b>115.13 (d)</b> <b>- 2</b>	If YES, the facility documents unannounced rounds.  Upload/select evidence that rounds were conducted	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <b>Supporting Documents</b> <a href="#">North PREA Rounds.pdf</a>
<b>115.13 (d)</b> <b>- 3</b>	If YES, over time the unannounced rounds cover all shifts.  Upload/select evidence that rounds covered all shifts	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <b>Supporting Documents</b> <a href="#">North PREA Rounds.pdf</a>
<b>115.13 (d)</b> <b>- 4</b>	If YES, the facility prohibits staff from alerting other staff of the conduct of such rounds.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>§115.14 - Youthful inmates</b>		
<b>115.14 (a)</b> <b>- 1</b>	The facility prohibits placing youthful inmates in a housing unit in which a youthful inmate will have sight, sound, or physical contact with any adult inmate through use of a shared dayroom or other common space, shower area, or sleeping quarters.  Upload/select policy on housing youthful inmates; upload/select daily population report for the last 12 months	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <b>Supporting Documents</b> <a href="#">Youthful Offender Housing Policy.pdf</a> <a href="#">daily pop.pdf</a>
<b>115.14 (a)</b> <b>- 2</b>	The facility has housing units to which youthful inmates are assigned that provide sight and sound separation between youthful and adult offenders in dayrooms, common areas, showers, and sleeping quarters.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>115.14 (a)</b> <b>- 3</b>	The facility places youthful inmates in the SAME HOUSING UNIT as adults.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>115.14 (a)</b> <b>- 4</b>	Youthful inmates who are placed in the SAME HOUSING UNIT as adults have sight, sound, or physical contact with any adult inmate through use of shower area, sleeping quarters, shared dayroom, or other common space.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  N/A Youthful Offenders are not

		placed in same housing as adults
<b>115.14 (a)</b> - 5	In the past 12 months, the number of housing units to which youthful inmates are assigned that provide sight and sound separation between youthful and adult offenders in dayrooms, common areas, showers, and sleeping quarters:	0  North Detention Center has a separate wing for Youthful Offenders which means they are totally away from adult population.
<b>115.14 (a)</b> - 6	In the past 12 months, the number of youthful inmates placed in SAME HOUSING UNIT as adults at this facility:	0
<b>115.14 (b)</b> - 1	The facility maintains sight, sound, and physical separation between youthful inmates and adult inmates in areas OUTSIDE HOUSING UNITS.  If applicable, select policy on housing youthful inmates and indicate relevant page/section.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <b>Supporting Documents</b> <a href="#">Youthful Offender Housing Policy.pdf</a>
<b>115.14 (b)</b> - 2	The agency always provides direct staff supervision in areas OUTSIDE HOUSING UNITS where youthful inmates have sight, sound, or physical contact with adult inmates.  If applicable, select policy on housing youthful inmates and indicate relevant page/section.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <b>Supporting Documents</b> <a href="#">Youthful Offender Housing Policy.pdf</a>
<b>115.14 (c)</b> - 1	The facility documents the exigent circumstances for each instance in which youthful inmates' access to large-muscle exercise, legally required education services, and other programs and work opportunities was denied.  If applicable, select policy on housing youthful inmates and indicate relevant page/section.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <b>Supporting Documents</b> <a href="#">Youthful Offender Housing Policy.pdf</a>
<b>115.14 (c)</b> - 2	In the past 12 months, the number of youthful inmates who have been placed in isolation in order to separate them from adult inmates:	0
<b>§115.15 - Limits to cross-gender viewing and searches</b>		
<b>115.15 (a)</b> - 1	The facility conducts cross-gender strip or cross-gender visual body cavity searches of inmates.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

	Upload/select policy on searches	Supporting Documents <a href="#">CP3.03 Searches.pdf</a>
115.15 (a) - 2	In the past 12 months, the number of cross-gender strip or cross-gender visual body cavity searches of inmates:	0
115.15 (a) - 3	In the past 12 months, the number of cross-gender strip or cross-gender visual body cavity searches of inmates that did not involve exigent circumstances or were performed by non-medical staff:	0
115.15 (b) - 1	The facility does not permit cross-gender pat-down searches of female inmates, absent exigent circumstances (facilities have until August 20, 2015, to comply; or August 20, 2017, if their rated capacity does not exceed 50 inmates).  If applicable, select policy on searches and indicate relevant page/section.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  Supporting Documents <a href="#">CP3.03 Searches.pdf</a>
115.15 (b) - 2	The facility does not restrict female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision.  If applicable, select policy on searches and indicate relevant page/section.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  Supporting Documents <a href="#">CP3.03 Searches.pdf</a>
115.15 (b) - 3	The number of pat-down searches of female inmates that were conducted by male staff:	0
115.15 (b) - 4	The number of pat-down searches of female inmates conducted by male staff that did not involve exigent circumstance(s):	0
115.15 (c) - 1	Facility policy requires that all cross-gender strip searches and cross-gender visual body cavity searches be documented.  If applicable, select policy on searches and indicate relevant page/section.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  Supporting Documents <a href="#">CP3.03 Searches.pdf</a>
115.15 (c) - 2	Facility policy requires that all cross-gender pat-down searches of female inmates be documented. Check N/A if	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA



	<p>the facility does not house female inmates.</p> <p>If applicable, select policy on searches and indicate relevant page/section.</p>	<p><b>Supporting Documents</b>  <a href="#">CP3.03 Searches.pdf</a></p>
115.15 (d) - 1	<p>The facility has implemented policies and procedures that enable inmates to shower, perform bodily functions, and change clothing without non-medical 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 (this includes viewing via video camera).</p> <p>Upload/select policy on cross-gender viewing;          Upload/select logs of exigent circumstances that may require deviance from the standard</p>	<p><input checked="" type="checkbox"/>Yes <input type="checkbox"/>No</p> <p><b>Supporting Documents</b>  <a href="#">CP3.03 Searches.pdf</a></p>
115.15 (d) - 2	<p>Policies and procedures require staff of the opposite gender to announce their presence when entering an inmate housing unit.</p>	<p><input checked="" type="checkbox"/>Yes <input type="checkbox"/>No</p>
115.15 (e) - 1	<p>The facility has a policy prohibiting staff from searching or physically examining a transgender or intersex inmate for the sole purpose of determining the inmate's genital status.</p> <p>Upload/select policy on transgender or intersex inmates</p>	<p><input checked="" type="checkbox"/>Yes <input type="checkbox"/>No</p> <p><b>Supporting Documents</b>  <a href="#">CP3.03 Searches.pdf</a></p>
115.15 (e) - 2	<p>Such searches (described in 115.15(e)-1) occurred in the past 12 months.</p>	<p><input type="checkbox"/>Yes <input checked="" type="checkbox"/>No</p>
115.15 (f) - 1	<p>The percent of all security staff who received training on conducting cross-gender pat-down searches and searches of transgender and intersex inmates in a professional and respectful manner, consistent with security needs (the percentage given does not necessarily indicate compliance or non-compliance with the standard):</p> <p>Upload/select training curricula; Upload/select training logs</p>	<p>100</p> <p><b>Supporting Documents</b>  <a href="#">cross gender training curriculum1.pdf</a>  <a href="#">Cross gender pat training log.pdf</a></p>
<p><b>§115.16 - Inmates with disabilities and inmates who are limited English proficient</b></p>		

<b>115.16 (a)</b> <b>- 1</b>	<p>The agency has established procedures to provide disabled inmates 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.</p> <p>Upload/select policy/documentation of procedures;  Upload/select contracts with interpreters or other professionals hired to ensure effective communication with inmates who have disabilities; Upload/select written materials used for effective communications about PREA with inmates with disabilities; Upload/select documentation of staff training on PREA-compliant practices for inmates with disabilities</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <b>Supporting Documents</b> <a href="#">CP1.34 Arrest of Deaf or Hearing Impaired.pdf</a> <a href="#">CP1.35 Limited English Speaking.pdf</a> <a href="#">CP6.15 Americans with Disabilities Act.pdf</a> <a href="#">bilingual Premium.pdf</a> <a href="#">Braille Handbook.pdf</a> <a href="#">Sign language Interpreter list.pdf</a> <a href="#">Disability Training records.pdf</a>
<b>115.16 (b)</b> <b>- 1</b>	<p>The agency has established procedures to provide inmates with limited English proficiency 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.</p> <p>Upload/select policy/documentation of procedures;  Upload/select contracts with interpreters or other professionals hired to ensure effective communication with inmates with Limited English Proficiency; Upload/select written materials used for effective communication about PREA with inmates with Limited English Proficiency; Upload/select documentation of staff training on PREA-compliant practices for inmates with Limited English Proficiency</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <b>Supporting Documents</b> <a href="#">CP1.34 Arrest of Deaf or Hearing Impaired.pdf</a> <a href="#">CP1.35 Limited English Speaking.pdf</a> <a href="#">CP6.15 Americans with Disabilities Act.pdf</a> <a href="#">bilingual Premium.pdf</a> <a href="#">Disability Training records.pdf</a>
<b>115.16 (c)</b> <b>- 1</b>	<p>Agency policy prohibits use of inmate interpreters, inmate readers, or other types of inmate assistants 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.</p> <p>Upload/select policy on inmate interpreters, readers, or assistants</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <b>Supporting Documents</b> <a href="#">CP1.34 Arrest of Deaf or Hearing Impaired.pdf</a>
<b>115.16 (c)</b> <b>- 2</b>	<p>If YES, the agency or facility documents the limited circumstances in individual cases where inmate interpreters, readers, or other types of inmate assistants are used. (Absence of such documentation does not result</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No



	in noncompliance with the standard.)	
<b>115.16 (c)</b> - 3	In the past 12 months, the number of instances where inmate interpreters, readers, or other types of inmate assistants have been used and it was not the case that an extended delay in obtaining another interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations:	0
<b>§115.17 - Hiring and promotion decisions</b>		
<b>115.17 (a)</b> - 1	<p>Agency policy prohibits hiring or promoting anyone who may have contact with inmates and prohibits enlisting the services of any contractor who may have contact with inmates who: (1) 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); (2) 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 (3) Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section.</p> <p>Upload/select policy on hiring and promoting</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <b>Supporting Documents</b> <a href="#">CP1.13 Hiring and Promotion Decision.pdf</a>
<b>115.17 (b)</b> - 1	<p>Agency policy requires the consideration of any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates.</p> <p>If applicable, select policy on hiring and promotions and indicate relevant page/section.</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <b>Supporting Documents</b> <a href="#">CP1.13 Hiring and Promotion Decision.pdf</a>
<b>115.17 (c)</b> - 1	Agency policy requires that before it hires any new employees who may have contact with inmates, it (a) conducts criminal background record checks, and (b) consistent with federal, state, and local law, makes 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.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <b>Supporting Documents</b> <a href="#">CP1.13 Hiring and Promotion Decision.pdf</a>



