

# PREA Facility Audit Report: Final

**Name of Facility:** Putnam County Jail

**Facility Type:** Prison / Jail

**Date Interim Report Submitted:** NA

**Date Final Report Submitted:** 06/24/2025

## Auditor Certification

The contents of this report are accurate to the best of my knowledge.



No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.



I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.



**Auditor Full Name as Signed:** Latera M. Davis

**Date of Signature:** 06/24/2025

## AUDITOR INFORMATION

**Auditor name:** Davis, Latera

**Email:** laterad@yahoo.com

**Start Date of On-Site Audit:** 04/30/2025

**End Date of On-Site Audit:** 05/02/2025

## FACILITY INFORMATION

**Facility name:** Putnam County Jail

**Facility physical address:** 421 E Spring Street, Cookeville, Tennessee - 38501

**Facility mailing address:** 421 E Spring Street , Cookeville , Tennessee - 38501

## Primary Contact

<b>Name:</b>	Lt. Tabitha Whittaker
<b>Email Address:</b>	twhittaker@putnamcountytnsheriff.gov
<b>Telephone Number:</b>	931-528-8484

<b>Warden/Jail Administrator/Sheriff/Director</b>	
<b>Name:</b>	Major Tim Nash
<b>Email Address:</b>	tnash@putnamcountytnsheriff.gov
<b>Telephone Number:</b>	931-528-8484

<b>Facility PREA Compliance Manager</b>	
<b>Name:</b>	Curt Vokoun
<b>Email Address:</b>	cvokoun@putnamcountytnsheriff.gov
<b>Telephone Number:</b>	931-528-8484

<b>Facility Health Service Administrator On-site</b>	
<b>Name:</b>	Alisha McGinnis
<b>Email Address:</b>	amcginnis@putnamcountytnsheriff.gov
<b>Telephone Number:</b>	931-528-8484

<b>Facility Characteristics</b>	
<b>Designed facility capacity:</b>	747
<b>Current population of facility:</b>	369
<b>Average daily population for the past 12 months:</b>	358
<b>Has the facility been over capacity at any point in the past 12 months?</b>	Yes
<b>What is the facility's population designation?</b>	Both women/girls and men/boys

<b>In the past 12 months, which population(s) has the facility held? Select all that apply (Nonbinary describes a person who does not identify exclusively as a boy/man or a girl/woman. Some people also use this term to describe their gender expression. For definitions of “intersex” and “transgender,” please see <a href="https://www.prearesourcecenter.org/standard/115-5">https://www.prearesourcecenter.org/standard/115-5</a>)</b>	
<b>Age range of population:</b>	39
<b>Facility security levels/inmate custody levels:</b>	Maximum, Medium, Minimum
<b>Does the facility hold youthful inmates?</b>	No
<b>Number of staff currently employed at the facility who may have contact with inmates:</b>	108
<b>Number of individual contractors who have contact with inmates, currently authorized to enter the facility:</b>	0
<b>Number of volunteers who have contact with inmates, currently authorized to enter the facility:</b>	127

<b>AGENCY INFORMATION</b>	
<b>Name of agency:</b>	Putnam County Sheriff's Office
<b>Governing authority or parent agency (if applicable):</b>	
<b>Physical Address:</b>	421 East Spring Street , Cookeville, Tennessee - 38501
<b>Mailing Address:</b>	
<b>Telephone number:</b>	931-528-8484

<b>Agency Chief Executive Officer Information:</b>
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<b>Name:</b>	
<b>Email Address:</b>	
<b>Telephone Number:</b>	

Agency-Wide PREA Coordinator Information			
<b>Name:</b>	Tabitha Whittaker	<b>Email Address:</b>	twhittaker@putnamcountytnsheriff.gov

Facility AUDIT FINDINGS	
Summary of Audit Findings	
<p>The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.</p> <p>Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.</p>	
Number of standards exceeded:	
0	
Number of standards met:	
45	
Number of standards not met:	
0	

## POST-AUDIT REPORTING INFORMATION

### GENERAL AUDIT INFORMATION

#### On-site Audit Dates

1. Start date of the onsite portion of the audit:	2025-04-30
2. End date of the onsite portion of the audit:	2025-05-02

#### Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	JDI Local Advocacy Center

### AUDITED FACILITY INFORMATION

14. Designated facility capacity:	737
15. Average daily population for the past 12 months:	410
16. Number of inmate/resident/detainee housing units:	28
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

**Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit****Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit**

<b>18. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:</b>	405
<b>19. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:</b>	1
<b>20. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:</b>	1
<b>21. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>22. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>23. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:</b>	22
<b>24. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:</b>	11

<b>25. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</b>	1
<b>26. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</b>	9
<b>27. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</b>	36
<b>28. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</b>	1
<b>29. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</b>	On the first day of the onsite portion of the audit, the auditor was provided with a comprehensive list of all residents in the facility. The facility houses male and inmates. The facility was able to utilize data from the risk assessment to identify any targeted populations.
<b>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</b>	
<b>30. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</b>	265
<b>31. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b>	100

