

PREA AUDIT REPORT Interim Final

ADULT PRISONS & JAILS

Date of report: June 29, 2016

Auditor Information	
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Telephone Number:	505-977-7607
Date of Facility Visit:	June 27-29, 2016
Facility Information	
Facility name:	Cloud County Law Enforcement Center (CCLEC)
Facility physical address:	2090 Fort Kearney Street, Concordia, KS 66901
Facility mailing address:	SAA
Facility telephone number:	785-243-8164
The facility is:	<input type="checkbox"/> Federal <input type="checkbox"/> State <input checked="" type="checkbox"/> County <input type="checkbox"/> Military <input type="checkbox"/> Municipal <input type="checkbox"/> Private for profit <input type="checkbox"/> Private not for profit
Facility type:	<input type="checkbox"/> Prison <input checked="" type="checkbox"/> Jail
Name of facility's Chief Executive Officer:	Amber Lindberg
Number of staff assigned to the facility in the past 12 months:	27
Designed facility capacity:	86
Current population of facility:	84
Facility security levels/inmate custody levels:	Minimum, Medium Maximum
Age range of population:	18-80
Name of PREA Compliance Manager:	Amber Lindberg
Title:	Jail Administrator
Email address:	alindberg@cloudcountyks.org
Telephone number:	785-243-8164
Agency Information	
Name of Agency:	Cloud County Sheriff's Office.
Governing authority or parent agency:	Cloud County (If applicable)
Physical address:	2090 Fort Kearney Street, Concordia, KS 66901
Mailing address:	(If different from above) SAA
Telephone number:	785-243-8164
Agency Chief Executive Officer	
Name	Brian Marks
Title:	Sheriff
Email address:	sheriffmarks@cloudcountyks.org
Telephone Number:	785-243-3636
Agency-Wide PREA Coordinator	
Name:	Amber Lindberg
Title:	Jail Administrator
Email address:	alindberg@cloudcountyks.org
Telephone Number:	785-243-8164

AUDIT FINDINGS

NARRATIVE: On June 28-29, 2016 Shannon McReynolds, a USDOJ certified PREA auditor, conducted an on-site visit as part of PREA audit of the Cloud County Law Enforcement Center (CCLEC) in Concordia Kansas. The facility point of contact was Amber Lindberg, Jail Administrator for CCLEC. The pre-audit activities included a review of facility policy and documentation reflecting that processes were actually employed to prevent, detect, and respond to sexual victimization. Ms. Lindberg supplied the documentation provided for pre-audit reviews and activities, and subsequently provided additional documentation necessary to make conclusive findings for the audit. The on-site visit consisted of an inspection of every housing unit, all critical service areas, program areas, and administrative offices.

In addition to document reviews and facility inspection, sixteen staff members were interviewed, including senior management, medical staff, members of the sexual abuse review team, and twelve inmates were interviewed as part of the audit, including those inmates who were screened as being at high risk for sexual victimization. No inmates were identified as being members of the LGTBI community or as being LEP. Further, Julie Willoughy from the Domestic Violence Association of Central Kansas (DVACK), (a rape crisis center) and Susan Reinert, the director of the SANE program at Salina Regional Health Center were interviewed. The facility has 86 beds and an average daily population of 84 inmates/detainees.

Unique features of the CCLEC include:

1. It is a 2 year-old facility that also houses the Sheriff's Office;
2. 6 single-bunk cells, 32 double bunk cells, and 2 open bay dorms;

The facility reports that there have been 0 substantiated reports of sexual abuse made by inmates at the facility within the past 12 months. Criminal investigations are conducted by the Cloud County Sheriff's Office.

DESCRIPTION OF FACILITY CHARACTERISTICS:

The Cloud County Law Enforcement Center is comprised of one building of predominantly multiple occupancy cells. The building is equipped with video monitoring cameras to supplement rounds by security staff at the entrance to the building as well as in the corridors of each building. The physical plant also includes a food service facility, laundry facility, visiting space, and administrative offices.

Due to the short average length of stay, the Cloud County Law Enforcement Center has limited work programs available to inmates.

SUMMARY OF AUDIT FINDINGS:

Inmates who were interviewed all cooperated with the interview process and those who scored as high risk for sexual victimization agreed to be interviewed. Most inmates who were formally interviewed, as well as those who were interviewed during the facility tour, indicated that they had received education on PREA through printed material and a video produced by Just Detention International that was shown during the booking process. The inmates indicate that have been through the formal PREA screening process, which was confirmed by the Pre-Audit Questionnaire submitted by the facility and by screening forms produced by the facility. All inmates who were formally interviewed, as well as those who were interviewed during the facility tour, indicated that they knew the various mechanisms for reporting sexual abuse.

Cloud County Law Enforcement Center staff cooperated with the interviews and all expressed support for the goals of PREA. All staff indicated that they had received training on PREA. The CCLEC relies on the Salina Regional Health Center to provide SANE exams and the Domestic Violence Association of Central Kansas (DVACK) provides advocacy services to victims of sexual abuse. Both Julie Willoughy of DVACK and Susan Reinert of the Salina Regional Health Center indicated that their protocol for SANE exams and victim advocacy are based on the National Protocol for Sexual Assault Medical Forensic Exams, Adults/Adolescents.

Number of standards exceeded: 1

Number of standards met: 42

Number of standards not met: 0

Standard

Number here: 115.11, Zero Tolerance of sexual abuse and sexual harassment; Prison Rape Elimination Act (PREA) coordinator

- Exceeds Standard (substantially exceed requirement or standards)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (required corrective action)

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

Standard 115.11 has three elements that the facility must meet for a finding of "meets standard".

The first element requires a written policy mandating zero tolerance towards all forms of sexual abuse and harassment and an outline of the agency's approach to preventing, detecting, and responding to such conduct. Policy #9.10 establishes the zero tolerance policy for all forms of sexual abuse and harassment and outlines the facility's approach to preventing, detecting, and responding to such conduct by mandating training for staff (including first-responder training) and inmates, screening staff and inmates, a credible investigation process, and providing a multi-route reporting mechanism. Thus the facility meets this element.

The second element requires that the agency employ an upper-level agency-wide PREA coordinator with sufficient time and authority to oversee agency efforts to comply with PREA standards in all of its facilities. The CCLEC produced documentation showing Amber Lindberg as the Agency's PREA coordinator, who reports directly to the County Sheriff, Brian Marks. Ms. Lindberg reported in her interview that she has sufficient time to develop, implement, and oversee efforts to comply with PREA. Thus the facility meets this element.

The third element requires that each facility designate a PREA Compliance Manager with sufficient time and authority to oversee agency efforts to comply with PREA standards in all of its facilities. The CCLEC operates only one facility and the audit tool directs that in this case, this element is marked N/A. Thus the facility meets this element.

RECOMMENDATION: None

Standard

Number here: 115.12 Contracting with other entities for the confinement of Inmates.

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

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

Standard 115.12 has two elements that a facility must meet for a finding of "meets standard".

The first element requires that contracts with private agencies or other entities include the entities obligation to adopt and comply with the PREA standards. Ms. Lindberg indicates that the CCLEC does not have a contract with any private facilities or other entities to house inmates or detainees remanded to the custody of CCLEC, so the audit tool shows "N/A". Thus the facility meets with this element.

The second element requires that new contracts or contract renewals provide for agency contract monitoring to ensure the contractor is complying with the PREA standards. As previously noted, the

CCLEC does not have any contracts with any private facilities or other entities to house inmates, and in that case, the audit tool instructs that the standard is "N/A". Thus the facility meets this element.

RECOMMENDATION: None

Standard

Number here: 115.13 Supervision and monitoring

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

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

Standard 115.13 has four elements that a facility must meet for a finding of "meets standard".

The first element requires that the facility develop, document, and make best efforts to comply on a regular basis with a staff plan that provides for adequate staffing and video monitoring, and take into consideration 11 conditions. The facility produced a staffing schedule that was developed in association with Weber and Associates, an independent corrections consulting firm. The plan specifically addressed each of the 11 conditions consistent with the facility's mission and population size, and provided for a well-staffed facility. The tour of the facility confirmed that assigned staff and supervisors were actually at their assigned post.