	If applicable, select policy on hiring and promotions and indicate relevant page/section.	
<b>115.17 (c)</b> - 2	In the past 12 months, the number of persons hired who may have contact with inmates who have had criminal background record checks:	0  No one has been hired at the facility in the past 12 months.
<b>115.17 (d)</b> - 1	Agency policy requires that a criminal background record check be completed before enlisting the services of any contractor who may have contact with inmates.  If applicable, select policy on hiring and promotions and indicate relevant page/section.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <b>Supporting Documents</b> <a href="#">CP1.13 Hiring and Promotion Decision.pdf</a>
<b>115.17 (d)</b> - 2	In the past 12 months, the number of contracts for services where criminal background record checks were conducted on all staff covered in the contract who might have contact with inmates:	14
<b>115.17 (e)</b> - 1	Agency policy requires that either criminal background record checks be conducted at least every five years for current employees and contractors who may have contact with inmates, or that a system is in place for otherwise capturing such information for current employees.  Upload/select policy on background checks of current employees/contractors	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <b>Supporting Documents</b> <a href="#">CP1.13 Hiring and Promotion Decision.pdf</a>
<b>115.17 (g)</b> - 1	Agency policy states that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.  If applicable, select policy on hiring and promotions and/or policy on background checks and indicate relevant page (s)/section(s).	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <b>Supporting Documents</b> <a href="#">CP1.13 Hiring and Promotion Decision.pdf</a>
<b>§115.18 - Upgrades to facilities and technologies</b>		
<b>115.18 (a)</b> - 1	The agency/facility has acquired a new facility or made a substantial expansion or modification to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

115.18 (b) - 1	The agency/facility has 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.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>RESPONSIVE PLANNING</b>		
<b>§115.21 - Evidence protocol and forensic medical examinations</b>		
115.21 (a) - 1	The agency/facility is responsible for conducting administrative sexual abuse investigations (including inmate-on-inmate sexual abuse or staff sexual misconduct).	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
115.21 (a) - 2	The agency/facility is responsible for conducting criminal sexual abuse investigations (including inmate-on-inmate sexual abuse or staff sexual misconduct).	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
115.21 (a) - 3	If another agency has responsibility for conducting either administrative or criminal sexual abuse investigations, the name of the agency that has responsibility (if another agency has responsibility for conducting both administrative and criminal sexual abuse investigations, skip to 115.21(c)-1):	Criminal- Charlotte Mecklenburg Police Department
115.21 (a) - 4	When conducting a sexual abuse investigation, the agency investigators follow a uniform evidence protocol.  Upload/select uniform evidence protocol	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <b>Supporting Documents</b> <a href="#">Forensic Exam Protocol.pdf</a> <a href="#">CMPD Memo.pdf</a>
115.21 (b) - 1	The protocol is developmentally appropriate for youth.  If applicable, select uniform evidence protocol and indicate relevant page/section.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA  <b>Supporting Documents</b> <a href="#">Forensic Exam Protocol.pdf</a>
115.21 (b) - 2	The protocol was adapted from or otherwise based on the most recent edition of the DOJ'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. If "No", indicate the source used to develop the protocol in the	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

	comments section.  Upload/select alternative source (if applicable)	
115.21 (c) - 1	The facility offers all inmates who experience sexual abuse access to forensic medical examinations. If no, skip to 115.21 (d)-1.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
115.21 (c) - 2	The facility offers all inmates who experience sexual abuse access to forensic medical examinations onsite.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  Forensic Medical Exams are conducted off site.
115.21 (c) - 3	The facility offers all inmates who experience sexual abuse access to forensic medical examinations at an outside facility.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
115.21 (c) - 4	Forensic medical examinations are offered without financial cost to the victim.  Upload/select documentation that forensic medical exams are offered for free	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <b>Supporting Documents</b> <a href="#">WellPath F06 Response to Sexual Abuse.pdf</a>
115.21 (c) - 5	Where possible, examinations are conducted by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs). If "Sometimes", please describe situations when SAFEs or SANEs are not used in the comments section.	
115.21 (c) - 6	When SANEs or SAFEs are not available, a qualified medical practitioner performs forensic medical examinations.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  All forensic exams are conducted at an outside facility (Atrium Health)
115.21 (c) - 7	The facility documents efforts to provide SANEs or SAFEs.  Upload/select documentation of efforts to provide SAFEs/SANEs	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  All forensic exams are conducted at an outside facility; therefore, SANE/SAFE are available.



115.21 (c) - 8	The number of forensic medical exams conducted during the past 12 months:	0
115.21 (c) - 9	The number of exams performed by SANEs/SAFEs during the past 12 months:	0
115.21 (c) - 10	The number of exams performed by a qualified medical practitioner during the past 12 months:	0
115.21 (d) - 1	The facility attempts to make a victim advocate from a rape crisis center available to the victim, either in person or by other means.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
115.21 (d) - 2	<p>These efforts are documented.</p> <p>Upload/select documentation of agreement(s) with rape crisis center for services or documentation of efforts</p>	<p><input checked="" type="checkbox"/>Yes <input type="checkbox"/>No</p> <p><b>Supporting Documents</b>  <a href="#">Safe Alliance MOU.pdf</a></p>
115.21 (d) - 3	<p>If and when a rape crisis center is not available to provide victim advocate services, the facility provides a qualified staff member from a community-based organization or a qualified agency staff member.</p> <p>Upload/select documentation of staff member's qualifications if agency staff member used</p>	<p><input type="checkbox"/>Yes <input checked="" type="checkbox"/>No</p> <p>Victim advocate is available through MOU but we also have contracted Mental Health Professionals available.</p>
115.21 (e) - 1	<p>If requested by the victim, a victim advocate, qualified agency staff member, or qualified community-based organization staff member accompanies and supports the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals.</p> <p>Upload/select any relevant documentation</p>	<p><input checked="" type="checkbox"/>Yes <input type="checkbox"/>No</p> <p><b>Supporting Documents</b>  <a href="#">Safe Alliance MOU.pdf</a></p>
115.21 (f) - 1	If the agency is not responsible for investigating administrative or criminal allegations of sexual abuse and relies on another agency to conduct these investigations, the agency has requested that the responsible agency follow the requirements of paragraphs §115.21 (a) through (e) of the standards. Check N/A if the agency/facility is responsible for conducting administrative and criminal sexual abuse investigations.	<p><input checked="" type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/>NA</p> <p><b>Supporting Documents</b>  <a href="#">CMPD Memo.pdf</a></p>



	Upload/select agreement/MOUs with responsible agency	
<b>§115.22 - Policies to ensure referrals of allegations for investigations</b>		
<b>115.22 (a)</b> - 1	<p>The agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment (including inmate-on-inmate sexual abuse and staff sexual misconduct).</p> <p>Upload/select policies and/or procedures governing investigations of allegations of sexual abuse and sexual harassment</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <b>Supporting Documents</b> <a href="#">GO #4 Discipline.pdf</a> <a href="#">GO #18 Sexual Harassment.pdf</a>
<b>115.22 (a)</b> - 2	In the past 12 months, the number of allegations of sexual abuse and sexual harassment that were received:	11
<b>115.22 (a)</b> - 3	In the past 12 months, the number of allegations resulting in an administrative investigation:	0
<b>115.22 (a)</b> - 4	In the past 12 months, the number of allegations referred for criminal investigation:	0
<b>115.22 (a)</b> - 5	Referring to allegations received during the past 12 months, all administrative and/or criminal investigations were completed. If "NO", please explain in the comments section.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>115.22 (b)</b> - 1	<p>The agency has a policy that requires that allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, including the agency if it conducts its own investigations, unless the allegation does not involve potentially criminal behavior.</p> <p>Upload/select investigative policy</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <b>Supporting Documents</b> <a href="#">PREA Flowchart.pdf</a> <a href="#">GO #4 Discipline.pdf</a> <a href="#">MCSO Website.pdf</a>
<b>115.22 (b)</b> - 2	The agency's policy regarding the referral of allegations of sexual abuse or sexual harassment for criminal investigation is published on the agency website or made publicly available via other means.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

115.22 (b) - 3	The agency documents all referrals of allegations of sexual abuse or sexual harassment for criminal investigation.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>TRAINING AND EDUCATION</b>		
<b>§115.31 - Employee training</b>		
115.31 (a) - 1	<p>The agency trains all employees who may have contact with inmates on the agency's zero-tolerance policy for sexual abuse and sexual harassment.</p> <p>Upload/select training policy/procedures; Upload/select training curriculum</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <b>Supporting Documents</b> <a href="#">CP1.12 Staff Training Development.pdf</a> <a href="#">PREA Curriculum.pdf</a>
115.31 (a) - 2	<p>The agency trains 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.</p> <p>If applicable, select training curriculum and indicate relevant page/section.</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <b>Supporting Documents</b> <a href="#">PREA Curriculum.pdf</a>
115.31 (a) - 3	<p>The agency trains all employees who may have contact with inmates on the right of inmates to be free from sexual abuse and sexual harassment.</p> <p>If applicable, select training curriculum and indicate relevant page/section.</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <b>Supporting Documents</b> <a href="#">PREA Curriculum.pdf</a>
115.31 (a) - 4	<p>The agency trains 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.</p> <p>If applicable, select training curriculum and indicate relevant page/section.</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <b>Supporting Documents</b> <a href="#">PREA Curriculum.pdf</a>
115.31 (a) - 5	<p>The agency trains all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement.</p> <p>If applicable, select training curriculum and indicate relevant page/section.</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <b>Supporting Documents</b> <a href="#">PREA Curriculum.pdf</a>

115.31 (a) - 6	<p>The agency trains all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims.</p> <p>If applicable, select training curriculum and indicate relevant page/section.</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <b>Supporting Documents</b> <a href="#">PREA Curriculum.pdf</a>
115.31 (a) - 7	<p>The agency trains all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse.</p> <p>If applicable, select training curriculum and indicate relevant page/section.</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <b>Supporting Documents</b> <a href="#">PREA Curriculum.pdf</a>
115.31 (a) - 8	<p>The agency trains all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates.</p> <p>If applicable, select training curriculum and indicate relevant page/section.</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <b>Supporting Documents</b> <a href="#">PREA Curriculum.pdf</a>
115.31 (a) - 9	<p>The agency trains 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.</p> <p>If applicable, select training curriculum and indicate relevant page/section.</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <b>Supporting Documents</b> <a href="#">PREA Curriculum.pdf</a>
115.31 (a) - 10	<p>The agency trains 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.</p> <p>If applicable, select training curriculum and indicate relevant page/section.</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <b>Supporting Documents</b> <a href="#">PREA Curriculum.pdf</a>
115.31 (b) - 1	<p>Training is tailored to the gender of the inmates at the facility.</p> <p>If applicable, select training policy, procedures, or training curriculum and indicate relevant page/section.</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <b>Supporting Documents</b> <a href="#">PREA Curriculum.pdf</a> <a href="#">CP1.12 Staff Training Development.pdf</a>