<b>32. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b>	19
<b>33. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:</b>	On the first day of the onsite portion of the audit, the auditor was provided with a comprehensive list of all staff by title and shift.
<b>INTERVIEWS</b>	
<b>Inmate/Resident/Detainee Interviews</b>	
<b>Random Inmate/Resident/Detainee Interviews</b>	
<b>34. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</b>	13
<b>35. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</b>	<div> <input checked="" type="checkbox"/> Age </div> <div> <input checked="" type="checkbox"/> Race </div> <div> <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) </div> <div> <input checked="" type="checkbox"/> Length of time in the facility </div> <div> <input checked="" type="checkbox"/> Housing assignment </div> <div> <input checked="" type="checkbox"/> Gender </div> <div> <input type="checkbox"/> Other </div> <div> <input type="checkbox"/> None </div>



<b>36. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</b>	<p>As an auditor, the process of selecting residents for interviews is designed to ensure a fair and unbiased representation of the population. We use a random selection method, often through a random number generator or a similar unbiased tool, to choose residents from the list. This process helps us gather a diverse range of perspectives and ensures that no particular group is either favored or overlooked. Our goal is to obtain an accurate and comprehensive understanding of the environment and conditions from various residents' viewpoints.</p>
<b>37. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</b>	<p> <input checked="" type="radio"/> Yes  <input type="radio"/> No         </p>
<b>38. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b>	<p>As an auditor, the process of selecting residents for interviews is designed to ensure a fair and unbiased representation of the population. Typically, we use a random selection method, often through a random number generator or a similar unbiased tool, to choose residents from the list. However, due to the limited number of residents at the facility that were onsite during the audit, the auditor selected all those available while onsite.</p>
<b>Targeted Inmate/Resident/Detainee Interviews</b>	
<b>39. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</b>	<p>15</p>

As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".

<b>40. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</b>	0
<b>40. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b>	<div data-bbox="815 938 1469 1099"> <input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. </div> <div data-bbox="815 1149 1469 1227"> <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. </div>
<b>40. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b>	There were zero identified targeted residents.
<b>41. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</b>	1

<b>42. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</b>	0
<b>42. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b>	<div> <input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. </div> <div> <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. </div>
<b>42. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b>	There were zero identified targeted residents.
<b>43. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</b>	0
<b>43. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b>	<div> <input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. </div> <div> <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. </div>
<b>43. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b>	There were zero identified targeted residents.

<b>44. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</b>	1
<b>45. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b>	4
<b>46. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b>	1
<b>47. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</b>	3
<b>48. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</b>	3
<b>49. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</b>	2

<p><b>50. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</b></p>	<p>As an auditor, my corroboration strategies to determine if the specific population exists within the audited facility include multiple layers of verification:</p> <p>Information from the PREA Audit Questionnaire (PAQ): I analyze data provided in the PAQ, which includes demographic information, incident reports, and other relevant statistics about the resident population.</p> <p>Onsite Documentation Review: During the onsite visit, I review various documentation, such as intake forms, resident rosters, medical records, incident reports, and any other relevant documents that can provide insight into the demographics and specific populations within the facility.</p> <p>Interviews and Discussions: I conduct interviews and hold discussions with a range of individuals, including staff, inmates/residents, and detainees. These conversations provide firsthand accounts and personal insights that complement the data collected from the PAQ and documentation. Staff members often have valuable insights about the population's dynamics and any specific needs or issues that might not be captured in written records.</p> <p>Observation: While onsite, I observe the facility's operations, resident interactions, and living conditions. This helps corroborate the information obtained from documents and interviews and provides a more holistic understanding of the facility's environment. By combining these methods, I ensure that the identification and understanding of the population within the facility are accurate and comprehensive. This multi-faceted approach allows me to cross-reference data from various sources, thus increasing the reliability and validity of the findings.</p>
<p><b>Staff, Volunteer, and Contractor Interviews</b></p>	
<p><b>Random Staff Interviews</b></p>	
<p><b>51. Enter the total number of RANDOM STAFF who were interviewed:</b></p>	<p>12</p>

<b>52. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</b>	<div><input type="checkbox"/> Length of tenure in the facility</div> <div><input type="checkbox"/> Shift assignment</div> <div><input type="checkbox"/> Work assignment</div> <div><input type="checkbox"/> Rank (or equivalent)</div> <div><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</div> <div><input type="checkbox"/> None</div>
<b>53. Were you able to conduct the minimum number of RANDOM STAFF interviews?</b>	<div><input checked="" type="radio"/> Yes</div> <div><input type="radio"/> No</div>

**54. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):**

As an auditor, my corroboration strategies to determine if the specific population exists within the audited facility include multiple layers of verification:

Information from the PREA Audit Questionnaire (PAQ): I analyze data provided in the PAQ, which includes demographic information, incident reports, and other relevant statistics about the resident population.

Onsite Documentation Review: During the onsite visit, I review various documentation, such as intake forms, resident rosters, medical records, incident reports, and any other relevant documents that can provide insight into the demographics and specific populations within the facility.

Interviews and Discussions: I conduct interviews and hold discussions with a range of individuals, including staff, inmates/residents, and detainees. These conversations provide firsthand accounts and personal insights that complement the data collected from the PAQ and documentation. Staff members often have valuable insights about the population's dynamics and any specific needs or issues that might not be captured in written records.

Observation: While onsite, I observe the facility's operations, resident interactions, and living conditions. This helps corroborate the information obtained from documents and interviews and provides a more holistic understanding of the facility's environment. By combining these methods, I ensure that the identification and understanding of the population within the facility are accurate and comprehensive. This multi-faceted approach allows me to cross-reference data from various sources, thus increasing the reliability and validity of the findings.