The second element requires that where the staffing plan is not complied with, the facility documents and justifies the deviation. Ms. Lindberg reports that there have been no deviations from staffing plan and that the two occasions of staffing shortages in the past 12 months were addressed by using deputies assigned to patrol in the facility. Thus the facility meets this element.

The third element requires that at least once each year, the agency, in consultation with the PREA Coordinator, assess, determines, and document where adjustments are needed to the staffing plan, technology assets, and resources to ensure adherence to the staffing plan. Ms. Lindberg provided copies of monthly staffing reviews that meaningfully assessed, determined, and documented where adjustments were needed.

The fourth element requires that the facility have a policy requiring supervisors to conduct and document unannounced rounds for all shifts and that staff are prohibited from alerting other staff that these supervisor rounds are occurring. Policy 9.10 has these requirements, and logs provided by the CCLEC show that unannounced supervisor rounds are occurring on each of the three shifts. In an interview with a supervisor, the supervisor indicated that he makes unannounced rounds on a random basis in order to prevent staff from alerting other staff that he is making those unannounced rounds. Thus the facility meets this element.

RECOMMENDATION: None.

Standard**Number here: 115.14** Youthful inmates

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

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

Standard 115.14 has three elements that a facility must meet for a finding of "meets standard".

The first element requires that youthful inmates will not be placed in a housing unit where they will have sight, sound, or physical contact with adult offenders through the use of shared day rooms, shower areas, or sleeping quarters. CCLEC does not house youthful offenders and the audit tool instructs that if a facility does not house youthful offenders, then this standard is to be counted as Non Applicable. Thus the facility meets this element of the standard.

The second element requires that outside of the housing unit sight and sound separation is maintained for your offenders or that there is direct supervision when youthful inmates have contact with adult offenders. CCLEC does not house youthful offenders and the audit tool instructs that if a facility does not house youthful offenders, then this standard is to be counted as Non Applicable. Thus the facility meets this element of the standard.

The third element requires that agencies make its best efforts to avoid placing inmates in isolation and do not deny youthful inmates daily large muscle exercise or legally required education services. CCLEC does not house youthful offenders and the audit tool instructs that if a facility does not house youthful offenders, then this standard is to be counted as Non Applicable. Thus the facility meets this element.

RECOMMENDATION: None.

Standard**Number here: 115.15** Limits to cross-gender viewing and searches.

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

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

Standard 115.15 has six elements that a facility must meet for a finding of "meets standard".

The first element requires that the facility shall not conduct cross-gender strip searches or cross gender body cavity searches except in exigent circumstances or when performed by medical practitioners. Policy 9.10 has language prohibiting cross-gender strip searches or cross-gender visual body cavity searches except in exigent circumstances or by medical practitioners. Thus the facility meets this element.

The second element in the standard has a date parameter starting August 20, 2015 and it requires a prohibition on cross-gender pat searches of female inmates, absent exigent circumstances, and that female inmates will not have access to programs restricted in order to comply with this element. Policy 9.10 prohibits cross gender pat searches of female inmates and provides that female inmates will not be denied access to programs in order to comply with this provision. Additionally, interviews with female

inmates confirmed that they are not pat searched by male officers and that they are not restricted from programs due to a shortage of female officers. Thus the facility meets this element.

The third element in the standards requires that the facility document all cross-gender strip searches and cross-gender visual body cavity searches. Policy #9.10 requires that the facility document all cross-gender strip searches and cross-gender visual body cavity searches. The facility reported in the pre-audit questionnaire that no cross-gender strip searches or cross-gender cavity searches had been performed in the past 12 months, so there was no documentation of any such searches. Additionally, interviews with staff and inmates also indicate that cross-gender strip searches and cross-gender visual body cavity searches are not performed. Thus the facility is determined to be meeting the intent of this element.

The fourth element requires that the facility have policies and procedures that enable inmates to shower, perform bodily functions and change clothes without non-medical staff of the opposite gender viewing them except in exigent circumstances, and that opposite gender staff announce themselves when entering the housing unit. Policy #9.10 prohibits cross-gender viewing and requires opposite gender staff to announce their presence when entering a housing unit. A tour of the shower and toilet areas in the housing units indicates that there are adequate visual barriers to prevent opposite gender viewing. The tour of the facility also evidenced staff members of the opposite gender announcing themselves when entering the unit. Inmates unanimously confirmed that they are informed when opposite gender staff are in the units. Thus the facility meets this element.

The fifth element in the standard requires that the facility shall not perform strip-searches or physically examine a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. Policy #9.10 prohibits such searches. The interviews with the intake staff indicate that they do not perform such searches. The facility reported no incidents in which inmates who identified as transgendered were searched for the sole purpose of determining genital status, and Policy #9.10 requires that transgender and intersex inmates are asked who they felt most comfortable being searched by. Thus the facility meets this element.

The sixth element requires that security staff receive training in conducting cross-gender pat down searches and searches of transgender and intersex inmates in the least intrusive manner possible, consistent with security needs. Policy #9.10 mandates training on cross gender searches and searches of transgender and intersex inmates. CCLEC provided documentation that officers had received this training and interviews of staff establish that staff have received this training. Thus the facility meets this element.

RECOMMENDATION: None.

Standard

Number here: 115.16 Inmates with disabilities and inmates who are limited English proficient.

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

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

Standard 115.16 has three elements that a facility must meet for a finding of "meets standard".

The first element requires that the agency shall take *appropriate* steps to ensure inmates with disabilities have equal opportunity to participate in or benefit from efforts to prevent, detect, and respond to sexual

abuse, including the use of written materials, interpreters, etc. Policy #9.10 has this requirement. The facility also provided written materials available for hearing impaired inmates and those with developmental disabilities, and provided video information for those who are sight impaired on preventing, detecting, and responding to sexual abuse.

The second element of the standard requires that the agency shall take *reasonable steps* to ensure meaningful access to the facility's efforts for inmates who are limited English proficient, including the use of interpreters. The facility identified no inmates as LEP. Interviews with staff indicated that the facility had contracted the services of an interpreter for LEP inmates. Thus the facility meets this element.

The third element of the standard requires that the facility shall not rely on inmate interpreters except in limited circumstances. Policy 9.10 reflects this requirement, and interviews with staff confirmed there a contracted interpreter who serves as an interpreter for inmates. Staff indicated in interviews that in the case of a sexual assault, they do not use other inmates to interpret for the victim. Thus the facility meets this element.

RECOMMENDATIONS: None.

Standard

Number here: 115.17 Hiring and promotion decisions.

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

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

Standard 115.17 has eight elements that a facility must meet for a finding of "meets standard".

The first element of the standard requires that the agency shall not hire or promote anyone who may have contact with inmates and shall not enlist the services of any contractor who may have contact with inmates and who has engaged in certain prohibited behaviors. Policy #9.10 has language prohibiting the hiring or promotion of those who have engaged in those prohibited behaviors. The facility administrator indicated in her interview that the facility does not hire or promote anyone who has engaged in the prohibited behaviors. Thus the facility meets this element.

The second element requires that the agency consider incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates. Policy #9.10 has language that requires considering incidents of sexual harassment in the hiring or promotion of anyone who may have contact with inmates. In an interview, Ms. Lindberg confirmed that the facility considers incidents of sexual harassment in the hiring or promotion of anyone who may have contact with inmates. Thus the facility meets this element.

The third element requires that the agency conduct a criminal background check on new employees and make best efforts to contact prior institutional employers for information of substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation. Policy #9.10 requires such reviews, and a review of the documentation provided and of personnel documents indicated that criminal background checks are being conducted on new employees. Ms. Lindberg produced documentation of background checks and documentation that prior institutional employers are contacted to acquire information related to substantiated allegations of sexual abuse or any resignation. Thus the facility meets this element.

The fourth element requires that criminal background checks are conducted on contractors. Policy #9.10 requires background checks on contractors. A review of records confirmed that criminal background checks are performed on contractors. Thus the facility meets this element

The fifth element requires that the facility conduct criminal background checks on employees at least every five years, or have some other system of capturing such information. Policy #9.10 has language requiring background checks on employees at least every five years. Because the standards requiring the 5-year background check went into force only four years ago there has not been a sufficient passage of time to measure whether the 5-year background checks have been performed. Nevertheless, due to the policy statement, the facility is determined to be meeting the intent of this element.