<b>115.31 (b)</b> - 2	Employees who are reassigned from facilities housing the opposite gender are given additional training.  If applicable, select training policy, procedures, or training curriculum and indicate relevant page/section.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <b>Supporting Documents</b> <a href="#">PREA Curriculum.pdf</a>
<b>115.31 (c)</b> - 2	Between trainings the agency provides employees who may have contact with inmates with refresher information about current policies regarding sexual abuse and sexual harassment. If "YES", please describe in the comments section.  If applicable, select training curriculum and indicate relevant page/section.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  PREA Refresher trainings are offered on an annual basis.  <b>Supporting Documents</b> <a href="#">PREA Curriculum.pdf</a>
<b>115.31 (c)</b> - 3	The frequency with which employees who may have contact with inmates receive refresher training on PREA requirements.	Yearly
<b>115.31 (d)</b> - 1	The agency documents that employees who may have contact with inmates understand the training they have received through employee signature or electronic verification.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>§115.32 - Volunteer and contractor training</b>		
<b>115.32 (a)</b> - 1	All volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response.  Upload/select training curriculum for volunteers and contractors	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <b>Supporting Documents</b> <a href="#">PREA lessonplan Contractor.pdf</a> <a href="#">PREA lessonplan Volunteer.pdf</a>
<b>115.32 (a)</b> - 2	The number of volunteers and contractors, who may have contact with inmates, who have been trained in agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response:	618
<b>115.32 (b)</b> - 1	The level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with inmates.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <b>Supporting Documents</b>



	If applicable, select volunteer/contractor training curriculum and indicate relevant page/section.	<a href="#">PREA lessonplan Contractor.pdf</a> <a href="#">PREA lessonplan Volunteer.pdf</a>
<b>115.32 (b)</b> - 2	All volunteers and contractors who have contact with inmates have been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>115.32 (c)</b> - 1	The agency maintains documentation confirming that volunteers and contractors understand the training they have received.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>§115.33 - Inmate education</b>		
<b>115.33 (a)</b> - 1	Inmates receive information at time of intake about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment.  Upload agency/facility policy governing PREA education of inmates	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <b>Supporting Documents</b> <a href="#">Policy CP 4.02.doc</a> <a href="#">CP1.34 Arrest of Deaf or Hearing Impaired.pdf</a>
<b>115.33 (a)</b> - 2	The number of inmates admitted during past 12 months who were given this information at intake:	906
<b>115.33 (b)</b> - 1	The number of those inmates admitted during the past 12 months (whose length of stay in the facility was for 30 days or more) who received comprehensive education on their rights to be free from both sexual abuse and sexual harassment and retaliation for reporting such incidents and on agency policies and procedures for responding to such incidents within 30 days of intake:	118
<b>115.33 (c)</b> - 1	Of those who were NOT educated (as stated in 115.33(b)-1) within 30 days of intake, all inmates have been educated subsequently.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  All have been trained
<b>115.33 (c)</b> - 2	If YES, by what date were they all educated by:	all were trained within 30 days
<b>115.33 (c)</b> - 3	If NO, the number still not educated:	0

<b>115.33 (c)</b> <b>- 4</b>	<p>Agency policy requires that inmates who are transferred from one facility to another be educated regarding their rights to be free from both sexual abuse and sexual harassment and retaliation for reporting such incidents and on agency policies and procedures for responding to such incidents, to the extent that the policies and procedures of the new facility differ from those of the previous facility.</p> <p>If applicable, select policy on PREA education of inmates and indicate relevant page/section.</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <b>Supporting Documents</b> <a href="#">CP1.34 Arrest of Deaf or Hearing Impaired.pdf</a> <a href="#">CP1.35 Limited English Speaking.pdf</a> pages/sections: Pg. 2 sec E
<b>115.33 (d)</b> <b>- 1</b>	<p>Inmate PREA education is available in formats accessible to all inmates, including those who are limited English proficient.</p> <p>If applicable, select policy on PREA education of inmates and indicate relevant page/section.</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <b>Supporting Documents</b> <a href="#">CP1.35 Limited English Speaking.pdf</a> <a href="#">CP1.34 Arrest of Deaf or Hearing Impaired.pdf</a>
<b>115.33 (d)</b> <b>- 2</b>	<p>Inmate PREA education is available in formats accessible to all inmates, including those who are deaf.</p> <p>If applicable, select policy on PREA education of inmates and indicate relevant page/section.</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <b>Supporting Documents</b> <a href="#">CP1.34 Arrest of Deaf or Hearing Impaired.pdf</a>
<b>115.33 (d)</b> <b>- 3</b>	<p>Inmate PREA education is available in formats accessible to all inmates, including those who are visually impaired.</p> <p>If applicable, select policy on PREA education of inmates and indicate relevant page/section.</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <b>Supporting Documents</b> <a href="#">CP1.35 Limited English Speaking.pdf</a>
<b>115.33 (d)</b> <b>- 4</b>	<p>Inmate PREA education is available in formats accessible to all inmates, including those who are otherwise disabled.</p> <p>If applicable, select policy on PREA education of inmates and indicate relevant page/section.</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <b>Supporting Documents</b> <a href="#">CP1.34 Arrest of Deaf or Hearing Impaired.pdf</a>
<b>115.33 (d)</b> <b>- 5</b>	<p>Inmate PREA education is available in formats accessible to all inmates, including those who are limited in their reading skills.</p> <p>If applicable, select policy on PREA education of inmates and indicate relevant page/section.</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <b>Supporting Documents</b> <a href="#">CP1.35 Limited English Speaking.pdf</a>



115.33 (e) - 1	The agency maintains documentation of inmate participation in PREA education sessions.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
115.33 (f) - 1	The agency ensures that key information about the agency's PREA policies is continuously and readily available or visible through posters, inmate handbooks, or other written formats.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>§115.34 - Specialized training: Investigations</b>		
115.34 (a) - 1	<p>Agency policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings. Check N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations and skip to 115.35(a)-1.</p> <p>Upload/select training policy; Upload/select training curriculum for investigators</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA  <b>Supporting Documents</b> <a href="#">Staff Training &amp; Development.pdf</a> <a href="#">prea investigator curr.pdf</a>
115.34 (c) - 1	<p>The agency maintains documentation showing that investigators have completed the required training.</p> <p>Upload/select documentation that investigators have completed training</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <b>Supporting Documents</b> <a href="#">Investigator certificates.pdf</a>
115.34 (c) - 2	The number of investigators currently employed who have completed the required training:	6
<b>§115.35 - Specialized training: Medical and mental health care</b>		
115.35 (a) - 1	<p>The agency has a policy related to the training of medical and mental health practitioners who work regularly in its facilities. Check N/A if the agency does not have medical and mental health practitioners who work regularly in its facilities.</p> <p>Upload/select agency policy related to training of medical and mental health care practitioners</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA  <b>Supporting Documents</b> <a href="#">CP1.12 Staff Training Development.pdf</a>
115.35 (a) - 2	The number of all medical and mental health care practitioners who work regularly at this facility who received the training required by agency policy:	<p>105</p> <p>This number reflects all Medical personnel who have been trained. Medical personnel can rotate and</p>



		work at any facility on a daily basis.
<b>115.35 (a)</b> - 3	The percent of all medical and mental health care practitioners who work regularly at this facility and have received the training required by agency policy:	100
<b>115.35 (b)</b> - 1	Agency medical staff at this facility conducts forensic medical exams.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>115.35 (c)</b> - 1	The agency maintains documentation showing that medical and mental health practitioners have completed the required training. Check N/A if the agency does not have medical and mental health practitioners who work regularly in its facilities.  Upload/select documentation of training	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA  <b>Supporting Documents</b> <a href="#">Medical Specialized training.pdf</a>
<b>SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS</b>		
<b>§115.41 - Screening for risk of victimization and abusiveness</b>		
<b>115.41 (a)</b> - 1	The agency has a policy that requires screening (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness toward other inmates.  Upload/select screening policy	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <b>Supporting Documents</b> <a href="#">CP 3.02 Inmate Admissions Procedures.pdf</a> <a href="#">CP 5.05 Medical Screening.pdf</a> pages/sections: pg. 2-3
<b>115.41 (b)</b> - 1	The policy requires that inmates be screened for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours of their intake.  If applicable, select screening policy and indicate relevant page/section.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <b>Supporting Documents</b> <a href="#">CP 3.02 Inmate Admissions Procedures.pdf</a> <a href="#">CP 5.05 Medical Screening.pdf</a> pages/sections: pg. 2
<b>115.41 (b)</b> - 2	The number of inmates entering the facility (either through intake of transfer) within the past 12 months whose length of stay in the facility was for 72 hours or more and who were screened for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours of their entry into the facility:	386

<b>115.41 (c)</b> - 1	<p>Risk assessment is conducted using an objective screening instrument.</p> <p>Upload/select screening instrument</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <b>Supporting Documents</b> <a href="#">Classif PREA Screening.pdf</a> <a href="#">Receiving Screening.pdf</a>
<b>115.41 (f)</b> - 1	<p>The policy requires that the facility reassess each inmate's risk of victimization or abusiveness within a set time period, not to exceed 30 days after the inmate's arrival at the facility, based upon any additional, relevant information received by the facility since the intake screening.</p> <p>If applicable, select screening policy and indicate relevant page/section.</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <b>Supporting Documents</b> <a href="#">CP 3.02 Inmate Admissions Procedures.pdf</a> pages/sections: pg. 3
<b>115.41 (f)</b> - 2	<p>The number of inmates entering the facility (either through intake or transfer) within the past 12 months whose length of stay in the facility was for 30 days or more and who were reassessed for their risk of sexual victimization or of being sexually abusive within 30 days after their arrival at the facility based upon any additional, relevant information received since intake:</p>	118
<b>115.41 (g)</b> - 1	<p>The policy requires that an inmate's risk level be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness.</p> <p>If applicable, select screening policy and indicate relevant page/section.</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <b>Supporting Documents</b> <a href="#">CP 3.02 Inmate Admissions Procedures.pdf</a> pages/sections: pg. 3
<b>115.41 (h)</b> - 1	<p>The policy prohibits disciplining inmates for refusing to answer (or for not disclosing complete information related to) questions regarding: (a) whether or not the inmate has a mental, physical, or developmental disability; (b) whether or not the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming; (c) whether or not the inmate has previously experienced sexual victimization; and (d) the inmate's own perception of vulnerability.</p> <p>If applicable, select screening policy and indicate relevant page/section.</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <b>Supporting Documents</b> <a href="#">CP 3.02 Inmate Admissions Procedures.pdf</a> pages/sections: pg. 3