#### **Specialized Staff, Volunteers, and Contractor Interviews**

Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.

<b>55. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</b>	22
<b>56. Were you able to interview the Agency Head?</b>	<input checked="" type="radio"/> Yes  <input type="radio"/> No
<b>57. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</b>	<input checked="" type="radio"/> Yes  <input type="radio"/> No
<b>58. Were you able to interview the PREA Coordinator?</b>	<input checked="" type="radio"/> Yes  <input type="radio"/> No
<b>59. Were you able to interview the PREA Compliance Manager?</b>	<input checked="" type="radio"/> Yes  <input type="radio"/> No  <input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)



**60. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)**

- ☐ Agency contract administrator
- ☒ Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment
- ☐ Line staff who supervise youthful inmates (if applicable)
- ☐ Education and program staff who work with youthful inmates (if applicable)
- ☒ Medical staff
- ☒ Mental health staff
- ☐ Non-medical staff involved in cross-gender strip or visual searches
- ☒ Administrative (human resources) staff
- ☐ Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff
- ☒ Investigative staff responsible for conducting administrative investigations
- ☐ Investigative staff responsible for conducting criminal investigations
- ☒ Staff who perform screening for risk of victimization and abusiveness
- ☒ Staff who supervise inmates in segregated housing/residents in isolation
- ☒ Staff on the sexual abuse incident review team
- ☒ Designated staff member charged with monitoring retaliation
- ☒ First responders, both security and non-security staff
- ☒ Intake staff

	<input type="checkbox"/> Other
<b>61. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>61. Enter the total number of VOLUNTEERS who were interviewed:</b>	2
<b>61. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)</b>	<input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input type="checkbox"/> Religious <input checked="" type="checkbox"/> Other
<b>62. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>62. Enter the total number of CONTRACTORS who were interviewed:</b>	1
<b>62. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)</b>	<input type="checkbox"/> Security/detention <input checked="" type="checkbox"/> Education/programming <input checked="" type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other
<b>63. Provide any additional comments regarding selecting or interviewing specialized staff.</b>	No text provided.

## SITE REVIEW AND DOCUMENTATION SAMPLING

### Site Review

PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: As you are conducting the site review, you must document your tests of critical functions, important information gathered through observations, and any issues identified with facility practices. The information you collect through the site review is a crucial part of the evidence you will analyze as part of your compliance determinations and will be needed to complete your audit report, including the Post-Audit Reporting Information.

**64. Did you have access to all areas of the facility?**

☒ Yes

☐ No

**Was the site review an active, inquiring process that included the following:**

**65. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?**

☒ Yes

☐ No

**66. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?**

☒ Yes

☐ No

**67. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?**

☒ Yes

☐ No

**68. Informal conversations with staff during the site review (encouraged, not required)?**

☒ Yes

☐ No

<p><b>69. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</b></p>	<p>During the site review, comprehensive access was granted to all areas of the facility, allowing for a thorough examination of the environment and operations. Key observations included the following:</p> <p>Facility Access: Unrestricted access to various sections of the facility was provided, facilitating a detailed assessment of living conditions, security measures, and common areas.</p> <p>Operational Observations: Several critical functions were tested and observed, including emergency response protocols, security checks, and daily operational routines. These tests demonstrated the facility's preparedness and adherence to established standards.</p> <p>Interactions and Informal Conversations: Informal conversations with staff, residents, and detainees provided additional insights into the daily operations and the overall atmosphere of the facility. These interactions were valuable in corroborating data obtained from documentation and formal interviews.</p> <p>General Observations: The site review highlighted both strengths and areas for improvement within the facility. Observations on cleanliness, maintenance, and the behavior of staff and residents contributed to a comprehensive understanding of the facility's current state.</p>
<p><b>Documentation Sampling</b></p>	
<p>Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.</p>	
<p><b>70. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

**71. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).**

During the audit process, I took several steps to ensure that the documentation reviewed was thorough and representative of the facility's operations:

**Oversampling Documentation:** In certain instances, I oversampled documentation to gain a deeper understanding of specific areas. For example, I reviewed an increased number of training records and unannounced rounds to identify any recurring patterns or issues that might not be evident from a smaller sample size.

**Barriers to Selecting Additional Documentation:** While the facility provided comprehensive access to most documents, there were some challenges encountered:  
**Time Constraints:** The limited time available for the audit sometimes posed a challenge in reviewing all the desired documentation in detail.

**Document Availability:** In a few cases, some documents were not immediately available, however provided by the final audit report.

**Mitigation Strategies:** To address these barriers, I implemented several strategies:  
**Prioritization:** I prioritized reviewing documents that were most critical to the audit's objectives and sought summaries or overviews where full documents were not accessible.

**Supplementary Interviews:** When documentation was not fully available, I supplemented the review with additional interviews and discussions with staff and residents to fill in the gaps.

**Request for Additional Information:** I requested additional information or clarifications as needed to ensure that the audit findings were accurate and comprehensive.

These steps were taken to ensure a thorough and balanced review of the facility's documentation, ultimately contributing to a more accurate assessment.

## SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

### Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted. Note: For question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.