The sixth element requires that the agency ask all applicants and employees about misconduct in written applications or interviews or self-evaluations, and that employees have an affirmative duty to disclose misconduct. Policy #9.10 includes a policy statement that supports this requirement. Thus the facility meets this element of the standard.

The seventh element requires that material omissions or false information are grounds for termination. Policy #9.10 has a policy statement that material omissions or false information are grounds for termination. Thus the facility meets this element of the standard.

The eighth element requires that unless prohibited by law, the agency shall provide information on substantiated allegations involving former employees upon receiving a request from an institutional employer for whom the employee has applied to work. Policy #9.10 has language supporting this requirement and Ms. Lindberg indicated in her interview that employees are required to sign a release of information as a condition of employment. Thus the facility meets this element of the standard.

RECOMMENDATION: None.

Standard

Number here: 115.18 Upgrades to facilities and technologies.

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

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

Standard 115.18 has two elements that a facility must meet for a finding of "meets standard".

The first element requires that when designing or acquiring any new facility, and in planning any substantial expansion or modification of existing facilities, the agency shall consider the effect on the agency's ability to protect inmates. The facility is newly constructed and Ms. Lindberg provided documentation showing that the design considered the effect on the agency's ability to protect inmates from sexual assault through improved visual monitoring. Thus the facility meets this element of the standard.

The second element requires that when installing or updating a video monitoring system or other monitoring technology, the agency must consider how it will enhance the agency's ability to protect inmates from sexual abuse. The new facility design included updated video monitoring capability. Ms. Lindberg produced documentation showing that the facility considered their ability to protect inmates from sexual abuse by the system's design and placement. Thus the facility meets this element of the standard.

RECOMMENDATION: None.

Standard

Number here: 115.21 Evidence protocol and forensic medical exams.

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

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

Standard 115.21 has eight elements that a facility must meet for a finding of "meets standard".

The first element requires the facility follow a uniform evidence protocol. Policy #9.10 cited Policy #4.09, CCSO Road Division Evidence Collection, as the facility's evidence collection protocol. A review of this policy showed that it is an evidence policy. Thus the facility meets this element of the standard.

The second element requires that the protocol be based on or adapted from the *National Protocol for Sexual Assault Medical Forensic examinations, Adults/Adolescents*. Policy #9.10 has language that is materially compliant with "A National Protocol for Sexual Assault Medical Forensic Exams, Adults/Adolescents". The interviews with Julie Willoughy of DVACK and Susan Reinert of the Salina Regional Health Center also confirmed that the protocol for gathering evidence is based on the *National Protocol for Sexual Assault Medical Forensic examinations, Adults/Adolescents*. Thus the facility meets this element.

The third element requires that the agency shall offer all victims access to forensic medical exams without cost where medically or evidentiarily appropriate performed by a SANE or SAFE and that the facility shall document efforts to provide SANEs or SAFEs. Policy 9.10 requires that victims receive SANE exams at Salina Regional Health Center and that exams are provided without cost. Susan Reinert of the Salina Regional Health Center and Julie Willoughy of DVACK confirmed that SANE exams are provided without cost and that they receive and examine victims of sexual abuse from the CCLEC. Thus the facility meets this element.

The fourth element requires that the facility attempt to make available to the victim a victim advocate from a rape crisis center and if unavailable, the facility shall document its attempts to make one available. Telephonic interviews with Julie Willoughy of DVACK and Susan Reinert of the Salina Regional Health Center confirmed that they provide victim advocates to victims from the facility in coordination with the SANE exams. Thus the facility meets this element.

The fifth element requires that, as requested by the victim, the victim advocate shall accompany and support the victim through the exam process and the investigatory process and provide emotional support, crisis intervention, information and referrals. The policy provided by the facility requires that the facility allow the victim advocate to support the victim throughout the exam and investigation, and telephonic interviews with Julie Willoughy and Susan Reinert of the Salina Regional Health Center confirm that a victim advocate may accompany the victim through the exam process and investigatory process if the victim requests. In view of the policy requirement and the interviews with Ms. Willoughy and Susan Reinert, the facility is meeting the intent of this element.

The sixth element requires the agency request that outside investigating agencies follow the requirements enumerated thus far. An interview with Ms. Willoughy confirms that in the event of a sexual abuse investigation, the Cloud County Sheriff's Office complies with elements a through e. Interviews with investigators Ken Davis, Keenya

Tyler, and Kyle Newville also confirmed that the Cloud County Sheriff's Office complies with elements a through e. Thus, the facility is meeting the intent of this element.

The seventh element requires that outside state agencies or DOJ component that conduct investigations comply with all the elements of this standard. However, guidance from the PRC indicates that this element is to be counted as N/A.

The eighth element requires that those persons providing advocacy services be screened for appropriateness and received education concerning sexual assault and forensic exams. However, guidance from the PRC indicates that this element is to be counted as N/A.

RECOMMENDATIONS: None.

Standard

Number here: 115.22 Policies to ensure referrals for investigations.

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

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

Standard 115.22 has five elements that a facility must meet for a finding of "meets standard".

The first element requires that an administrative or criminal investigation be completed for all allegations. Policy #9.10 requires that an investigation be completed for all allegations of sexual abuse and sexual harassment. A review of investigation records shows that investigations are completed on all allegations. Based on the policy statement and review of investigation records, the facility meets this element.

The second element requires that the agency shall have a policy that all allegations rising to the level of criminal violations are referred for investigation by an agency with legal authority to conduct criminal investigations, that the referral is documented, and that the policy is on the website. Policy #9.10 addresses referrals for criminal investigations and the policy is available on the facility website and is available through the county clerk's office.

The third element requires that if a separate entity is responsible for criminal investigations, that the policy describes the responsibilities of the agency and the investigating entity. The CCLEC is operated by the Cloud County Sheriff's Office who conducts the investigations. Thus the facility meets this element.

The fourth element requires that any state entity responsible for investigations in a prison or jail shall have a policy governing the conduct of investigations. The audit tool designates this element as N/A.

The fifth element requires that any DOJ component responsible for conducting criminal investigations or administrative investigations have in place a policy governing the conduct of such investigations. The audit tool designates this element as N/A.

RECOMMENDATIONS: None.

Standard**Number here: 115.31** Employee Training

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

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

Standard 115.31 has four elements that a facility must meet for a finding of "meets standard".

The first element requires that the agency train all employees on 10 different topics related to PREA. Policy #9.10 requires employees to receive training. Thus the facility meets this element

The second element requires that training is tailored to the gender of the inmates at the employee's facility and that if an employee is re-assigned to a facility that houses a different gender then they will receive additional training. The facility houses male and female inmates. The NIC training materials used to train employees included gender-specific training points. Signed training acknowledgment forms were also provided. Thus the facility meets this element of the standard.

The third element requires that all current employees who have not received training shall be trained within one year of the effective date of PREA and shall receive refresher training every two years, and the facility provides refresher information in years when refresher training is not given. Policy 9.10 requires staff to receive annual refresher training. Thus the facility meets this element of the standard.

The fourth element requires that the agency document through employee signature or electronic verification that employees understand the training they have received. Policy #9.10 requires that employees acknowledge that they understand the material being presented before being credited with having completed the course. Ms. Lindberg provided signed verification forms to support this element. Thus the facility meets this element of the standard.

RECOMMENDATION: None.

Standard**Number here: 115.32** Volunteer and contractor training.

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

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

Standard 115.32 has three elements that a facility must meet for a finding of "meets standard".

The first element requires that all volunteers and contractors receive training on their responsibility under the agency's PREA policy. Policy #9.10 on training for employees, contractors, and volunteers supports this element. An interview with the contract food services provider and a volunteer confirmed that they had received training on PREA, and the facility also provided a copy of the training material and signature block acknowledging that volunteers/contractors understand the training. Thus the facility meets this element.

The second element requires that the level and type of training received by volunteers and contractors is based on the level of contact they have with inmates and includes the agency's zero-tolerance policy and

how to report sexual abuse. The facility provided a lesson material supporting this element of the standard. Thus the facility meets this element of the standard.