<b>§115.42 - Use of screening information</b>		
<b>115.42 (a)</b> <b>- 1</b>	<p>The agency/facility uses information from the risk screening required by §115.41 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.</p> <p>Upload/select documentation of use of screening information for these purposes; Upload/select documentation of how decisions are made pursuant to the standard</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <b>Supporting Documents</b> <a href="#">Classif screening sample.pdf</a>
<b>115.42 (b)</b> <b>- 1</b>	<p>The agency/facility makes individualized determinations about how to ensure the safety of each inmate. If "No", please explain in the comments section.</p> <p>Upload/select any relevant policies</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <b>Supporting Documents</b> <a href="#">CR4.03 Review of Inmate Classifications Housing.pdf</a>
<b>115.42 (c)</b> <b>- 1</b>	<p>The agency/facility makes housing and program assignments for transgender or intersex inmates in the facility on a case-by-case basis.</p> <p>Upload/select any relevant policies</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <b>Supporting Documents</b> <a href="#">CP6.03 Nondiscrimination towards Inmates.pdf</a> pages/sections: pg. 2 Sec. C
<b>§115.43 - Protective Custody</b>		
<b>115.43 (a)</b> <b>- 1</b>	<p>The agency has a policy prohibiting the placement of 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.</p> <p>Upload/select agency policy</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <b>Supporting Documents</b> <a href="#">CR 4.02 Initial Classification of Inmates.pdf</a>
<b>115.43 (a)</b> <b>- 2</b>	<p>The number of inmates at risk of sexual victimization who were held in involuntary segregated housing in the past 12 months for one to 24 hours awaiting completion of assessment:</p>	0
<b>115.43 (c)</b> <b>- 1</b>	<p>In the past 12 months, the number of inmates at risk of sexual victimization who were assigned to involuntary segregated housing for longer than 30 days while awaiting</p>	0



	alternative placement:	
<b>115.43 (d)</b> - 1	From a review of case files of inmates at risk of sexual victimization who were held in involuntary segregated housing in the past 12 months, the number of case files that include BOTH (a) a statement of the basis for facility's concern for the inmate's safety, and (b) the reason or reasons why alternative means of separation could not be arranged:	0  No one was held in involuntary segregated housing
<b>115.43 (e)</b> - 1	If an involuntary segregated housing assignment is made, the facility affords each such inmate a review every 30 days to determine whether there is a continuing need for separation from the general population.  Upload/select documentation of 30-day reviews; If applicable, also select agency policy and indicate relevant page/section	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <b>Supporting Documents</b> <a href="#">Reassessment.pdf</a>
<b>REPORTING</b>		
<b>§115.51 - Inmate reporting</b>		
<b>115.51 (a)</b> - 1	The agency has established procedures allowing for multiple internal ways for inmates to report privately to agency officials about: (a) sexual abuse or sexual harassment; (b) retaliation by other inmates or staff for reporting sexual abuse and sexual harassment; and (c) staff neglect or violation of responsibilities that may have contributed to such incidents.  Upload/select inmate reporting policy(ies); Upload/select other relevant documentation on inmate reporting (e.g. inmate handbooks)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <b>Supporting Documents</b> <a href="#">CP6.18 Sexual Misconduct.pdf</a> <a href="#">WellPath F06 Response to Sexual Abuse.pdf</a> <a href="#">Inmate Handbook.pdf</a> pages/sections: pg. 4
<b>115.51 (b)</b> - 1	The agency 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 the agency.  Upload/select documentation of agreement with outside public or private entity responsible for taking reports; If applicable, also select inmate reporting policy and indicate relevant page/section	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <b>Supporting Documents</b> <a href="#">PREA Reporting Information.pdf</a> <a href="#">CP6.18 Sexual Misconduct.pdf</a> pages/sections: pg. 4-5

<b>115.51 (b)</b> - 2	The agency has a policy requiring inmates detained solely for civil immigration purposes be provided information on how to contact relevant consular officials and relevant officials of the Department of Homeland Security.  If applicable, select inmate reporting policy and indicate relevant page/section	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <b>Supporting Documents</b> <a href="#">CP6.18 Sexual Misconduct.pdf</a> pages/sections: pg. 5
<b>115.51 (c)</b> - 1	The agency has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties.  If applicable, select inmate reporting policy and other relevant documentation on inmate reporting (e.g. inmate handbooks) and indicate relevant page(s)/section(s)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <b>Supporting Documents</b> <a href="#">CP6.18 Sexual Misconduct.pdf</a> pages/sections: pg. 5
<b>115.51 (c)</b> - 2	Staff are required to document verbal reports. If "Yes", please provide the time frame required to document the reports in the comments section. If "No", please explain in the comments section.  Upload/select documentation made of verbal reports	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  immediately  <b>Supporting Documents</b> <a href="#">Verbal report of sexual abuse.pdf</a> <a href="#">verbal report north.pdf</a>
<b>115.51 (d)</b> - 1	The agency has established procedures for staff to privately report sexual abuse and sexual harassment of inmates. If "Yes", please describe the procedures in the comments. If "No", please explain in the comments section.  Upload/select staff reporting policies or procedures	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <a href="#">www.mecksheriff.com</a>  <b>Supporting Documents</b> <a href="#">MCSO Website.pdf</a>
<b>115.51 (d)</b> - 2	Staff are informed of these procedures in the following ways:  Upload/select any other relevant documentation, such as staff handbooks	<b>Supporting Documents</b> <a href="#">MCSO Website.pdf</a> <a href="#">CP6.18 Sexual Misconduct.pdf</a>
<b>§115.52 - Exhaustion of administrative remedies</b>		
<b>115.52 (a)</b> - 1	The agency has an administrative procedure for dealing with inmate grievances regarding sexual abuse. If "No", skip to 115.53(a)-1.  Upload/select policy/procedure regarding inmate grievances of sexual abuse	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <b>Supporting Documents</b> <a href="#">CP 6.06 Inmate Grievance.pdf</a> pages/sections: pg. 4-6



<b>115.52 (b)</b> <b>- 1</b>	<p>Agency policy or procedure allows an inmate to submit a grievance regarding an allegation of sexual abuse at any time, regardless of when the incident is alleged to have occurred. If "No", please provide time limit for an inmate to submit a grievance regarding an allegation of sexual abuse in the comments.</p> <p>If applicable, select policy/procedure regarding inmate grievances of sexual abuse and indicate relevant page/section</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <b>Supporting Documents</b> <a href="#">CP 6.06 Inmate Grievance.pdf</a> pages/sections: pg. 4-6
<b>115.52 (b)</b> <b>- 2</b>	<p>Agency policy requires an inmate to use an informal grievance process, or otherwise to attempt to resolve with staff, an alleged incident of sexual abuse.</p> <p>If applicable, select policy/procedure regarding inmate grievances of sexual abuse and indicate relevant page/section</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <b>Supporting Documents</b> <a href="#">CP 6.06 Inmate Grievance.pdf</a>
<b>115.52 (c)</b> <b>- 1</b>	<p>The agency's policy and procedure allows an inmate to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint.</p> <p>If applicable, select policy/procedure regarding inmate grievances of sexual abuse and indicate relevant page/section</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <b>Supporting Documents</b> <a href="#">CP 6.06 Inmate Grievance.pdf</a> pages/sections: Pg. 5 #1
<b>115.52 (c)</b> <b>- 2</b>	<p>The agency's policy and procedure requires that an inmate grievance alleging sexual abuse not be referred to the staff member who is the subject of the complaint.</p> <p>If applicable, select policy/procedure regarding inmate grievances of sexual abuse and indicate relevant page/section</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <b>Supporting Documents</b> <a href="#">CP 6.06 Inmate Grievance.pdf</a> pages/sections: pg. 5 #2
<b>115.52 (d)</b> <b>- 1</b>	<p>The agency's policy and procedure requires that a decision on the merits of any grievance or portion of a grievance alleging sexual abuse be made within 90 days of the filing of the grievance.</p> <p>If applicable, select policy/procedure regarding inmate grievances of sexual abuse and indicate relevant page/section</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <b>Supporting Documents</b> <a href="#">CP 6.06 Inmate Grievance.pdf</a> pages/sections: pg. 5 sec. D



115.52 (d) - 2	In the past 12 months, the number of grievances filed that alleged sexual abuse:	17
115.52 (d) - 3	In the past 12 months, the number of grievances alleging sexual abuse that reached final decision within 90 days after being filed:	17
115.52 (d) - 4	In the past 12 months, the number of grievances alleging sexual abuse that involved extensions because final decision was not reached within 90 days:  Upload/select supporting logs/records that involved an extension	0
115.52 (d) - 5	In cases where the agency requested an extension of the 90-day period to respond to a grievance and had reached final decisions by the time of the PREA audit, some grievances took longer than a 70-day extension period to resolve. If "No", skip to 115.52(d)-7.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
115.52 (d) - 6	If YES, the number of grievances that took longer than a 70-day extension period to resolve:	
115.52 (d) - 7	The agency always notifies an inmate in writing when the agency files for an extension, including notice of the date by which a decision will be made.  Upload/select documentation of written notification of extensions	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  No extensions were needed
115.52 (e) - 1	Agency policy and procedure permits third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse and to file such requests on behalf of inmates.  If applicable, select policy/procedure regarding inmate grievances of sexual abuse and indicate relevant page/section	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <b>Supporting Documents</b> <a href="#">CP 6.06 Inmate Grievance.pdf</a>
115.52 (e) - 2	Agency policy and procedure requires that if an inmate declines to have third-party assistance in filing a grievance	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

	<p>alleging sexual abuse, the agency documents the inmate's decision to decline.</p> <p>If applicable, select policy/procedure regarding inmate grievances of sexual abuse and indicate relevant page/section</p>	<p><b>Supporting Documents</b>  <a href="#">CP 6.06 Inmate Grievance.pdf</a></p>
<b>115.52 (e) - 3</b>	<p>The number of grievances alleging sexual abuse filed by inmates in the past 12 months in which the inmate declined third-party assistance, containing documentation of the inmate's decision to decline:</p>	0
<b>115.52 (f) - 1</b>	<p>The agency has a policy and established procedures for filing an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse.</p> <p>Upload/select policy/procedure for emergency grievances</p>	<p><input checked="" type="checkbox"/>Yes <input type="checkbox"/>No</p> <p><b>Supporting Documents</b>  <a href="#">CP 6.06 Inmate Grievance.pdf</a>  pages/sections: pg. 5</p>
<b>115.52 (f) - 2</b>	<p>The agency's policy and procedure for emergency grievances alleging substantial risk of imminent sexual abuse requires an initial response within 48 hours.</p> <p>If applicable, select policy/procedure for emergency grievances and indicate relevant page/section</p>	<p><input checked="" type="checkbox"/>Yes <input type="checkbox"/>No</p> <p><b>Supporting Documents</b>  <a href="#">CP 6.06 Inmate Grievance.pdf</a>  pages/sections: pg. 5 #4</p>
<b>115.52 (f) - 3</b>	<p>The number of emergency grievances alleging substantial risk of imminent sexual abuse that were filed in the past 12 months:</p>	0
<b>115.52 (f) - 4</b>	<p>The number of those grievances in 115.52(e)-3 that had an initial response within 48 hours:</p>	<p>0</p> <p>No grievances submitted</p>
<b>115.52 (f) - 5</b>	<p>The agency's policy and procedure for emergency grievances alleging substantial risk of imminent sexual abuse requires that a final agency decision be issued within 5 days.</p> <p>If applicable, select policy/procedure for emergency grievances and indicate relevant page/section</p>	<p><input checked="" type="checkbox"/>Yes <input type="checkbox"/>No</p> <p><b>Supporting Documents</b>  <a href="#">CP 6.06 Inmate Grievance.pdf</a>  <a href="#">Inmate Handbook.pdf</a>  pages/sections: pg. 5</p>
<b>115.52 (f) - 6</b>	<p>The number of grievances alleging substantial risk of imminent sexual abuse filed in the past 12 months that reached final decisions within 5 days:</p>	0