#### 72. Total number of SEXUAL ABUSE allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
<b>Inmate-on-inmate sexual abuse</b>	8	0	0	8
<b>Staff-on-inmate sexual abuse</b>	3	0	0	3
<b>Total</b>	11	0	0	11

**73. Total number of SEXUAL HARASSMENT allegations and investigations overview during the 12 months preceding the audit, by incident type:**

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
<b>Inmate-on-inmate sexual harassment</b>	4	0	2	2
<b>Staff-on-inmate sexual harassment</b>	7	0	2	5
<b>Total</b>	11	0	4	7

**Sexual Abuse and Sexual Harassment Investigation Outcomes**

**Sexual Abuse Investigation Outcomes**

Note: these counts should reflect where the investigation is currently (i.e., if a criminal investigation was referred for prosecution and resulted in a conviction, that investigation outcome should only appear in the count for “convicted.”) Do not double count. Additionally, for question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, and detainee sexual abuse investigation files, as applicable to the facility type being audited.

**74. Criminal SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:**

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
<b>Inmate-on-inmate sexual abuse</b>	0	1	0	0	0
<b>Staff-on-inmate sexual abuse</b>	0	0	0	0	0
<b>Total</b>	0	1	0	0	0

**75. Administrative SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:**

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<b>Inmate-on-inmate sexual abuse</b>	0	7	0	1
<b>Staff-on-inmate sexual abuse</b>	0	3	0	0
<b>Total</b>	0	10	0	1

**Sexual Harassment Investigation Outcomes**

Note: these counts should reflect where the investigation is currently. Do not double count. Additionally, for question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, and detainee sexual harassment investigation files, as applicable to the facility type being audited.



**76. Criminal SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:**

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
<b>Inmate-on-inmate sexual harassment</b>	0	0	0	0	0
<b>Staff-on-inmate sexual harassment</b>	0	0	0	0	0
<b>Total</b>	0	0	0	0	0

**77. Administrative SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:**

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<b>Inmate-on-inmate sexual harassment</b>	0	2	0	0
<b>Staff-on-inmate sexual harassment</b>	0	5	0	0
<b>Total</b>	0	7	0	0

**Sexual Abuse and Sexual Harassment Investigation Files Selected for Review**

**Sexual Abuse Investigation Files Selected for Review**

**78. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:**

11

<b>79. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)
<b>Inmate-on-inmate sexual abuse investigation files</b>	
<b>80. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b>	7
<b>81. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
<b>82. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
<b>Staff-on-inmate sexual abuse investigation files</b>	
<b>83. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b>	3
<b>84. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)

<b>85. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b>	<input checked="" type="radio"/> Yes  <input type="radio"/> No  <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
<b>Sexual Harassment Investigation Files Selected for Review</b>	
<b>86. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</b>	11
<b>87. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b>	<input checked="" type="radio"/> Yes  <input type="radio"/> No  <input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)
<b>Inmate-on-inmate sexual harassment investigation files</b>	
<b>88. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b>	4
<b>89. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</b>	<input checked="" type="radio"/> Yes  <input type="radio"/> No  <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
<b>90. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b>	<input checked="" type="radio"/> Yes  <input type="radio"/> No  <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)

**Staff-on-inmate sexual harassment investigation files**

**91. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:**

7

**92. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?**

☒ Yes

☐ No

☐ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)

**93. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?**

☒ Yes

☐ No

☐ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)

**94. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.**

All investigations were reviewed.

**SUPPORT STAFF INFORMATION****DOJ-certified PREA Auditors Support Staff**

**95. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.**

☐ Yes

☒ No

## Non-certified Support Staff

**96. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.**

☒ Yes

☐ No

**96. Enter the TOTAL NUMBER OF NON-CERTIFIED SUPPORT who provided assistance at any point during this audit:**

1

## AUDITING ARRANGEMENTS AND COMPENSATION

**97. Who paid you to conduct this audit?**

☒ The audited facility or its parent agency

☐ My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)

☐ A third-party auditing entity (e.g., accreditation body, consulting firm)

☐ Other

Standards	
Auditor Overall Determination Definitions	
<ul style="list-style-type: none"> <li>Exceeds Standard (Substantially exceeds requirement of standard)</li> <li>Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period)</li> <li>Does Not Meet Standard (requires corrective actions)</li> </ul>	
Auditor Discussion Instructions	
<p>Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.</p>	

115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Relied Upon in Making Compliance Determination:</p> <p>Documentation:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>PCSO Policy 3.50.2 Policy, P.R.E.A (Prison Rape Elimination Act), p.1</p> <p>Rank Structure</p> <p>Interview Guide:</p> <p>PREA Coordinator</p> <p>PREA Compliance Manager</p> <p>Compliance Determination by Provisions and Corrective Action:</p>

115.11 (a) The agency shall have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment and outlining the agency's approach to preventing, detecting, and responding to such conduct.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ:

- The agency has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment in facilities it operates directly or under contract.
- The facility has a policy outlining how it will implement the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment.
- The policy includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment.
- The policy includes sanctions for those found to have participated in prohibited behaviors.
- The policy includes a description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of inmates.

PCSO Policy 3.50.2 Policy, P.R.E.A (Prison Rape Elimination Act), p.1: This policy clearly states that there is zero tolerance at the Putnam County Sheriff's Office for any and all forms of Sexual Abuse and Sexual Harassment. The office will investigate all allegations and when warranted, seek prosecution of the offender(s) involved. Prevention, Detection, and Response to such conduct shall be a priority in the Jail Facility.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.11 (b) The agency shall employ or designate an upper-level, agency-wide PREA coordinator with sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, the agency employs or designates an upper-level, agency-wide PREA Coordinator. The PREA Coordinator has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities. The position of the PREA Coordinator in the agency's organizational structure: Jail Captains.