The third element requires that the facility maintain documentation confirming that contractors/volunteers understand the training they have received. The facility provided documentation confirming that contractors/volunteers understand the training they have received. Thus the facility meets this element of the standard

RECOMMENDATION: None.

Standard

Number here: 115.33 Inmate Education

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

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

Standard 115.33 has six elements that a facility must meet for a finding of "meets standard".

The first element requires that inmates are informed at intake of the agency's zero tolerance policy and how to report. Policy #9.10 requires that inmates receive and this information at intake and sign documentation acknowledging their understanding of it. Interviews with inmates confirmed that they are aware of the zero-tolerance policy and that they know how to report. The facility also produced records showing that inmates receive this information at intake.

The second element requires that within 30 days of intake, the agency provides comprehensive education to inmates either in person or through video on their right to be free from sexual abuse and retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents. Policy #9.10 requires that inmates receive comprehensive training within 30 days of intake, and that this training developed by Just Detention International is delivered to inmates via video presentation. Thus the facility meets this element of the standard.

The third element requires that current inmates who have not received the training receive it within one year of the effective date of the standards and receive training upon transfer to another facility to the extent that the policies and procedures of the new facility differ from the previous facility. Policy 9.10 has this requirement. Interviews with a sample of inmates confirmed that they had received the training materials, including materials for visually impaired inmates and for inmates who were developmentally disabled. Thus the facility meets this element of the standard.

The fourth element of the standard requires that the agency provide inmate education in formats accessible to all inmates including those who are LEP, deaf, visually impaired, or otherwise disabled. The material provided included materials for visually impaired inmates or inmates who are developmentally disabled. Thus the facility meets this element of the standard.

The fifth element of the standard requires the facility to maintain documentation of inmate participation in these education sessions. The facility produced documents signed by inmates showing that they received the training. Thus the facility meets this element of the standard.

The sixth element requires that the facility shall ensure that key information is continuously available to inmates through posters, inmate handbooks, and other written formats. The facility produced

documentation showing that this information was available to inmates Thus the facility meets this element.

RECOMMENDATION: None.

Standard

Number here: 115.34 Specialized training: investigations.

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

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

Standard 115.34 has four elements that the facility must meet for a finding of "meets standard".

The first element requires that investigators received training in conducting sexual abuse investigations in confinement settings. The facility produced training certificates showing investigators had successfully completed NIC PREA training for investigators. Thus the facility meets this element.

The second element requires that the training include techniques for interviewing, Miranda/Garrity warnings, evidence collection and the criteria and evidence required to substantiate a case. The NIC lesson materials included all these topics. Thus the facility meets this element.

The third element requires that the facility maintain documentation that the investigators have completed the training. The facility provided a roster showing that the two investigators at the CCLEC have completed the training. Thus the facility meets this element.

The fourth element requires that any state entity that investigates sexual abuse in confinement settings provides training to its agents and investigators. Under interpretive guidelines promulgated by the PRC, the facility cannot be held accountable for agents not under its direct control. Thus the facility meets this element.

RECOMMENDATIONS: None.

Standard

Number here: 115.35 Specialized training: medical and mental health care

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

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

Standard 115.35 has four elements that the facility must meet for a finding of "meets standard".

The first element requires that medical and mental health staff received training in detecting and assessing signs of sexual abuse, preserving evidence, responding to victims, and how to report allegations or suspicions of sexual abuse. Policy #9.10 requires that medical staff receive such training. CCLEC does not employ any mental health providers and relies on an outside contractor to provide mental health services. Ms. Lindberg provided training certificates documenting that this training has

taken place. An interview with the medical officer Donna James indicated that she had received PREA-specific NIC developed training. Thus the facility meets this element of the standard.

The second element requires that *if* medical staff conduct forensic exams, that they shall receive the training referenced in this standard. Forensic exams are performed at the local medical clinic by SANE nurses employed there. The audit tool indicates that if this is the case, the element is N/A.

The third element requires that the agency maintain documentation that medical and mental health staff received the training. Ms. Lindberg provided documentation that medical staff received the specialized training required by this standard. Thus the facility meets this element of the standard.

The fourth element requires that medical and mental health staff also receive the training mandated for employees. Ms. Lindberg produced documentation that demonstrates that the medical staff at the CCLEC received this training.

RECOMMENDATIONS: None.

Standard

Number here: 115.41 Screening for risk of victimization and abusiveness.

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

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

Standard 115.41 has nine elements that a facility must meet for a finding of "meets standard".

The first element requires that all inmates are screened during the intake process and upon transfer to another facility. Policy #9.10 has this requirement. Thus the facility meets this element.

The second element requires that the screening take place within 72 hours of arrival. The facility provided documentation showing that inmates at the CCLEC have been through the 72-hour screening process. Thus the facility meets this element of the standard.

The third element requires that the assessments shall be conducted using an objective screening instrument. CCLEC provided copies of its screening tool. Thus the facility meets this element of the standard.

The fourth element requires that the screening consider 10 criteria for the risk of sexual victimization. The facility provided a copy of its screening tool showing all 10 criteria. Thus the facility meets this element of the standard.

The fifth element requires that the screening consider three criteria to measure an inmate's the risk of sexual abusiveness. The facility provided a copy of its screening tool showing all three criteria. Thus the facility meets this element of the standard.

The sixth element requires that inmates are re-screened within 30 days. Policy #9.10 requires re-screening within 30 days. However, the average length of staff at CCLEC is less than 30 days, so documentation of 30-day re-screening was limited. Nevertheless, due to the policy statement, interviews with inmates, and the limited documentation available, the facility is determined to be meeting this element of the standard.

The seventh element requires that an inmate's risk level will be re-assessed when warranted, requested, or additional information is received. Policy #9.10 governing PREA Victim/Predator Screening had language that supports this element. Thus the facility meets this element of the standard.

The eighth element mandates that inmates may not be disciplined for refusal to answer questions or disclose information during screening. Policy #9.10 prohibits disciplining inmates for refusing to disclose or answer questions. No evidence was produced that inmates had been disciplined for refusing to answer or disclose, and no inmates indicated in their interviews that they had received such disciplinary action. Thus the facility meets this element of the standard.

The ninth element requires that the agency implement controls on the dissemination within the facility to ensure sensitive information is not exploited to the inmate's detriment. Policy #9.10 requires that the screening tool and information is kept confidential in the inmate files, restricting access to areas where files are stored, and limiting authorized access to designated staff. Thus the facility meets this element of the standard.

RECOMMENDATIONS: None.

Standard

Number here 115.42: Use of screening information.

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

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

Standard 115.42 has seven elements that the facility must meet for a finding of "meets standard".

The first element requires that the agency shall use screening information to inform housing and program decisions with regard to inmates' safety. Policy #9.10 includes language that the information from the screening tool is to be used to inform housing and program decisions with regard to the inmates' safety. Interviews with supervisors at CCLEC also confirmed that this is the practice. Thus the facility meets this element of the standard.

The second element requires that the agency makes individualized determinations to ensure the safety of each inmate. Policy #9.10 has this requirement and interviews with staff confirm that this is the practice at CCLEC. Thus the facility meets this element of the standard.

The third element requires that decisions are made on a case-by-case basis regarding the placement of transgendered inmates in male or female facilities. Policy #9.10 has this requirement. Thus the facility meets this element of the standard.

The fourth element requires that placement and programming assignments for each transgender or intersex inmate be reviewed every six months. Policy 9.10 has this requirement. The pre-audit questionnaire indicates that there are no transgender or intersex inmates at CCLEC, so no reviews had occurred. Nevertheless, based on the policy statement, the facility is found to be meeting the intent of the standard.

The fifth element requires that a transgender or intersex inmate's views are given consideration. Policy #9.10 has this requirement and interviews with staff confirm this is the practice. Thus the facility meets this element of the standard.

The sixth element requires that transgender and intersex inmates can shower separately from other inmates. A physical inspection of the shower facilities confirmed that each cell has a shower that can only be used by one inmate at a time, providing the ability for transgender and intersex inmates to shower separately from the rest of the inmate population. Thus the facility meets this element.