<b>115.52 (g)</b> <b>- 1</b>	<p>The agency has a written policy that limits its ability to discipline an inmate for filing a grievance alleging sexual abuse to occasions where the agency demonstrates that the inmate filed the grievance in bad faith.</p> <p>Upload/select policy on inmate disciplinary sanctions (specific to filing a grievance in bad faith)</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <b>Supporting Documents</b> <a href="#">Inmate Handbook.pdf</a> pages/sections: pg. 4
<b>115.52 (g)</b> <b>- 2</b>	<p>In the past 12 months, the number of inmate grievances alleging sexual abuse that resulted in disciplinary action by the agency against the inmate for having filed the grievance in bad faith:</p>	0
<b>§115.53 - Inmate access to outside confidential support services</b>		
<b>115.53 (a)</b> <b>- 1</b>	<p>The facility provides inmates with access to outside victim advocates for emotional support services related to sexual abuse. If "No", skip to 115.54(a)-1.</p> <p>Upload/select policy/procedure regarding inmates' access to outside victim advocates</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <b>Supporting Documents</b> <a href="#">Inmate Handbook.pdf</a>
<b>115.53 (a)</b> <b>- 2</b>	<p>The facility provides inmates with access to such services by giving inmates mailing addresses and telephone numbers (including toll-free hotline numbers where available) for local, state, or national victim advocacy or rape crisis organizations.</p> <p>Upload/select handbooks or written materials prepared for inmates pertinent to reporting sexual abuse and access to support services</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <b>Supporting Documents</b> <a href="#">PREA notices.pdf</a> <a href="#">Inmate Handbook.pdf</a>
<b>115.53 (a)</b> <b>- 3</b>	<p>The facility provides inmates with access to such services by giving inmates mailing addresses and telephone numbers (including toll-free hotline numbers where available) for immigrant services agencies for persons detained solely for civil immigration purposes.</p> <p>If applicable, select handbooks or written materials prepared for inmates pertinent to reporting sexual abuse and access to support services and indicate relevant page/section</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <b>Supporting Documents</b> <a href="#">PREA notices.pdf</a> <a href="#">Inmate Handbook.pdf</a>



<b>115.53 (a)</b> <b>- 4</b>	<p>The facility provides inmates with access to such services by enabling reasonable communication between inmates and these organizations in as confidential a manner as possible.</p> <p>If applicable, select handbooks or written materials prepared for inmates pertinent to reporting sexual abuse and access to support services and indicate relevant page/section</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <b>Supporting Documents</b> <a href="#">Inmate Handbook.pdf</a> <a href="#">PREA notices.pdf</a>
<b>115.53 (b)</b> <b>- 1</b>	<p>The facility informs inmates, prior to giving them access to outside support services, the extent to which such communications will be monitored.</p> <p>If applicable, select policy/procedure regarding inmates' access to outside victim advocates and indicate relevant page/section</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <b>Supporting Documents</b> <a href="#">PREA notices.pdf</a> <a href="#">Inmate Handbook.pdf</a>
<b>115.53 (b)</b> <b>- 2</b>	<p>The facility informs inmates, prior to giving them access to outside support services, of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant federal, state, or local law.</p> <p>If applicable, select policy/procedure regarding inmates' access to outside victim advocates and indicate relevant page/section</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <b>Supporting Documents</b> <a href="#">Inmate Handbook.pdf</a> <a href="#">PREA notices.pdf</a>
<b>115.53 (c)</b> <b>- 1</b>	<p>The agency or facility maintains memorandum of understanding (MOUs) or other agreements with community service providers that are able to provide inmates with emotional support services related to sexual abuse. If "No", skip to 115.53 (c)-3.</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>115.53 (c)</b> <b>- 2</b>	<p>If YES to 115.53(c)-1, the agency or facility maintains copies of those agreements. Skip to 115.54.</p> <p>Upload/select agreements/MOUs</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <b>Supporting Documents</b> <a href="#">Safe Alliance MOU.pdf</a>
<b>115.53 (c)</b> <b>- 3</b>	<p>If NO to 115.53(c)-1, the agency or facility has attempted to enter into MOUs or other agreements with community service providers that are able to provide such services. If "Yes", please explain why these attempts have not been successful in the comments section. If "No", skip to</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

	115.54.	
<b>115.53 (c)</b> - 4	If YES to 115.53(c)-3, the agency maintains documentation of attempts to enter into such agreements.  Upload/select documentation of attempts to enter into agreements	<input type="checkbox"/> Yes <input type="checkbox"/> No  n/a. We have an agreement with Safe Alliance (local rape crisis center)
<b>§115.54 - Third-party reporting</b>		
<b>115.54 (a)</b> - 1	The agency or facility provides a method to receive third-party reports of inmate sexual abuse or sexual harassment. If "Yes", please describe the method in the comments section.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  Agency website
<b>115.54 (a)</b> - 2	The agency or facility publicly distributes information on how to report inmate sexual abuse or sexual harassment on behalf of inmates. If "Yes", please describe in the comments section.  Upload/select publicly distributed information	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <b>Supporting Documents</b> <a href="#">MCSO Website.pdf</a>
<b>OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT</b>		
<b>§115.61 - Staff and agency reporting duties</b>		
<b>115.61 (a)</b> - 1	The agency requires all staff 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 a facility, whether or not it is part of the agency.  Upload/select policy on staff and agency reporting duties	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <b>Supporting Documents</b> <a href="#">CP6.18 Sexual Misconduct.pdf</a> pages/sections: pg. 6
<b>115.61 (a)</b> - 2	The agency requires all staff to report immediately and according to agency policy any retaliation against inmates or staff who reported such an incident.  If applicable, select policy on staff and agency reporting duties and indicate relevant page/section	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <b>Supporting Documents</b> <a href="#">CP6.18 Sexual Misconduct.pdf</a> pages/sections: pg. 6
<b>115.61 (a)</b> - 3	The agency requires all staff to report immediately and according to agency policy any staff neglect or violation of responsibilities that may have contributed to an incident or	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <b>Supporting Documents</b>



	retaliation.  If applicable, select policy on staff and agency reporting duties and indicate relevant page/section	<a href="#">CP6.18 Sexual Misconduct.pdf</a> pages/sections: pg. 6
<b>115.61 (b)</b> - 1	Apart from reporting to designated supervisors or officials and designated state or local services agencies, agency policy prohibits staff 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.  If applicable, select policy on staff and agency reporting duties and indicate relevant page/section	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <b>Supporting Documents</b> <a href="#">CP6.18 Sexual Misconduct.pdf</a> pages/sections: pg. 6
<b>§115.62 - Agency protection duties</b>		
<b>115.62 (a)</b> - 1	When the agency or facility learns that an inmate is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the inmate (i.e., it takes some action to assess and implement appropriate protective measures without unreasonable delay).  Upload/select policy on agency/facility protection duties	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <b>Supporting Documents</b> <a href="#">CP 4.03 Special Housing.pdf</a> pages/sections: pg. 4
<b>115.62 (a)</b> - 2	In the past 12 months, the number of times the agency or facility determined that an inmate was subject to a substantial risk of imminent sexual abuse:	0
<b>115.62 (a)</b> - 3	If the agency or facility made such determinations in the past 12 months, the average amount of time (in hours) that passed before taking action:  Upload/select any relevant documentation	There were no determinations that an inmate was subject to substantial risk of imminent sexual abuse in the past 12 months
<b>115.62 (a)</b> - 4	The longest time passed (in hours or days) before taking action (please note if response is in hours or days). If not "immediate" (i.e., without unreasonable delay), please explain in the comments section.  Upload/select any relevant documentation	n/a. No incidents occurred but it would be immediately
<b>§115.63 - Reporting to other confinement facilities</b>		
<b>115.63 (a)</b> - 1	The agency has a policy requiring that, upon receiving an allegation that an inmate was sexually abused while	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No



	<p>confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred.</p> <p>Upload/select policy on agency reporting to other confinement facilities</p>	<p><b>Supporting Documents</b>  <a href="#">CP6.18 Sexual Misconduct.pdf</a>  pages/sections: pg. 8 Sec. G</p>
<b>115.63 (a)</b> - 2	In the past 12 months, the number of allegations the facility received that an inmate was abused while confined at another facility:	<p>0</p> <p>No occurrences at North Detention Facility.</p>
<b>115.63 (a)</b> - 3	Please describe your facility's response to these allegations:	No occurrences at North Detention Facility
<b>115.63 (b)</b> - 1	<p>Agency policy requires that the facility head provide such notification as soon as possible, but no later than 72 hours after receiving the allegation.</p> <p>If applicable, select policy on agency reporting to other confinement facilities and indicate relevant page/section</p>	<p><input checked="" type="checkbox"/>Yes <input type="checkbox"/>No</p> <p><b>Supporting Documents</b>  <a href="#">CP6.18 Sexual Misconduct.pdf</a></p>
<b>115.63 (c)</b> - 1	<p>The agency or facility documents that it has provided such notification within 72 hours of receiving the allegation.</p> <p>Upload/select documentation of notifications</p>	<p><input checked="" type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>No occurrences at North Detention Facility</p>
<b>115.63 (d)</b> - 1	<p>The agency or facility policy requires that allegations received from other facilities and agencies are investigated in accordance with the PREA standards.</p> <p>Upload/select policy</p>	<p><input checked="" type="checkbox"/>Yes <input type="checkbox"/>No</p> <p><b>Supporting Documents</b>  <a href="#">CP6.18 Sexual Misconduct.pdf</a></p>
<b>115.63 (d)</b> - 2	In the past 12 months, the number of allegations of sexual abuse the facility received from other facilities:	0
<b>§115.64 - Staff first responder duties</b>		
<b>115.64 (a)</b> - 1	<p>The agency has a first responder policy for allegations of sexual abuse. If "No", skip to 115.64(a)-6.</p> <p>Upload/select policy on first responder duties</p>	<p><input checked="" type="checkbox"/>Yes <input type="checkbox"/>No</p> <p><b>Supporting Documents</b></p>

		<a href="#">CP6.18 Sexual Misconduct.pdf</a> pages/sections: pg. 8-9
<b>115.64 (a)</b> - 2	<p>The policy requires that, upon learning of an allegation that an inmate was sexually abused, the first security staff member to respond to the report to separate the alleged victim and abuser.</p> <p>If applicable, select policy on first responder duties and indicate relevant page/section</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <b>Supporting Documents</b> <a href="#">CP6.18 Sexual Misconduct.pdf</a> pages/sections: pg. 8-9
<b>115.64 (a)</b> - 3	<p>The policy requires that, upon learning of an allegation that an inmate was sexually abused, the first security staff member to respond to the report to preserve and protect any crime scene until appropriate steps can be taken to collect any evidence.</p> <p>If applicable, select policy on first responder duties and indicate relevant page/section</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <b>Supporting Documents</b> <a href="#">CP6.18 Sexual Misconduct.pdf</a> pages/sections: pg. 8-9
<b>115.64 (a)</b> - 4	<p>The policy requires that, if the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report 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.</p> <p>If applicable, select policy on first responder duties and indicate relevant page/section</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <b>Supporting Documents</b> <a href="#">CP6.18 Sexual Misconduct.pdf</a> pages/sections: pg. 8-9
<b>115.64 (a)</b> - 5	<p>The policy requires that, if the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report 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.</p> <p>If applicable, select policy on first responder duties and indicate relevant page/section</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <b>Supporting Documents</b> <a href="#">CP6.18 Sexual Misconduct.pdf</a> pages/sections: pg. 8-9
<b>115.64 (a)</b> - 6	<p>In the past 12 months, the number of allegations that an inmate was sexually abused:</p>	0