PCSO Policy 3.50.3 Definitions, P.R.E.A (Prison Rape Elimination Act), p.1: P.R.E.A. Coordinator: A PCSO employee who is provided with sufficient time to develop, implement, and oversee the office's efforts to comply with P.R.E.A. Standards in the Putnam County Sheriff's Office Jail Facility.

Rank Structure provides the agency documentation of where the PREA Coordinator is on the agency organization chart.

Interviews:

PREA Coordinator: Interviewed agency Acting PREA Coordinator reported that she has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all its facilities. Time is dedicated to training and monitoring for PREA. Such activities are coordinated to ensure that policies and procedures are followed.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.11 (c). Where an agency operates more than one facility, each facility shall designate a PREA compliance manager with sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards.

The provision requires, where an agency operates more than one facility, each facility designates a PREA Compliance Manager with sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, the facility has designated a PREA Compliance manager. The PREA Compliance Manager has sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards. The position of the PREA Compliance Manager in the agency's organizational structure: PREA Coordinator. The person to whom the PREA Compliance Manager reports: Lt. Whitaker.

Policy 3.50.3 Definitions, P.R.E.A (Prison Rape Elimination Act), p.1: P.R.E.A. Manager: A PCSO employee who shall assist the P.R.E.A. Coordinator in complying with P.R.E.A.



	<p>Standards.</p> <p>Rank Structure provides the agency documentation of where the PREA Coordinator is on the agency organization chart.</p> <p>A review of the rank chart confirmed that the facility has a designated PREA compliance manager with sufficient time and authority to coordinate facility efforts to comply with PREA standards.</p> <p>Interviews:</p> <p>PREA Compliance Manager – The interviewed staff reported that they have enough time to manage all PREA related responsibilities. Coordinated efforts include policy implementation, training, inmate education, and coordination with the PREA Coordinator. If issues arise a corrective action will be implemented.</p> <p>Corrective Actions:</p> <p>N/A. There are no corrective actions for this provision.</p> <p>A review of the documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach by connecting PREA documentation, policies, on-site observation, site review of the facility, facility practices, interviewed staff and confined persons, local advocates, and online PREA Audit: Pre-Audit Questionnaire to corroborate findings determinations. Based on analysis, the facility went beyond this standard requirement.</p>
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115.12	Contracting with other entities for the confinement of inmates
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>Evidence Relied Upon in Making Compliance Determination:</p> <p>Documentation:</p> <p>PCSO Policy 3.50 P.R.E.A (Prison Rape Elimination Act)</p> <p>Immigrant Housing Agreement</p> <p>United States Marshalls Service</p> <p>Interview Guide:</p>

Compliance Determination by Provisions and Corrective Actions:

115.12 (a). A public agency that contracts for the confinement of its inmates with private agencies or other entities, including other government agencies, shall include in any new contract or contract renewal the entity's obligation to adopt and comply with the PREA standards.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, the agency has entered into or renewed a contract for the confinement of inmates on or after August 20, 2012, or since the last PREA audit, whichever is later. All of the above contracts require contractors to adopt and comply with PREA standards. The number of contracts for the confinement of inmates that the agency entered into or renewed with private entities or other government agencies on or after August 20, 2012, or since the last PREA audit, whichever is later: 2. The number of above contracts that DID NOT require contractors to adopt and comply with PREA standards: 0.

Immigration Housing Agreement (USMS Contract)

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.12 (b). Any new contract or contract renewal shall provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, all of the above contracts require the agency to monitor the contractor's compliance with PREA standards. The number of contracts referenced in 115.12 (a)-3 that DO NOT require the agency to monitor contractor's compliance with PREA standards: 0.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this

	<p>standard.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach by connecting PREA documentation, policies, on-site observation, site review of the facility, facility practices, interviewed staff and confined persons, local advocates, and online PREA Audit: Pre-Audit Questionnaire to corroborate findings determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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<b>115.13</b>	<b>Supervision and monitoring</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Relied Upon in Making the Compliance Determination</p> <p>Documentation:</p> <p>PCSO Policy 3.50.4 Procedures, P.R.E.A (Prison Rape Elimination Act), pp.2-3</p> <p>Staffing Grid</p> <p>Staffing Plan and Corrections Roster</p> <p>Shift Duty Assignment</p> <p>Sample of Unannounced Rounds</p> <p>Site Review:</p> <p>(Review Auditor's PREA Audit Site Review Checklist/Notes for evidence.)</p> <p>Interview Guide:</p> <p>Warden/Designee/Jail Administrator</p> <p>PREA Coordinator</p> <p>PREA Compliance Manager</p> <p>Intermediate or Higher-Level Facility Staff</p> <p>Compliance Determination by Provision and Corrective Actions:</p> <p>115.13 (a). The agency shall ensure that each facility it operates shall develop, document, and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect inmates against sexual abuse. In calculating adequate staffing levels and</p>

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, the agency requires each facility it operates to develop, document, and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against abuse. Since August 20, 2012, or last PREA audit, whichever is later, the average daily number of inmates: 358. Since August 20, 2012, or last PREA audit, whichever is later, the average daily number of inmates on which the staffing plan was predicated: 358.