The seventh element requires that the agency does not place LGBTI inmates in dedicated facilities, wings, or units based solely on such identification or status. Ms. Lindberg indicated in his interview that no such units exist in the facility. The facility indicated that though they have housed transgendered inmates in the past, there are currently no transgendered inmates housed in the facility that the auditor could have interviewed. Interviews with the inmate population did not result in the identification of any transgendered inmates. Thus the facility meets this element.

RECOMMENDATION: None.

Standard

Number here: 115.43 Protective custody

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

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

Standard 115.43 has five elements that a facility must meet for a finding of "meets standard".

The first element requires that at risk inmates shall not be placed in involuntary segregation unless an assessment of all alternative placements has been made. Policy #9.10 has this requirement and interviews with inmates in segregation confirm that their placements were voluntary. Thus the facility meets this element of the standard.

The second element requires that inmates placed into involuntary segregation based solely on their risk level have access to privileges and programs and if access is limited, the limited opportunities and reasons for those limitations are documented. Policy #9.10 has this requirement. No inmates were identified as being placed into involuntary segregation bases solely on their risk level. Thus the facility meets this element of the standard.

The third element requires that inmates are only placed into involuntary segregation until alternative placements can be identified and that the assignment shall not exceed 30 days. Policy #9.10 has this requirement. Thus the facility meets this element of the standard.

The fourth element requires that if such an inmate is placed into involuntary segregation the facility shall document the basis for the facility's concern for his safety and why no alternatives are available. Policy #9.10 has this requirement. Thus the facility meets this element of the standard.

The fifth element requires that inmates who are placed in segregation have their placement reviewed every 30 days to determine if there is a continuing need for placement. Policy #9.10 has this requirement. Thus the facility meets this element of the standard.

RECOMMENDATION: None.

Standard**Number here: 115.51** Inmates reporting

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

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

Standard 115.51 has four elements that a facility must meet for a finding of "meets standard".

The first element requires that the agency provide multiple ways for inmates to privately report sexual abuse and harassment, retaliation, or staff neglect. The inmates at the CCLEC have multiple ways to report sexual victimization, including a reporting hotline, telling any staff person, reporting it through the inmate kiosk system, reporting it to outside contacts, submitting a complaint, making a third party report, or calling crime stoppers. Thus the facility meets this element.

The second element requires that the facility provide at least one way for inmates to report to a private entity or office that is not part of the agency and that is able to immediately forward reports to agency officials, allowing the inmate to remain anonymous. Policy #9.10 allows inmates to call DVACK and crime stoppers to report incidents of sexual abuse. Thus the facility meets this element of the standard.

The third element requires that staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports. Policy #9.10 requires staff to accept verbal, written, and anonymous reports, document verbal reports, and that third party reports will be accepted. Staff acknowledged this requirement in interviews. Thus the facility meets this element.

The fourth element requires that the agency provide a method for staff to privately report sexual abuse and harassment of inmates. Interviews with facility staff indicate that they have several options for reporting incidents of sexual misconduct in a confidential manner that do not require following the chain of command, and include reporting directly to the jail administrator's office. Thus the facility meets this element.

RECOMMENDATION: None.

Standard**Number here: 115.52** Exhaustion of administrative remedies.

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

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

Standard 115.52 has six elements that a facility must meet for a finding of "meets standard".

However, the first element states that an agency shall be exempt from this standard if it does not have administrative procedures to address inmate grievances regarding sexual abuse. CCLEC does not require inmates to exhaust administrative remedies prior to pursuing action in court. Thus the facility meets this element.

RECOMMENDATION: None.

Standard

Number here: 115.53 Inmates access to outside confidential support services.

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

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

Standard 115.53 has three elements that a facility must meet for a finding of "meets standard".

The first element states that facilities shall provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers of local, state, or national victim advocacy or rape crisis organizations, and for persons detained solely for immigration purposes, immigrant service agencies. Policy 9.10 has this requirement and a tour of the facility showed that contact information is posted throughout the facility. In interviews, inmates stated that they were aware of how to contact advocacy services. Thus the facility meets this element of the standard

The second element requires that facility inform the inmates the extent to which their communication will be monitored and the extent to which the report will be forwarded to authorities in accordance with mandatory reporting laws. Policy 9.10 has this requirement and this information is provided in printed material provided to inmates. Thus the facility meets this element of the standard.

The third element requires that the facility enter into or attempt to enter into MOUs with community service providers who can provide inmates with confidential emotional support services. CCLEC has an MOU with DVACK. Thus the facility meets this element.

RECOMMENDATION: None.

Standard

Number here: 115.54 Third-party reporting.

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

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

Standard 115.54 has one element that a facility must meet for a finding of "meets standard".

The standard requires that the facility shall establish a method to receive third-party reports of sexual abuse and harassment and publicly distribute information on how to report on behalf of an inmate. Policy 9.10 has this requirement. During interviews, inmates also indicated that they were informed about third-party reports. The Department's Webpage indicates that information on making a third-party report is also available at the county clerk's office. Thus the facility meets this element of the standard.

RECOMMENDATION: None.

Standard**Number here: 115.61** Staff and agency reporting duties

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

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

Standard 115.61 has five elements that a facility must meet for a finding of "meets standard".

The first element requires that staff are required to immediately report knowledge, suspicion, or information regarding an incident of sexual abuse or harassment, retaliation, or staff neglect of duties. Policy #9.10 requires staff to immediately report knowledge, suspicion, or information regarding an incident of sexual abuse or harassment, retaliation, or staff neglect of duties. Interviews with staff confirm that they are informed of this duty in training they receive. Thus the facility meets this element.

The second element requires that staff shall not reveal information to anyone other than make treatment, investigation, and other security/management decisions. Policy 9.10 establishes this requirement. Interviews with staff confirm that this is practice at the facility. Thus the facility meets this element.

The third element requires that medical and mental health practitioners are required to report sexual abuse pursuant to this standard and that they are required to inform the inmate of this duty. Policy 9.10 supports this requirement and the interview with the medical officer supports a finding of meets for this element.

The fourth element requires that if a victim is under the age of 18 or is considered a vulnerable person under statute, the agency shall report the allegation to the designated state or local services agency. Policy #9.10 has this requirement. Thus the facility meets this element.

The fifth element requires that all third-party reports are reported to the designated investigators. Policy# 9.10 contains this requirement and interviews with investigators confirm that this is the practice at the facility. Thus the facility meets this element.

RECOMMENDATION: None.

Standard**Number here: 115.62** Agency protection duties

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

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

Standard 115.62 has one element that a facility needs to meet for a finding of "meets standard".

The standard requires that when an agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the inmates. Policy 9.10 has this requirement. Additionally, interviews with facility staff indicate that this is the established practice at the CCLEC and that the inmate is separated from the potential threat. Thus the facility meets this standard.

RECOMMENDATION: None.

Standard

Number here: 115.63 Reporting to other confinement facilities.

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

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

Standard 115.63 has four elements that a facility must meet for a finding of "meets standard".

The first element requires that upon receiving an allegation that an inmate was sexually abused at another facility, the head of the facility shall notify the head of the facility or the appropriate office of the agency where the alleged abuse occurred. Policy# 9.10 contains this requirement, thus the facility meets this element.

The second element requires that such notification is provided as soon as possible but no later than 72 hours after receiving the allegation. Policy# 9.10 contains this requirement, thus the facility meets this element.

The third element requires that the agency shall document that it has provided such notification. Policy# 9.10 has this requirement , thus the facility is meeting the intent of this element.

The fourth element requires that the facility head or agency office that receives such notification shall ensure that the allegation is investigated in accordance with these standards. Policy# 9.10 contains this requirement. Thus the facility meets this element.

RECOMMENDATION: None.

Standard

Number here: 115.64 Staff first responder duties.

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

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

Standard 115.64 has two elements that a facility must meet for a finding of "meets standard".

The first element requires that upon learning that an inmate was sexually abused the victim and the abuser are separated, the crime scene is preserved, and that the victim is requested to take no actions that could destroy evidence. Both policy# 9.10 and the lesson plan for employees include the requirement to preserve the crime scene and to instruct the victim to take no actions that could destroy evidence. The staff training lesson plan developed by the NIC also has this requirement. Interviews with inmates and staff show that this is the practice at the facility. Thus the facility meets this element.