<b>115.64 (a)</b> <b>- 7</b>	Of these allegations of sexual abuse in the past 12 months, the number of times the first security staff member to respond to the report separated the alleged victim and abuser:	0  No allegations to occur
<b>115.64 (a)</b> <b>- 8</b>	In the past 12 months, the number of allegations where staff were notified within a time period that still allowed for the collection of physical evidence:	0  No allegations to occur
<b>115.64 (a)</b> <b>- 9</b>	Of these allegations in the past 12 months where staff were notified within a time period that still allowed for the collection of physical evidence, the number of times the first security staff member to respond to the report preserved and protected any crime scene until appropriate steps could be taken to collect any evidence:	0  No allegations to occur
<b>115.64 (a)</b> <b>- 10</b>	Of these allegations in the past 12 months where staff were notified within a time period that still allowed for the collection of physical evidence, the number of times the first security staff member to respond to the report requested 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:	0  No occurrences
<b>115.64 (a)</b> <b>- 11</b>	Of these allegations in the past 12 months where staff were notified within a time period that still allowed for the collection of physical evidence, the number of times the first security staff member to respond to the report ensured that the alleged abuser not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating:	0  No occurrences
<b>115.64 (b)</b> <b>- 1</b>	<p>Agency policy requires that if the first staff responder is not a security staff member, that responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence.</p> <p>If applicable, select policy on first responder duties and indicate relevant page/section</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <b>Supporting Documents</b> <a href="#">CP6.18 Sexual Misconduct.pdf</a>



115.64 (b) - 2	<p>Agency policy requires that if the first staff responder is not a security staff member, that responder shall be required to notify security staff.</p> <p>If applicable, select policy on first responder duties and indicate relevant page/section</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <b>Supporting Documents</b> <a href="#">CP6.18 Sexual Misconduct.pdf</a>
115.64 (b) - 3	Of the allegations that an inmate was sexually abused made in the past 12 months, the number of times a non-security staff member was the first responder:	0  No occurrences
115.64 (b) - 4	Of those allegations responded to first by a non-security staff member, the number of times that staff member requested that the alleged victim not take any actions that could destroy physical evidence:	0  No occurrences
115.64 (b) - 5	Of those allegations responded to first by a non-security staff member, the number of times that staff member notified security staff:	0  No occurrences
<b>§115.65 - Coordinated response</b>		
115.65 (a) - 1	<p>The facility has developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership.</p> <p>Upload/select facility's institutional plan</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <b>Supporting Documents</b> <a href="#">Flow charts.pdf</a>
<b>§115.66 - Preservation of ability to protect inmates from contact with abusers</b>		
115.66 (a) - 1	<p>The agency, facility, or any other governmental entity responsible for collective bargaining on the agency's behalf has entered into or renewed any collective bargaining agreement or other agreement since August 20, 2012, or since the last PREA audit, whichever is later.</p> <p>Upload/select all agreements entered into since August 20, 2012 or since the last PREA audit</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  MCSO does not participate in Collective Bargaining
<b>§115.67 - Agency protection against retaliation</b>		

115.67 (a) - 1	<p>The agency has 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.</p> <p>Upload/select policy on protecting inmates against retaliation</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <b>Supporting Documents</b> <a href="#">CP6.18 Sexual Misconduct.pdf</a> pages/sections: pg. 6
115.67 (a) - 2	<p>The agency designates staff member(s) or charges department(s) with monitoring for possible retaliation. If YES, provide staff name(s), title(s), and department(s) in the comments section.</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  Major C.D. Youngblood
115.67 (c) - 1	<p>The agency/facility monitors the conduct or treatment of inmates or staff who reported sexual abuse and of inmates who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by inmates or staff.</p> <p>If applicable, select policy on protecting inmates against retaliation and indicate relevant page/section</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <b>Supporting Documents</b> <a href="#">CP6.18 Sexual Misconduct.pdf</a>
115.67 (c) - 2	<p>If YES, the length of time that the agency/facility monitors the conduct or treatment:</p>	90  90 days
115.67 (c) - 3	<p>The agency/facility acts promptly to remedy any such retaliation.</p> <p>If applicable, select policy on protecting inmates against retaliation and indicate relevant page/section</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <b>Supporting Documents</b> <a href="#">CP6.18 Sexual Misconduct.pdf</a>
115.67 (c) - 4	<p>The agency/facility continues such monitoring beyond 90 days if the initial monitoring indicates a continuing need.</p> <p>If applicable, select policy on protecting inmates against retaliation and indicate relevant page/section</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <b>Supporting Documents</b> <a href="#">CP6.18 Sexual Misconduct.pdf</a>
115.67 (c) - 5	<p>The number of times an incident of retaliation occurred in the past 12 months:</p>	0
<b>§115.68 - Post-allegation protective custody</b>		

<b>115.68 (a)</b> <b>- 1</b>	The agency has a policy prohibiting the placement of inmates who allege to have suffered sexual abuse in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers.  Upload/select policy on protective custody	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <b>Supporting Documents</b> <a href="#">CP 4.03 Special Housing.pdf</a> <a href="#">CR 4.04 Inmate Housing Plan.pdf</a>
<b>115.68 (a)</b> <b>- 2</b>	The number of inmates who allege to have suffered sexual abuse who were held in involuntary segregated housing in the past 12 months for one to 24 hours awaiting completion of assessment:	0
<b>115.68 (a)</b> <b>- 3</b>	The number of inmates who allege to have suffered sexual abuse who were assigned to involuntary segregated housing in the past 12 months for longer than 30 days while awaiting alternative placement:	0
<b>115.68 (a)</b> <b>- 4</b>	From a review of case files of inmates who allege to have suffered sexual abuse who were held in involuntary segregated housing in the past 12 months, the number of case files that include BOTH (a) a statement of the basis for facility's concern for the inmate's safety, and (b) the reason or reasons why alternative means of separation could not be arranged:  Upload/select documentation of instances when segregated housing was used to protect an inmate who is alleged to have suffered sexual abuse;	0  N/A. No inmates were held in involuntary segregated housing in past 12 months.
<b>115.68 (a)</b> <b>- 5</b>	If an involuntary segregated housing assignment is made, the facility affords each such inmate a review every 30 days to determine whether there is a continuing need for separation from the general population.  Upload/select documentation of 30-day reviews	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <b>Supporting Documents</b> <a href="#">sample reassessment form.pdf</a>
<b>INVESTIGATIONS</b>		
<b>§115.71 - Criminal and administrative agency investigations</b>		
<b>115.71 (a)</b> <b>- 1</b>	The agency/facility has a policy related to criminal and administrative agency investigations.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No



	Upload/select policy related to criminal and administrative agency investigations	<b>Supporting Documents</b> <a href="#">GO #4 Discipline.pdf</a>
<b>115.71 (h)</b> - 1	Substantiated allegations of conduct that appear to be criminal are referred for prosecution.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>115.71 (h)</b> - 2	The number of substantiated allegations of conduct that appear to be criminal that were referred for prosecution since August 20, 2012, or since the last PREA audit, whichever is later:	0
<b>115.71 (i)</b> - 1	The agency retains all written reports pertaining to the administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.  If applicable, select policy on criminal and administrative agency investigations and indicate relevant page/section	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <b>Supporting Documents</b> <a href="#">GO4 Discipline.pdf</a> <a href="#">OPC Memo.pdf</a>
<b>§115.72 - Evidentiary standard for administrative investigations</b>		
<b>115.72 (a)</b> - 1	The agency imposes a standard of a preponderance of the evidence or a lower standard of proof when determining whether allegations of sexual abuse or sexual harassment are substantiated.  Upload/select policy on standards for administrative investigations	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <b>Supporting Documents</b> <a href="#">GO4 Discipline.pdf</a>
<b>§115.73 - Reporting to inmates</b>		
<b>115.73 (a)</b> - 1	The agency has a policy requiring that any inmate who makes an allegation that he or she suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency.  Upload/select policy on inmate notification requirements; Upload/select sample of alleged sexual abuse investigations completed by the agency	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <b>Supporting Documents</b> <a href="#">CP6.18 Sexual Misconduct.pdf</a> <a href="#">OPC Memo.pdf</a> pages/sections: pg. 7
<b>115.73 (a)</b> - 2	The number of criminal and/or administrative investigations of alleged inmate sexual abuse that were	0

	completed by the agency/facility in the past 12 months:	
<b>115.73 (a)</b> - 3	Of the alleged sexual abuse investigations that were completed in the past 12 months, the number of inmates who were notified, verbally or in writing, of the results of the investigation:	0
<b>115.73 (b)</b> - 1	<p>If an outside entity conducts such investigations, the agency requests the relevant information from the investigative entity in order to inform the inmate of the outcome of the investigation. (Check N/A if the agency/facility is responsible for conducting administrative and criminal investigations and skip to 115.73(c)-1.)</p> <p>Upload/select sample of alleged sexual abuse investigations completed by an outside agency</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA  MCSO has not had any criminal investigations to occur
<b>115.73 (b)</b> - 2	The number of investigations of alleged inmate sexual abuse in the facility that were completed by an outside agency in the past 12 months:	0  No occurrences
<b>115.73 (b)</b> - 3	Of the outside agency investigations of alleged sexual abuse that were completed in the past 12 months, the number of inmates alleging sexual abuse in the facility who were notified verbally or in writing of the results of the investigation:	0  N/A. MCSO has not had any investigations conducted by outside agencies regarding alleged sexual abuse.
<b>115.73 (c)</b> - 1	<p>Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, the agency/facility subsequently informs the inmate (unless the agency has determined that the allegation is unfounded) whenever:</p> <ul style="list-style-type: none"> <li>• The staff member is no longer posted within the inmate's unit;</li> <li>• The staff member is no longer employed at the facility;</li> <li>• The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or</li> <li>• The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.</li> </ul>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <b>Supporting Documents</b> <a href="#">CP6.18 Sexual Misconduct.pdf</a> pages/sections: pg. 7-8