PCSO Policy 3.50.4 Procedures, P.R.E.A (Prison Rape Elimination Act), pp.2-3: The Putnam County Sheriff's Office Jail Facility shall ensure that staffing and video monitoring personnel is adequate (staffing plan) in an effort to protect inmates from sexual abuse. Staffing levels shall be maintained at a level to provide:

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

11. Any other relevant factors.

Staffing Grid: The staffing grid of the Putnam County Sheriff Office (PCSO) in Tennessee serves multiple critical purposes. It is meticulously designed to ensure the safety and security of confined individuals while maintaining the efficiency of the facility's operations. The primary purpose of the staffing grid is to guarantee adequate staffing levels. This is essential for protecting confined persons against sexual abuse and other forms of harm. The grid is based on a thorough assessment of the facility's needs, taking into account the unique characteristics of the inmate population and physical plant. The staffing grid acts as a blueprint for staffing decisions within the facility. It helps the Warden and the PREA Compliance Manager make informed decisions about the deployment of staff across different shifts and areas. This ensures that all critical areas are covered, and there are no blind spots where staff or inmates may be isolated. The staffing grid also takes into account the various institutional programs occurring on different shifts. This ensures that there is adequate staff to support these programs and maintain order within the facility. Overall, the staffing grid is a vital tool for the Putnam County Sheriff Office, TN. It ensures that the facility operates smoothly, safely, and in compliance with national standards, ultimately contributing to the well-being of both staff and confined persons.

Staffing Plan and Corrections Roster: The Staffing Plan and Corrections Roster of the Putnam County Sheriff Office (PCSO) in Tennessee are meticulously designed to serve multiple critical purposes. Their primary function is to ensure the safety and security of confined individuals while maintaining efficient facility operations. These tools are essential for safeguarding confined persons against sexual abuse and other forms of harm. The staffing plan guarantees adequate staffing levels based on a comprehensive assessment of the facility's needs, considering the unique characteristics of the inmate population and physical plant. It acts as a blueprint for staffing decisions within the facility, helping the Warden and the PREA Compliance Manager make informed decisions about staff deployment across different shifts and areas, ensuring that all critical areas are covered without blind spots. Additionally, the corrections roster accounts for various institutional programs occurring on different shifts, ensuring there is adequate staff to support these programs and maintain order within the facility. Ultimately, the staffing plan and corrections roster are vital tools that ensure the facility operates smoothly, safely, and in compliance with national standards, contributing to the well-being of both staff and confined individuals.

PREA Staffing Plan: the PREA Staffing Plan provided gives general information on the positions, relief factor analysis, and jail manning/position table.

The agency provides each facility with guidance on their staffing plan, and the PCSO institution is required to develop and comply with a written and documented staffing plan. This plan is reviewed at least yearly in cooperation between the Warden and the Agency's PREA Coordinator in accordance with the National PREA Prison and Jail Standards. Based on a review of information about the facility provided in the PAQ, since August 20, 2012, or the last PREA audit, whichever is later, the average daily number of confined persons the staffing plan was predicated on was 1234. The

auditor reviewed the staffing plan, which includes the Organizational Chart, Facility Demographics, Facility Breakdown, Cameras, Physical Plant, Staffing Pattern, Post Assignment, Post Chart and Minimum Staffing, and the PREA policy information.

#### Interviews

Warden/Designee/Jail Administrator – The interviewed staff reported that the facility consider multiple factors when creating a staffing plan. These considered are facility layout, composition and size of inmate population, number and placement of staff, incidents of sexual abuse, staffing patterns and deviations, use of technology, and judicial or investigative findings. The PREA standards requires facilities to consider the use and location of video monitoring systems. All of the above areas as identified by the provision is considered in the staffing plan. The staffing plan is reviewed annually.

PREA Compliance Manager – The interviewed staff reported that when assessing adequate staffing levels, the agency will look at staff to inmates as well as consider all of the above as discussed in the provision.

#### Site Review:

During the site review, the auditor observes the following:

During the site review, the auditor observed the number of staff in the housing units and had informal conversations with the officers in each unit, who reported the number of confined persons in each housing unit and the number of staff assigned to that shift, not including the rover or supervisor. The PREA Staffing Plan provided general information on the positions, relief factor analysis, and jail manning/position table.

During the site review of the Putnam County Sheriff's Office, the auditor conducted walkthroughs of each housing unit and engaged in informal conversations with unit officers. Officers accurately reported the number of confined individuals housed in their respective units, along with the number of staff assigned to each shift. These figures did not include the assigned rover or supervisory staff.

The housing units at this facility did contain isolated or segregated areas, such as administrative or disciplinary segregation or protective custody.

The auditor observed that some programming and educational services are offered within these units. Not all inmates are offered education services. There are several other areas in the facility for programing and work assignments.

The auditor reviewed housing unit layouts and consulted the facility's staffing plan to identify areas historically associated with a higher likelihood of sexual abuse. These areas were assessed in person to evaluate compliance with the plan and to identify any safety vulnerabilities.

#### Staff Line of Sight & Surveillance Coverage:

The auditor assessed staff visibility throughout each unit, including identifying potential blind spots. Cameras were present in all housing units, with placement

providing comprehensive coverage. Additionally, strategically installed mirrors in unit corners serve to further eliminate visual blind spots. However, it was noted that movement in and out of housing units is monitored by video surveillance and it only occurs with staff presence.