The second element requires that if the first staff responder is not a security staff member, the responder is required to request that the victim not take any action that could destroy evidence and then notify security staff. Policy 9.10 has a statement to support this element, and an interview with the medical

officer confirms that this is the practice at this facility. Thus the facility meets this element of the standard.

RECOMMENDATIONS: None.

Standard

Number here: 115.65 Coordinated response.

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

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

Standard 115.65 has one element that a facility must meet for a finding of "meets standard". This standard requires that the facility shall develop a written institutional plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical practitioners, investigators, and facility leadership. The narrative in Policy #9.10 outlines the written institutional plan to coordinate actions in response to an incident of sexual abuse. Interviews with facility staff confirm that they are familiar with this plan. Thus the facility meets this standard.

RECOMMENDATION: None.

Standard

Number here: 115.66 Preservation of ability to protect Inmates from contact with abusers.

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

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

Standard 115.66 has two elements that a facility must meet for a finding of "meets standard". The first element requires that agency not enter into any collective bargaining agreement that limits the agency's ability to remove alleged staff abusers from contact with inmates pending the outcome of an investigation. Policy 9.10 has this requirement and in her interview, Ms. Lindberg indicated CCLEC employees are not represented by a collective bargaining unit. Thus the facility meets this element. The audit tool marks the second element as non-applicable.

RECOMMENDATION: None

Standard**Number here 115.67** Agency protection against retaliation.

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

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

Standard 115.67 has six elements that a facility must meet for a finding of "meets standard".

The first element requires the agency to establish a policy to protect all inmates and staff who report sexual abuse or harassment or cooperate with investigations from retaliation by other inmates or staff, and designates staff members or departments with monitoring retaliation. Policy #9.10 protects inmates and staff from retaliation. Ms. Lindberg is designated as the person who oversees the process of monitoring inmates for retaliation. In her interview Ms. Lindberg indicated that she is responsible for monitoring for retaliation. Thus the facility meets this element.

The second element requires the agency to employ multiple protection measures for inmates or staff who fear retaliation for reporting or cooperating. Policy 9.10 expressly prohibits retaliation and include instructions for the protection of those who fear retaliation, including housing changes and transfers to another facility. Ms. Lindberg outlined in her interview the multiple measures used to protect inmates and staff who fear retaliation, including reassignment and monitoring. Interviews with staff and inmates confirm that they know what these steps are. Thus the facility meets this element.

The third element requires monitoring those staff or inmates who make reports or cooperate with investigations for retaliation for 90 days. Policy #9.10 includes language to support this element. Ms. Lindberg stated that monitoring extends for at least 90 days. Thus the facility meets this element.

The fourth element requires that monitoring includes periodic status checks. Policy# 9.10 contains language that establishes periodic status checks. Thus the facility meets this element of the standard.

The fifth element requires that if any other individual who cooperates with an investigation expresses a fear of retaliation, the agency shall take appropriate measures to protect that individual against retaliation. Policy# 9.10 contains language that includes "other individuals". Thus the facility meets this element of the standard.

RECOMMENDATIONS: None.

Standard**Number here: 115.68** Post-allegation protective custody.

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

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

Standard 115.68 has one element that the facility must meet for a finding of "meets standard".

The standard requires that the use of segregation to house inmates who are alleged to have suffered sexual abuse shall be subject to the requirements of 115.43.

Standard 115.43 has five elements that a facility must meet for a finding of "meets standard".

The first element requires that at risk inmates shall not be placed in involuntary segregation unless an assessment of all alternative placements has been made. Policy #9.10 has this requirement. Thus the facility meets this element of the standard.

The second element requires that inmates placed in segregation based solely on their risk level have access to privileges and programs and if access is limited, the limited opportunities and reasons for those limitations are documented. Policy #9.10 has this requirement. No inmates were identified as being placed in segregation bases solely on their risk level. Thus the facility meets this element of the standard.

The third element requires that inmates are only placed in segregation until alternative placements can be identified and that the assignment shall not exceed 30 days. Policy #9.10 has this requirement. Thus the facility meets this element of the standard.

The fourth element requires that if such an inmate is placed in segregation the facility shall document the basis for the facility's concern for his safety and why no alternatives are available. Policy #9.10 has this requirement. Thus the facility meets this element of the standard.

The fifth element requires that inmates who are placed in segregation have their placement reviewed every 30 days to determine if there is a continuing need for placement. Policy #9.10 has this requirement. Thus the facility meets this element of the standard.

RECOMMENDATION: None.

Standard

Number here: 115.71 Criminal and administrative agency investigations

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

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

Standard 115.71 has twelve elements that a facility must meet for a finding of "meets standards".

The first element requires that when an agency conducts its own investigations, it does so promptly. Policy #9.10 requires that investigations are initiated promptly for all allegations, including third-party and anonymous reports. A review of investigation documents confirms that allegations are promptly investigated. Thus the facility meets this element.

The second element requires that the facility uses investigators that have received the specialized training required by 115.34. The facility provided training certificates issued by the National Institute of Corrections (NIC) to support this element. Thus the facility meets this element.

The third element requires that investigators collect evidence, interview those named in the investigation, and review prior complaints against the suspected perpetrator. Policy 9.10 has this requirement. In an interview with the facility investigators, they indicated that this requirement was part of their investigative procedure, thus the facility meets this element of the standard.

The fourth element requires that when the quality of evidence supports criminal prosecution, the investigators conduct interviews only after consulting with prosecutors. Policy #9.10 has language to support this requirement. The investigators stated in their interviews that if the evidence supports a criminal investigation, that interviews for administrative investigations are suspended. Thus the facility meets this element of the standard.

The fifth element requires that the credibility of a person is not determined by their status as an inmate or staff member and that there is no requirement that a person submit to a truth telling device as a condition for proceeding with the investigation. Policy 9.10 has a statement on the determination of the credibility of a person that is consistent with the standard and that there is no requirement to submit to a truth telling device. The investigators also indicated that there is no requirement that a person submit to a polygraph test or truth-telling device as a condition of proceeding with the investigation. Thus the facility meets this element of the standard.

The sixth element requires that administrative investigations shall include an effort to determine whether staff actions or failures contributed to the abuse, and that administrative investigations shall be documented with a description of the physical and testimonial evidence, the reasoning behind the credibility assessments, and the facts and findings. Policy 9.10 has a statement that meets this element of the standard. Thus the facility meets this element of the standard.

The seventh element requires that criminal investigations shall be documented in a written report with thorough descriptions of evidence. Policy #9.10 has a policy statement to support this element and the facility provided copies of written investigation reports. Thus the facility meets this element of the standard.

The eighth element requires that substantiated allegations of conduct that appear to be criminal are referred for prosecution. The investigators indicated in their interviews that substantiated allegations of conduct that appear to be criminal are referred for prosecution. Policy 9.10 also has language that supports this element of the standard.

The ninth element requires that case files are kept for as long as the abuser is incarcerated or employed plus 5 years. Policy #9.10 requires that case files are kept for as long as the abuser is incarcerated or employed plus 5 years. However, the audit cycle has not yet gone far enough to unequivocally say that records are kept for five years beyond the subject's exit date. Thus the facility is determined to be meeting the intent of this element.

The tenth element requires that the departure of accused employees from employment does not provide a basis for terminating the investigation. Policy #9.10 has a policy statement to support this element and interviews with the investigators confirm that this is the practice. Thus the facility meets this element of the standard.

The eleventh element requires that any State component that conducts investigations shall do so pursuant to the above requirements. Pursuant to the interpretive guidelines promulgated by DOJ, The facility is not held accountable for other State investigation components.

The twelfth element requires that when outside agencies investigate, the facility cooperates with outside investigators and remain informed of the progress of the investigations. The Cloud County Sheriff's Office conducts internal investigations. Pursuant to the interpretive guidelines promulgated by DOJ, this element is to be marked N/A if an outside agency does not conduct administrative or criminal investigations.

RECOMMENDATIONS: None.

Standard

Number here: 115.72 Evidentiary standard for administrative investigations.