	If applicable, select policy on inmate notification requirements and indicate relevant page/section	
<b>115.73 (c)</b> - 2	<p>There has been a substantiated or unsubstantiated complaint (i.e., not unfounded) of sexual abuse committed by a staff member against an inmate in an agency facility in the past 12 months.</p> <p>Upload/select sample documentation of substantiated or unsubstantiated complaints</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  No occurrences at North Detention Facility
<b>115.73 (c)</b> - 3	<p>If YES, in each case the agency subsequently informed the inmate whenever:</p> <ul style="list-style-type: none"> <li>• The staff member was no longer posted within the inmate's unit;</li> <li>• The staff member was no longer employed at the facility;</li> <li>• The agency learned that the staff member has been indicted on a charge related to sexual abuse within the facility; or</li> <li>• The agency learned that the staff member has been convicted on a charge related to sexual abuse within the facility.</li> </ul> <p>Upload/select sample documentation of notifications</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No  No occurrences at North Detention Facility
<b>115.73 (d)</b> - 1	<p>Following an inmate's allegation that he or she has been sexually abused by another inmate in an agency facility, the agency subsequently informs the alleged victim whenever:</p> <ul style="list-style-type: none"> <li>• The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or</li> <li>• The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.</li> </ul> <p>Upload/select sample documentation of notifications; If applicable, also select policy on inmate notification requirements and indicate relevant page/section</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <b>Supporting Documents</b> <a href="#">Inmate notification.pdf</a> <a href="#">CP6.18 Sexual Misconduct.pdf</a>
<b>115.73 (e)</b> - 1	<p>The agency has a policy that all notifications to inmates described under this standard are documented.</p> <p>Upload/select policy on documentation of notifications; Upload/select sample documentation of notifications</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <b>Supporting Documents</b> <a href="#">CP6.18 Sexual Misconduct.pdf</a>



<b>115.73 (e)</b> - 2	In the past 12 months, the number of notifications to inmates that were provided pursuant to this standard:	11
<b>115.73 (e)</b> - 3	Of those notifications made in the past 12 months, the number that were documented:	11  All inmates receive notification/outcome of the status of their complaint.
<b>DISCIPLINE</b>		
<b>§115.76 - Disciplinary sanctions for staff</b>		
<b>115.76 (a)</b> - 1	Staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.  Upload/select policy on staff disciplinary sanctions	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <b>Supporting Documents</b> <a href="#">WellPath F06 Response to Sexual Abuse.pdf</a> <a href="#">GO #18 Sexual Harassment.pdf</a> <a href="#">GO #2 Rules of Conduct.pdf</a> <a href="#">GO #13 Ethics &amp; Conduct with Inmates.pdf</a> <a href="#">GO #4 Discipline.pdf</a>
<b>115.76 (b)</b> - 1	In the past 12 months, the number of staff from the facility who have violated agency sexual abuse or sexual harassment policies:  Upload/select sample records of terminations, resignations, or other sanctions for violation of sexual abuse or sexual harassment policy; If applicable, also select policy on staff disciplinary sanctions and indicate relevant page/section	0  <b>Supporting Documents</b> <a href="#">OPC Memo.pdf</a>
<b>115.76 (b)</b> - 2	In the past 12 months, the number of those staff from the facility who have been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies:	0
<b>115.76 (c)</b> - 1	The disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <b>Supporting Documents</b> <a href="#">WellPath F06 Response to Sexual Abuse.pdf</a>

	<p>imposed for comparable offenses by other staff with similar histories.</p> <p>If applicable, select policy on staff disciplinary sanctions and indicate relevant page/section</p>	<a href="#">GO #18 Sexual Harassment.pdf</a> <a href="#">GO #4 Discipline.pdf</a> <a href="#">GO #2 Rules of Conduct.pdf</a> <a href="#">GO #13 Ethics &amp; Conduct with Inmates.pdf</a>
<b>115.76 (c) - 2</b>	<p>In the past 12 months, the number of staff from the facility who have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies (other than actually engaging in sexual abuse):</p>	0
<b>115.76 (d) - 1</b>	<p>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, are reported to law enforcement agencies (unless the activity was clearly not criminal) and to any relevant licensing bodies.</p> <p>If applicable, select policy on staff disciplinary sanctions and indicate relevant page/section</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <b>Supporting Documents</b> <a href="#">WellPath F06 Response to Sexual Abuse.pdf</a> <a href="#">GO18 Sexual Harassment.pdf</a> <a href="#">GO4 Discipline.pdf</a> <a href="#">GO #2 Rules of Conduct.pdf</a> <a href="#">GO #13 Ethics &amp; Conduct with Inmates.pdf</a>
<b>115.76 (d) - 2</b>	<p>In the past 12 months, the number of staff from the facility that have been reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies:</p>	0
<b>§115.77 - Corrective action for contractors and volunteers</b>		
<b>115.77 (a) - 1</b>	<p>Agency policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies (unless the activity was clearly not criminal) and to relevant licensing bodies.</p> <p>Upload/select policy on corrective actions for contractors and volunteers</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <b>Supporting Documents</b> <a href="#">GO18 Sexual Harassment.pdf</a> <a href="#">CP 10.01 Volunteer Program.pdf</a>
<b>115.77 (a) - 2</b>	<p>Agency policy requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with inmates.</p> <p>If applicable, select policy on corrective actions for</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <b>Supporting Documents</b> <a href="#">GO18 Sexual Harassment.pdf</a> <a href="#">CP 10.01 Volunteer Program.pdf</a>



	contractors and volunteers and indicate relevant page/section	
<b>115.77 (a)</b> - 3	In the past 12 months, contractors or volunteers have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of inmates.  Upload/select reports of sexual abuse of inmates by contractors or volunteers	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  No reports have been made to law enforcement in the past 12 months in regards to Contractors/Volunteers engaging in sexual abuse with inmates
<b>115.77 (a)</b> - 4	In the past 12 months, the number of contractors or volunteers reported to law enforcement for engaging in sexual abuse of inmates:	0
<b>115.77 (b)</b> - 1	The facility takes appropriate remedial measures and considers whether to prohibit further contact with inmates in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.  Upload/select documentation of remedial measures that have been enforced	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  No remedial measures have been taken against Contractors/Volunteers engaging in sexual abuse against inmates
<b>§115.78 - Disciplinary sanctions for inmates</b>		
<b>115.78 (a)</b> - 1	Inmates are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse.  Upload/select policy on inmate disciplinary sanctions	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <b>Supporting Documents</b> <a href="#">CP 6.01 Inmate Rules &amp; Sanctions.pdf</a> <a href="#">CP 6.12 Inmate Disciplinary Hearing Procedures.pdf</a>
<b>115.78 (a)</b> - 2	Inmates are subject to disciplinary sanctions only pursuant to a formal disciplinary process following a criminal finding of guilt for inmate-on-inmate sexual abuse.  If applicable, select policy on inmate disciplinary sanctions and indicate relevant page/section	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <b>Supporting Documents</b> <a href="#">CP 6.01 Inmate Rules &amp; Sanctions.pdf</a>
<b>115.78 (a)</b> - 3	In the past 12 months, the number of administrative findings of inmate-on-inmate sexual abuse that have occurred at the facility:	0



115.78 (a) - 4	In the past 12 months, the number of criminal findings of guilt for inmate-on-inmate sexual abuse that have occurred at the facility:	0
115.78 (d) - 1	The facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse. If "NO," skip to 115.78 (e)-1.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
115.78 (d) - 2	If the facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse, the facility considers whether to require the offending inmate to participate in such interventions as a condition of access to programming or other benefits.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
115.78 (e) - 1	<p>The agency disciplines inmates for sexual conduct with staff only upon finding that the staff member did not consent to such contact.</p> <p>Upload/select sample of records of disciplinary actions against inmates for sexual conduct with staff; If applicable, also select policy on inmate disciplinary sanctions and indicate relevant page/section</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  No inmate discipline occurred for having non consensual sexual contact with staff
115.78 (f) - 1	<p>The agency prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation.</p> <p>If applicable, select policy on inmate disciplinary sanctions and indicate relevant page/section</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <b>Supporting Documents</b> <a href="#">Inmate Handbook.pdf</a>
115.78 (g) - 1	<p>The agency prohibits all sexual activity between inmates.</p> <p>If applicable, select policy on inmate disciplinary sanctions and indicate relevant page/section</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <b>Supporting Documents</b> <a href="#">CP 6.01 Inmate Rules &amp; Sanctions.pdf</a>
115.78 (g) - 2	If the agency prohibits all sexual activity between inmates and disciplines inmates for such activity, the agency deems such activity to constitute sexual abuse only if it	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA  <b>Supporting Documents</b>

	<p>determines that the activity is coerced. Check N/A if the agency does not prohibit all sexual activity between inmates.</p> <p>If applicable, select policy on inmate disciplinary sanctions and indicate relevant page/section</p>	<p><a href="#">Inmate Handbook.pdf</a>  <a href="#">CP 6.01 Inmate Rules &amp; Sanctions.pdf</a></p>
<b>MEDICAL AND MENTAL CARE</b>		
<b>§115.81 - Medical and mental health screenings; history of sexual abuse</b>		
<b>115.81 (a) - 1</b>	<p>All inmates at this facility who have disclosed any prior sexual victimization during a screening pursuant to §115.41 are offered a follow-up meeting with a medical or mental health practitioner. If "No", skip to 115.81(b).</p> <p>Upload/select policy on medical and mental health treatment of inmates</p>	<p><input checked="" type="checkbox"/>Yes <input type="checkbox"/>No</p> <p><b>Supporting Documents</b>  <a href="#">WellPath F06 Response to Sexual Abuse.pdf</a>  <a href="#">CP 5.05 Medical Screening.pdf</a></p>
<b>115.81 (a) - 2</b>	<p>If YES, the follow-up meeting was offered within 14 days of the intake screening.</p>	<p><input checked="" type="checkbox"/>Yes <input type="checkbox"/>No</p>
<b>115.81 (a) - 3</b>	<p>In the past 12 months, the percent of inmates who disclosed prior victimization during screening who were offered a follow-up meeting with a medical or mental health practitioner:</p>	<p>100</p>
<b>115.81 (a) - 4</b>	<p>Medical and mental health staff maintain secondary materials (e.g., form, log) documenting compliance with the above required services.</p> <p>Upload/select sample medical/mental health secondary materials</p>	<p><input checked="" type="checkbox"/>Yes <input type="checkbox"/>No</p> <p><b>Supporting Documents</b>  <a href="#">115.81 14 day mental health sample.pdf</a></p>
<b>115.81 (b) - 1</b>	<p>If the facility is a prison, all prison inmates who have previously perpetrated sexual abuse, as indicated during the screening pursuant to § 115.41, are offered a follow-up meeting with a mental health practitioner. Check N/A if facility is not a prison.</p> <p>If applicable, select policy on medical and mental health treatment of inmates and indicate relevant page/section</p>	<p><input type="checkbox"/>Yes <input type="checkbox"/>No <input checked="" type="checkbox"/>NA</p>
<b>115.81 (b) - 2</b>	<p>If YES, the follow-up meeting was offered within 14 days of the intake screening.</p>	<p><input type="checkbox"/>Yes <input type="checkbox"/>No</p>