**Supervision Practices & Cell Checks:**

The auditor observed indirect supervision and reviewed the frequency of security rounds in housing areas with both double-celled and open-bay configurations. The timing and consistency of these rounds were verified through entries in unit logbooks and corroborated by informal discussions with on-duty officers. These reviews confirmed that cell checks are conducted at appropriate intervals.

**Control Room Operations:**

A visit to the facility's control rooms revealed that the monitors display live feeds from each housing unit. Informal conversation with the control room officer confirmed that the post is staffed continuously, 24 hours a day, 7 days a week. The officer also reported that the shift change protocol includes review of indirect supervision responsibilities, ensuring continuity of monitoring.

**Corrective Actions:**

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this stan

115.13 (b). In circumstances where the staffing plan is not complied with, the facility documents and justifies all deviations from the plan

**Compliance Determination:**

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, each time the staffing plan is not complied with, the facility documents and justifies all deviations from the staffing plan. Check N/A if there are no deviations from plan. If documented, the six most common reasons for deviating from the staffing plan in the past 12 months: UNEXPECTED ILLNESS, PLANNED VACATION/ COMP DAYS, MILITARY LEAVE, FMLA, WORKMANS COMP, SCHEDULED YEARLY TRAINING.

The agency requires each facility to document and justify all deviations from the plan.

PCSO Policy 3.50.4 Procedures, P.R.E.A (Prison Rape Elimination Act), pp. 2-3: In circumstances where the staffing plan is not in compliance, the Jail Facility shall document and justify all deviations from the plan.

Shift Duty Assignments: The facility provided a sample of how shift duty assignments are conducted. It was further reported that the shift duty assignments document the

number of people each shift for that day and if they fall under 12 than the Jail Captains are notified, and people are called in to cover the maintain shift coverage.

#### Interviews

Warden/Designee/Jail Administrator – The interviewed staff reported that the facility will document any deviations to the staffing plan.

#### Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.13 (c). Whenever necessary, but no less frequently than once each year, for each facility the agency operates, in consultation with the PREA coordinator required by § 115.11, the agency shall assess, determine, and document whether adjustments are needed to: (1) The staffing plan established pursuant to paragraph (a) of this section; (2) The facility's deployment of video monitoring systems and other monitoring technologies; and (3) The resources the facility has available to commit to ensure adherence to the staffing plan.

#### Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, At least once every year the facility/agency, in collaboration with the PREA Coordinator, reviews the staffing plan to see whether adjustments are needed to: (a) the staffing plan, (b) the deployment of monitoring technology, or (c) the allocation of facility/agency resources to commit to the staffing plan to ensure compliance with the staffing plan.

PCSO Policy 3.50.4 Procedures, P.R.E.A (Prison Rape Elimination Act), p.3: When necessary, but no less frequently than once each year, the P.R.E.A. Coordinator or their designee shall assess, determine, and document whether any adjustments are needed to: 1. The staffing plans. 2. The facilities deployment of video monitoring systems and other monitoring technologies 3. The resources the facility has available to ensure adherence and compliance to the staffing plan. Also, in accordance with P.R.E.A. standards, during each shift, supervisors will conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment. Employees are prohibited from alerting other staff members of the unannounced rounds being conducted for the purposes established in this policy.

Staffing Grid: The staffing grid of the Putnam County Sheriff Office (PCSO) in Tennessee serves multiple critical purposes. It is meticulously designed to ensure the safety and security of confined individuals while maintaining the efficiency of the facility's operations. The primary purpose of the staffing grid is to guarantee



adequate staffing levels. This is essential for protecting confined persons against sexual abuse and other forms of harm. The grid is based on a thorough assessment of the facility's needs, taking into account the unique characteristics of the inmate population and physical plant. The staffing grid acts as a blueprint for staffing decisions within the facility. It helps the Warden and the PREA Compliance Manager make informed decisions about the deployment of staff across different shifts and areas. This ensures that all critical areas are covered, and there are no blind spots where staff or inmates may be isolated. The staffing grid also takes into account the various institutional programs occurring on different shifts. This ensures that there is adequate staff to support these programs and maintain order within the facility. Overall, the staffing grid is a vital tool for the Putnam County Sheriff Office, TN. It ensures that the facility operates smoothly, safely, and in compliance with national standards, ultimately contributing to the well-being of both staff and confined persons.

Interviews:

PREA Coordinator – The interviewed staff reported that if requested by the victim the agency will provide a victim advocate.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this stan

115.13 (d). Each agency operating a facility shall implement a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment. Such policy and practice shall be implemented for night shifts as well as day shifts. Each agency shall have a policy to prohibit staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, the facility requires that intermediate-level or higher-level staff conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment. The facility documents unannounced rounds.

The agency requires its facility to implement a policy and practice of having intermediate-level or higher-level supervisors conducting and documenting unannounced rounds.