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

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

Standard 115.72 has one element that the facility must meet for a finding of 'substantial compliance'. The standard requires that the agency impose no higher standard than a preponderance of evidence in determining whether allegations of sexual abuse or harassment are substantiated. Policy 9.10 establishes preponderance of evidence as the standard of evidence in administrative investigations. Interviews with Ms. Lindberg and investigators confirm that this is the standard of evidence used to make a finding of substantiated. Thus the facility meets this element.

RECOMMENDATIONS: None.

Standard

Number here: 115.73 Reporting to inmates.

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

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

Standard 115.73 has six elements a facility must meet for a finding of "meets standard". The first element requires that at the completion of an investigation, the facility must inform the inmate whether the allegations were substantiated, unsubstantiated, or unfounded. Policy# 9.10 has a policy statement to support this element, and a review of investigation documentation evidenced that inmates were informed of the outcomes of the investigations into their allegations. The facility also had documents showing that inmates were informed of the outcome of the investigations. In interviews, the investigators also indicated that they informed inmates of the outcome of investigations. Thus the facility meets this element.

The second element requires that if the agency did not conduct the investigation, it will request relevant information in order to inform the inmate. Pursuant to the interpretive guidelines promulgated by DOJ, this element is N/A if the agency is responsible for conducting administrative and criminal investigations. Thus the facility meets this element.

The third element requires that inmates must be informed when an accused staff member is no longer posted in the inmate's unit, no longer employed, has been indicted, and has been convicted. Policy# 9.10 has a policy statement to support this element. Ms. Lindberg also indicated in her interview that inmates were informed of investigation outcomes. Thus the facility meets this element.

The fourth element requires that when another inmate is indicted or convicted on a charge of sexual abuse, the facility will inform the victim. Policy# 9.10 has a policy statement to support this element. Ms. Lindberg also indicated in her interview that inmates were informed of investigation outcomes. Thus the facility meets this element.

The fifth element requires that all such notifications are documented. Policy #9.10 has a policy statement to support this element. Thus the facility meets this element.

The sixth element requires that an agency's obligation to report the above is terminated if the inmate is released from the agency's custody. No finding is required for this element.

RECOMMENDATION: None.

Standard**Number here: 115.76** Disciplinary sanctions for staff.

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

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

Standard 115.76 has four elements that a facility must meet for a finding of "meets standard".

The first element requires that staff who engage in sexual abuse or harassment are subject to discipline up to and including termination. Policy# 9.10 has a policy statement to support this element. However, there have been no findings of substantiated on investigations of staff members. Based on the policy statement and the available documentation, the facility is determined to have met the intent of this element.

The second element requires that termination is the presumptive disciplinary sanction for staff who have engaged in sexual touching. Policy# 9.10 includes this requirement. Based on the policy statement, the facility is determined to have met the intent of this element.

The third element requires disciplinary sanctions for violations of agency policy shall be commensurate with the nature and circumstances of the acts committed, disciplinary history, and sanctions imposed for comparable offenses by other staff. Policy# 9.10 reflects the requirements of this element. Based on the available policy documentation and in the absence of any evidence in the past twelve months that the facility is not doing this, the facility is determined to have met the intent of this element.

The fourth element requires that all terminations or resignations for violations of the agency's policies are reported to law enforcement agencies and relevant licensing bodies unless the activity was not criminal. Policy# 9.10 has a policy statement to support this element. Thus the facility meets this element.

RECOMMENDATIONS: None.

Standard**Number here: 115.77** Corrective actions for contractors and volunteers.

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

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

Standard 115.77 has two elements that a facility must meet for a finding of "meets standard".

The first element requires that any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with inmates and shall be reported to law enforcement agencies unless the activity was not criminal, and to relevant licensing bodies. Policy# 9.10 has a policy statement to support this element. Thus the facility is meeting the intent of this element.

The second element requires that facilities take remedial measures and consider whether to prohibit further contact with inmates when contractors or volunteers violate sexual abuse or harassment policies. Policy# 9.10 has a policy statement to support this element. Thus the facility is meeting the intent of this element.

RECOMMENDATIONS: None.

Standard

Number here: 115.78 Disciplinary sanctions for Inmates

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

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

Standard 115.78 has seven elements that a facility must meet for a finding of "meets standard".

The first element requires a formal disciplinary process for inmates who engage in sexual abuse. Policy# 9.10 has a policy statement requiring a formal disciplinary process used for inmates who engage in sexual abuse. Thus the facility meets this element.

The second element requires that sanctions are commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and sanctions imposed for comparable offenses by other inmates. Policy# 9.10 has a policy statement that supports this element. Thus the facility meets this element.

The third element requires that the disciplinary process consider an inmate's mental disabilities or mental illness when determining what type of sanction is imposed. Policy# 9.10 has a policy statement that supports this requirement. Thus the facility meets this element.

The fourth element requires that if the facility offers interventions to address the abuse, the facility shall consider requiring the inmate to participate in such interventions as a condition of access to programming or other benefits. Policy# 9.10 has a policy statement that contains this requirement, thus the facility meets this element.

The fifth element requires that inmates are sanctioned for contact with staff only if staff did not consent to it. Policy# 9.10 has a policy statement that meets this requirement. An interview with the Ms. Lindberg confirmed that this is also the practice at this facility. Thus the facility meets this element.

The sixth element requires that a report made in good faith shall not constitute false reporting or lying, even if the investigation does not establish sufficient evidence to substantiate the allegation. Both policy# 9.10 and the employee training material have a policy statement that supports this requirement. Thus the facility meets this element.

The seventh element requires that a facility may prohibit all sexual activity between inmates, but that non-coerced activity does not constitute sexual abuse. Policy# 9.10 has a policy statement that supports this requirement. Ms. Lindberg indicated in her interview that CCLEC prohibits sexual activity between inmates and the practice at the CCLEC is that non-coerced activity does not constitute sexual abuse. Thus the facility meets this element.

RECOMMENDATIONS: None.

Standard**Number here: 115.81** Medical and mental health screenings; history of sexual abuse.

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

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

Standard 115.81 has five elements that a facility must meet for a finding of "meets standard".

The first and third elements require that inmates who disclose past sexual abuse during screening shall be offered a follow up meeting with a medical or mental health practitioner within 14 days of the intake screening. Policy 9.10 has a statement to support this requirement. In her interview, Medical Officer Donna James indicated that this is the practice at CCLEC. Thus the facility meets this element of the standard.

The second element requires that if intake screening indicates that a prison inmate has perpetrated sexual abuse, staff shall ensure that the inmate is offered a follow up meeting with a mental health practitioner within 14 days of the screening. The audit tool indicates that this element is N/A if the facility is not a prison.

The third element requires that any information related to sexual victimization or abuse shall be strictly limited to staff as necessary to inform treatment plans, and security and management decisions. Policy#9.10 includes language that supports this element of the standard. Interviews with staff who perform screenings indicate that the information is used only to inform treatment plans and security/management decisions. Thus the facility meets this element.

The fourth element requires that staff shall obtain informed consent before reporting prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18. Policy 9.10 has a statement that supports this element of the standard. In her interview, Medical Officer James indicated that she obtains informed consent before reporting prior sexual victimization that did not occur in an institutional setting unless the inmate is under the age of 18. Thus the facility meets this element of the standard.

RECOMMENDATIONS: None.

Standard**Number here: 115.82** Access to emergency medical and mental health services.

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

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

Standard 115.82 has four elements a facility must meet for a finding of "meets standard".

The first element requires that victims shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services as determined appropriate by practitioners according to their

professional judgment. Interviews with Medical Officer Donna James, Julie Willoughy of DVACK and Susan Reinert of the Salina Regional Health Center indicate that inmates at the CCLEC have unimpeded and timely access to medical and mental health services as determined by their professional judgment. Thus the facility meets this element.

The second element requires that if no qualified medical or mental health staff are on duty, first responders take steps to protect the victim and notify medical and mental health staff. Policy 9.10 has a statement that meets this element and staff indicated in their interviews that this was the practice at CCLEC. Thus the facility meets this element of the standard.