<b>115.81 (b)</b> - 3	In the past 12 months, the percent of inmates who have previously perpetrated sexual abuse, as indicated during the screening, who were offered a follow-up meeting with a mental health practitioner:	
<b>115.81 (b)</b> - 4	Mental health staff maintain secondary materials (e.g., form, log) documenting compliance with the above required services.  Upload/select sample of mental health secondary materials	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>115.81 (d)</b> - 1	Information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners. If "Yes", skip to 115.81(e).  Upload/select sample of inmate confinement records/other records available to custody staff or non-health personnel; If applicable, also select policy on medical/mental health treatment of inmates and indicate relevant page/section	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>115.81 (d)</b> - 2	If NO, the information shared with other staff is strictly limited to informing security and management decisions, including treatment plans, housing, bed, work, education, and program assignments, or as otherwise required by federal, state, or local law.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>115.81 (e)</b> - 1	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.  Upload/select consent documentation/logs obtained from inmates over age 18; If applicable, also select policy on medical/mental health treatment of inmates and indicate relevant page/section	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <b>Supporting Documents</b> <a href="#">Informed Consent sample.pdf</a> <a href="#">WellPath F06 Response to Sexual Abuse.pdf</a>
<b>§115.82 - Access to emergency medical and mental health services</b>		
<b>115.82 (a)</b> - 1	Inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No



	intervention services.	
<b>115.82 (a)</b> - 2	The nature and scope of such services are determined by medical and mental health practitioners according to their professional judgment.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>115.82 (a)</b> - 3	<p>Medical and mental health staff maintain secondary materials (e.g., form, log) documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis. (Such documentation is not required by the Standard, but may be helpful to review during the audit.)</p> <p>Upload/select sample medical/mental health secondary forms/logs regarding inmates' access to services</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <b>Supporting Documents</b> <a href="#">115.82 sample.pdf</a>
<b>115.82 (c)</b> - 1	Inmate victims of sexual abuse while incarcerated are 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.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>115.82 (d)</b> - 1	<p>Treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.</p> <p>Upload/select policy on medical/mental health treatment for sexual abuse</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <b>Supporting Documents</b> <a href="#">WellPath A 01 Access to Care.pdf</a> <a href="#">WellPath F06 Response to Sexual Abuse.pdf</a>
<b>§115.83 - Ongoing medical and mental health care for sexual abuse victims and abusers</b>		
<b>115.83 (a)</b> - 1	The facility offers 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.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <b>Supporting Documents</b> <a href="#">WellPath F06 Response to Sexual Abuse.pdf</a>

	Upload/select policy on ongoing medical/mental health treatment for sexual abuse victims and abusers	<a href="#">WellPath B06 Contraception.pdf</a> <a href="#">WellPath G04 Therapeutic Relationship, Forensic.pdf</a>
<b>115.83 (d)</b> - 1	Female victims of sexual abusive vaginal penetration while incarcerated are offered pregnancy tests. (N/A if an all male facility).  If applicable, select policy on ongoing medical/mental health treatment for sexual abuse victims and abusers and indicate relevant page/section	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA  <b>Supporting Documents</b> <a href="#">WellPath Forensic Memo.pdf</a>
<b>115.83 (e)</b> - 1	If pregnancy results from sexual abuse while incarcerated, victims receive timely and comprehensive information about, and timely access to, all lawful pregnancy-related medical services. Check N/A if an all male facility.  If applicable, select policy on ongoing medical/mental health treatment for sexual abuse victims and abusers and indicate relevant page/section	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA  <b>Supporting Documents</b> <a href="#">WellPath Forensic Memo.pdf</a>
<b>115.83 (f)</b> - 1	Inmate victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate.  If applicable, select policy on ongoing medical/mental health treatment for sexual abuse victims and abusers and indicate relevant page/section	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <b>Supporting Documents</b> <a href="#">WellPath Forensic Memo.pdf</a>
<b>115.83 (g)</b> - 1	Treatment services are 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.  If applicable, select policy on ongoing medical/mental health treatment for sexual abuse victims and abusers and indicate relevant page/section	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <b>Supporting Documents</b> <a href="#">WellPath F06 Response to Sexual Abuse.pdf</a> <a href="#">WellPath A 01 Access to Care.pdf</a>
<b>115.83 (h)</b> - 1	If the facility is a prison, it attempts to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate by mental health practitioners. Check N/A if the facility is a jail.  If applicable, select policy on ongoing medical/mental	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA



	health treatment for sexual abuse victims and abusers and indicate relevant page/section	
<b>DATA COLLECTION AND REVIEW</b>		
<b>§115.86 - Sexual abuse incident reviews</b>		
<b>115.86 (a) - 1</b>	<p>The facility conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded.</p> <p>Upload/select policy on conducting sexual abuse incident reviews; Upload/select documentation of sexual abuse incident reviews; Upload/select sample documentation of completed criminal or administrative investigations of sexual abuse (if incident review documents contained therein)</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <b>Supporting Documents</b> <a href="#">CP6.18 Sexual Misconduct.pdf</a> <a href="#">OPC Memo.pdf</a> <a href="#">Incident Review Minutes.pdf</a>
<b>115.86 (a) - 2</b>	In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility, excluding only "unfounded" incidents:	0
<b>115.86 (b) - 1</b>	<p>The facility ordinarily conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation.</p> <p>If applicable, select documentation of sexual abuse incident reviews and sample documentation of completed criminal or administrative investigations of sexual abuse (if incident review documents contained therein) and indicate relevant page(s)/section(s)</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <b>Supporting Documents</b> <a href="#">Incident Review Minutes.pdf</a> <a href="#">OPC Memo.pdf</a>
<b>115.86 (b) - 2</b>	In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility that were followed by a sexual abuse incident review within 30 days, excluding only "unfounded" incidents:	<p>0</p> <p>No occurrences at North Detention facility</p>
<b>115.86 (c) - 1</b>	The sexual abuse incident review team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <b>Supporting Documents</b> <a href="#">CP6.18 Sexual Misconduct.pdf</a>



	If applicable, select policy on sexual abuse incident reviews and indicate relevant page/section	
<b>115.86 (d) - 1</b>	<p>The facility prepares a report of its findings from sexual abuse incident reviews including, but not necessarily limited to, determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section and any recommendations for improvement, and submits such report to the facility head and PREA Compliance Manager.</p> <p>Upload/select reports of findings from sexual abuse incident reviews; If applicable, select documentation of sexual abuse incident reviews and indicate relevant page/section</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <b>Supporting Documents</b> <a href="#">115.86 PREA Coordinator memo.pdf</a>
<b>115.86 (e) - 1</b>	<p>The facility implements the recommendations for improvement or documents its reasons for not doing so.</p> <p>Upload/select documentation supporting implementation of recommendations; or Upload/select documentation of reasons for not implementing recommendations</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <b>Supporting Documents</b> <a href="#">115.86 PREA Coordinator memo.pdf</a>
<b>§115.87 - Data collection</b>		
<b>115.87 (a) - 1</b>	<p>The agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions.</p> <p>Upload/select policy on sexual abuse data collection; Upload/select set of definitions; Upload/select data collection instrument</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <b>Supporting Documents</b> <a href="#">CP6.18 Sexual Misconduct.pdf</a> <a href="#">Data Collection Instrument.pdf</a> pages/sections: pg. 10
<b>115.87 (b) - 1</b>	The agency aggregates the incident-based sexual abuse data at least annually.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>115.87 (c) - 1</b>	<p>The standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice.</p> <p>If applicable, select policy on sexual abuse data collection and data collection instrument and indicate relevant page (s)/section(s)</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <b>Supporting Documents</b> <a href="#">CP6.18 Sexual Misconduct.pdf</a>

<b>115.87 (d)</b> - 1	The agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.  If applicable, select policy on sexual abuse data collection and indicate relevant page/section	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <b>Supporting Documents</b> <a href="#">CP6.18 Sexual Misconduct.pdf</a>
<b>115.87 (e)</b> - 1	The agency obtains incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates. Check N/A if agency does not contract for the confinement of its inmates and skip to 115.87 (f).  If applicable, select policy on sexual abuse data collection and indicate relevant page/section	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA
<b>115.87 (e)</b> - 2	The data from private facilities complies with SSV reporting regarding content.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>115.87 (f)</b> - 1	The agency provided the Department of Justice (DOJ) with data from the previous calendar year upon request. Check N/A if DOJ has not requested agency data.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
<b>§115.88 - Data review for corrective action</b>		
<b>115.88 (a)</b> - 1	The agency reviews data collected and aggregated pursuant to §115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, response policies, and training, including: <ul style="list-style-type: none"> <li>• Identifying problem areas;</li> <li>• Taking corrective action on an ongoing basis; and</li> <li>• Preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole.</li> </ul> Upload/select documentation of corrective action plans; Upload/select annual report of findings from data reviews/corrective actions	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <b>Supporting Documents</b> <a href="#">2019 Annual PREA Report.pdf</a> <a href="#">115.88 PREA Corrective Action.pdf</a>
<b>115.88 (b)</b> - 1	The annual report includes a comparison of the current year's data and corrective actions with those from prior years.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <b>Supporting Documents</b> <a href="#">2019 Annual PREA Report.pdf</a>



	If applicable, select annual report of findings from data reviews/corrective actions and indicate relevant page/section	
<b>115.88 (b) - 2</b>	<p>The annual report provides an assessment of the agency's progress in addressing sexual abuse.</p> <p>If applicable, select annual report of findings from data reviews/corrective actions and indicate relevant page/section</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <b>Supporting Documents</b> <a href="#">2019 Annual PREA Report.pdf</a>
<b>115.88 (c) - 1</b>	<p>The agency makes its annual report readily available to the public at least annually through its website. If "yes," skip to 115.88(c)-3.</p> <p>Provide link to website where annual report is available</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>115.88 (c) - 2</b>	If NO, the agency makes it available through other means.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>115.88 (c) - 3</b>	The annual reports are approved by the agency head.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>115.88 (d) - 1</b>	<p>When the agency redacts material from an annual report for publication, the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility.</p> <p>If applicable, select annual report of findings from data reviews/corrective actions and indicate relevant page/section</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <b>Supporting Documents</b> <a href="#">2019 Annual PREA Report.pdf</a>
<b>115.88 (d) - 2</b>	<p>The agency indicates the nature of material redacted.</p> <p>If applicable, select annual report of findings from data reviews/corrective actions and indicate relevant page/section</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <b>Supporting Documents</b> <a href="#">2019 Annual PREA Report.pdf</a>
<b>§115.89 - Data storage, publication, and destruction</b>		
<b>115.89 (a) - 1</b>	<p>The agency ensures that incident-based and aggregate data are securely retained.</p> <p>Upload/select policy on data storage</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <b>Supporting Documents</b> <a href="#">CP6.18 Sexual Misconduct.pdf</a>
<b>115.89 (b) - 1</b>	Agency policy requires that aggregated sexual abuse data from facilities under its direct control and private facilities	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No



	<p>with which it contracts be made readily available to the public at least annually through its website.</p> <p>Upload/select policy on data availability</p>	<p><b>Supporting Documents</b></p> <p><a href="#">CP6.18 Sexual Misconduct.pdf</a></p>
<b>115.89 (b)</b> - 2	If NO, the agency makes it available through other means.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>115.89 (c)</b> - 1	Before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>115.89 (c)</b> - 2	<p>The agency maintains sexual abuse data collected pursuant to §115.87 for at least 10 years after the date of initial collection, unless federal, state, or local law requires otherwise.</p> <p>If Federal, State, or local law requires otherwise, upload/select copy of the applicable law</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No