The third element requires that inmates are offered timely information about pregnancy related medical services and sexually transmitted infections prophylaxis. Policy 9.10 has a statement to support this element. Interviews with Medical Officer James, Julie Willoughy of DVACK and Susan Reinert of the Salina Regional Health Center also confirmed that this is the practice in place. Thus the facility meets this element.

The fourth element requires that treatment services are provided to victims without cost regardless of whether they name the abuser. Policy# 9.10 has a policy statement to support this element and interviews with Medical Officer James, Ms. Willoughy and Susan Reinert confirmed that this is the practice at the CCLEC. Thus the facility meets this element of the standard.

RECOMMENDATION: None.

Standard

Number here: 115.83 Ongoing medical and mental health care for sexual abuse victims and abusers.

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

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

Standard 115.83 has eight elements that the facility must meet for a finding of "meets standard".

The first element requires that ongoing medical and mental health evaluations and treatment are offered to victims who, during the time of their current incarceration have been victimized. Policy# 9.10 has a policy statement to support this element. In her interview, Medical Officer James also indicated that this is the practice at the CCLEC. Thus the facility meets this element.

The second element requires that evaluation and treatment include follow up services, treatment plans, and referrals for continued care following transfer, placement in, or release from custody. Policy# 9.10 has a policy statement to support this element. Interviews with Medical Officer James, Ms. Willoughy and Susan Reinert confirmed that evaluations, treatment, and referrals are made for inmates. Thus the facility meets this element.

The third element requires that the level of care provided is consistent with community levels of care. Policy# 9.10 did not have a policy statement to support this element. Medical Officer James in her interview indicated that the level of care provided is consistent with community levels of care, as did Ms. Willoughy and Ms. Reinert. Thus the facility meets this element of the standard.

The fourth element requires that victims of vaginal penetration are offered pregnancy tests. Policy# 9.10 has a statement that meets this element. Interviews with Officer James, Ms. Willoughy and Ms. Reinert confirmed that pregnancy tests are offered to victims. Thus the facility now meets this element.

The fifth element requires that if pregnancy results from the conduct described in paragraph (d) of this section, such victims will receive timely and comprehensive information about, and timely access to, all lawful pregnancy related services. Policy# 9.10 requires that victims receive such information. In their interviews, Medical Officer James, Ms. Willoughy and Ms. Reinert also stated that victims receive timely and comprehensive information about, and timely access to, all lawful pregnancy related services. Thus the facility meets this element.

The sixth element requires that victims are offered tests for STIs as medically appropriate. Policy# 9.10 has this requirement. Interviews with Medical Officer James, Ms. Willoughy and Ms. Reinert confirmed that this is the practice. Thus the facility meets this element.

The seventh element requires that on-going treatment is provided without cost. Policy# 9.10 has this requirement. Interviews with inmates also indicate that this is the information they received at this facility. Thus the facility meets this element.

The eighth element requires that known inmate abusers have a mental health evaluation within 60 days of learning of such abuse history and are offered treatment. The audit tool indicates that this element is N/A if the facility is a jail. Thus the facility meets this element.

RECOMMENDATIONS: None.

Standard

Number here: 115.86 Sexual abuse incident reviews.

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

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

Standard 115.86 has five elements a facility must meet for a finding of "meets standard".

The first element requires that the facility conducts an incident review at the conclusion of every investigation, including where the finding is unsubstantiated, unless the finding is unfounded. Policy# 9.10 has a policy statement to support this element. Ms. Lindberg provided copies of incident reviews as evidence that this is the practice at the CCLEC. Thus the facility meets this element.

The second element requires that such reviews occur within 30 days of the conclusion of the investigation. Policy# 9.10 has a policy statement to support this element. A review of the documentation shows that this is the practice at CCLEC. Thus the facility meets this element.

The third element requires that the review team include upper management officials with input from line supervisors, investigators, and medical or mental health practitioners. Policy# 9.10 has a policy statement to support this element. Thus the facility meets this element.

The fourth element requires the incident review team to include six specific requirements in the incident review. Policy# 9.10 has a policy statement to support this element including the six specific elements. In the interview with the Incident Review Team, they indicated that they review the six specific requirements. Thus the facility meets this element.

The fifth element requires that the facility shall implement the recommendations for improvement, or shall document its reasons for not doing so. Policy# 9.10 has a statement to support this element that is verbatim from the standard. Thus the facility meets this element.

RECOMMENDATION: None.

Standard

Number here: 115.87 Data Collection

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

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

Standard 115.87 has five elements a facility must meet for a finding of "meets standard".

The first element requires that the agency collect accurate uniform data for every allegation of sexual abuse using a standardized instrument and set of definitions, and that it shall include at a minimum all the data necessary to answer all the questions from the most recent version of the Survey of Sexual Victimization (SSV). Policy 9.10 requires the facility to collect data, and provided a copy the most recent version of the Survey of Sexual Victimization (SSV) used to collect information. Thus the facility meets this element of the standard.

The second element requires that the agency shall aggregate incident based data annually. Policy 9.10 has a verbatim statement to support this element and Ms. Lindberg provided a copy of CCLEC's first annual report. Thus the facility meets this element.

The third element requires that the agency maintains, reviews, and collects data from all incident based documents including reports, investigation files, and sexual abuse incident reviews. Policy 9.10 has a statement that supports this element. Thus the facility meets this element of the standard.

The fourth element requires that the agency collect information from every privately operated facility with which it contracts to hold inmates. The CCLEC does not contract with privately operated facilities, so this element is N/A.

The fifth element requires that the agency provides upon request all such data to the DOJ no later than June 30. The DOJ has not made this request and the instructions from the audit tool indicate that in the case where the DOJ has not made the request, this element is to be considered N/A.

RECOMMENDATIONS: None.

Standard

Number here: 115.88 Data review for corrective action.

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

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

Standard 115.88 has four elements a facility must meet for a finding of "meets standard".

The first element requires that the agency review aggregated data to identify problem areas, take corrective action, and prepare a report of its findings and corrective action. Policy #9.10 requires the facility to collect and review the data and make the required assessments. Ms. Lindberg provided a copy

of the report prepared with findings and corrective action. Thus the facility meets this element of the standard.

The second element requires that the report contain a comparison to the data of the previous year and provide an assessment of the agency's progress in addressing sexual abuse. Ms. Lindberg provided a copy of CCLEC's first annual report prepared with findings and corrective action, though because it was the first, it did not contain a comparison of data from the previous year. Nevertheless, thus the facility is determined to be meeting the intent of this element of the standard.

The third element requires that the report be approved by the agency's head and that it is made readily available to the public through its website. Policy# 9.10 requires the report to be developed the website indicates that the report is available from the facility and the county clerk's office. Thus the facility meets this element of the standard.

The fourth element requires that the agency redact information that, if published, would present a clear and specific threat to the safety and security of the facility and that the nature of the redacted material is indicated. Policy# 9.10 has a policy statement to support this element of the standard and the report provided did not have any inmate identifiers, thus the facility meets this element.

RECOMMENDATION: None.

Standard

Number here: 115.89 Data storage, publication, and destruction.

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

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

Standard 115.89 has four elements that a facility must meet for a finding of "meets standard".

The first element requires that the agency ensure that the data collected is securely retained. Policy# 9.10 requires that data is securely retained in a designated area with restricted access. Thus the facility meets this element.

The second element requires that the agency makes aggregated data available to the public at least annually through its website or if it does not have a website, through other means. The facility website indicates how to get a copy of the annual report from the facility and the county clerk's office. Thus the facility meets this element of the standard.

The third element requires the agency to remove all personal identifiers before making the data publicly available. Policy# 9.10 requires that personal identifiers be removed from the report. Thus the facility meets this element.

The fourth element requires that the agency maintain the data for at least 10 years after the date of its initial collection unless Federal, State, or local law require otherwise. The data collected by the agency only goes back to 2014, so the ten-year threshold has not yet been met. Having determined that the data goes back to at least 2014, the date when the facility began gathering data, the CCLEC meets the intent of this element.

RECOMMENDATION: None.

AUDITOR CERTIFICATION:

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

A handwritten signature in black ink, appearing to read "S. M. R. J.", written over a horizontal line.

Auditor Signature

June 29, 2016

Date

A large, stylized handwritten flourish or scribble in black ink, located below the signature line.