PCSO Policy 3.50.4 Procedures, P.R.E.A (Prison Rape Elimination Act), p.3: During each

	<p>shift, supervisors will conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment. Employees are prohibited from alerting other staff members of the unannounced rounds being conducted for the purposes established in this policy.</p> <p>Tour Report: The tour report is instrumental in verifying that the facility adheres to established standards, particularly those pertaining to the Prison Rape Elimination Act (PREA). Compliance is determined through a comprehensive review of documentation, policies, site practices, and interviews.</p> <p>The report emphasizes the need for unannounced rounds conducted by intermediate-level or higher-level supervisors. These rounds are critical in identifying and deterring staff sexual abuse and harassment. The tour report employs a triangulation approach, connecting various sources of information including PREA documentation, policies, on-site observations, and interviews with staff and confined persons. This method ensures a robust and reliable compliance determination. The report outlines any corrective actions required to address non-compliance issues, although in this case, no corrective actions were necessary. The report provides a summary of overall findings, confirming that the facility is compliant with all provisions of the standard, based on thorough analysis and corroboration. By documenting these aspects, the tour report ensures that the Putnam County Sheriff's Office maintains high standards of safety, compliance, and operational integrity.</p> <p>Interviews:</p> <p>Intermediate- or Higher-Level Facility Staff – The staff reported that unannounced rounds are conducted throughout the day by supervisory staff.</p> <p>Corrective Actions:</p> <p>N/A. There are no corrective actions for this provision.</p> <p>Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach by connecting PREA documentation, policies, on-site observation, site review of the facility, facility practices, interviewed staff and confined persons, local advocates, and online PREA Audit: Pre-Audit Questionnaire to corroborate findings determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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<b>115.14</b>	<b>Youthful inmates</b>
	<b>Auditor Overall Determination:</b> Meets Standard

**Auditor Discussion**

Evidence Relied Upon in Making Compliance Determination:

Documentation:

CSO Policy 3.50.4.1 Youthful Inmates, P.R.E.A (Prison Rape Elimination Act), p.3

Site Review:

(Review Auditor's PREA Audit Site Review Checklist/Notes for evidence.)

Compliance Determination by Provisions and Corrective Actions:

115.14 (a). A youthful inmate shall not be placed in a housing unit in which the youthful inmate will have sight, sound, or physical contact with any adult inmate through use of a shared dayroom or other common space, shower area, or sleeping quarters.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, the facility prohibits placing youthful inmates in a housing unit in which a youthful inmate will have sight, sound, or physical contact with any adult inmate through use of a shared dayroom or other common space, shower area, or sleeping quarters. The facility does not have housing units to which youthful inmates are assigned that provide sight and sound separation between youthful and adult offenders in dayrooms, common areas, showers, and sleeping quarters. In the past 12 months, the number of housing units to which youthful inmates are assigned that provide sight and sound separation between youthful and adult offenders in dayrooms, common areas, showers, and sleeping quarters: 0. In the past 12 months, the number of youthful inmates placed in SAME HOUSING UNIT as adults at this facility: 0.

PCSO Policy 3.50.4.1 Youthful Inmates, P.R.E.A (Prison Rape Elimination Act), p.3: The Putnam County Sheriff's Office Juvenile Detention Facility shall follow P.R.E.A. mandates and D.C.S. standards concerning youthful inmates.

Site Review:

During the site review, the auditor had informal conversations with staff and confined people were asked if there was a youthful person arriving at this facility under the age of 18. All responses were none that they knew of. The auditor also asked staff if a youthful person arrived at the facility, where would that youthful person be housed temporarily? Staff reported they would remain in the intake area/cell and immediately transfer to the right facility. The cell would allow for limited sight and sound separation from any confined adults. Informal conversation with the officer confirmed that the facility does not house youthful people.

The auditor did not observe any youthful, confined people during the audit period.

This was also confirmed by review of the daily population report.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.14 (b). In areas outside of housing units, agencies shall either: (1) maintain sight and sound separation between youthful inmates and adult inmates, or (2) provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

N/A as the facility does not house youthful offenders.

Review of confined persons rosters, and informal conversation with the education staff confirmed that the facility does not house any confined persons under the age of 18 years old (youthful, confined persons). If the facility houses youthful, confined people, when they are in areas outside of the housing units the facility will maintain sight and sound separation and provide direct staff supervision when there is sight, sound, or physical contact.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.14 (c). Agencies shall make their best efforts to avoid placing youthful inmates in isolation to comply with this provision. Absent exigent circumstances, agencies shall not deny youthful inmates daily large-muscle exercise and any legally required special education services to comply with this provision. Youthful inmates shall also have access to other programs and work opportunities to the extent possible. In the past 12 months, the number of youthful inmates who have been placed in isolation in order to separate them from adult inmates: 0.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

N/A as the facility does not house youthful offenders.

	<p>Documentation review and informal conversations with staff confirmed that the facility does not house any confined people under the age of 18 years old (youthful, confined people). If the facility houses youthful, confined people, they will not be placed in isolation to comply with the provision. Youthful, confined people would have access to programs, work opportunities, daily large-muscle exercise, and special education.</p> <p>Corrective Actions:</p> <p>N/A. There are no corrective actions for this provision.</p> <p>Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach by connecting PREA documentation, policies, on-site observation, site review of the facility, facility practices, interviewed staff and confined persons, local advocates, and online PREA Audit: Pre-Audit Questionnaire to corroborate findings determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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<b>115.15</b>	<b>Limits to cross-gender viewing and searches</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Relied Upon in Making Compliance Determination:</p> <p>Documentation:</p> <p>PCSO Policy 3.50.4.2 Limits to Cross-Gender Viewing and Searches, P.R.E.A (Prison Rape Elimination Act), p.3</p> <p>PREA Staff Training and Roster</p> <p>PREA Training Slides</p> <p>Cross Gender Search Documentation</p> <p>Site Review:</p> <p>(Review Auditor's PREA Audit Site Review Checklist/Notes for evidence.)</p> <p>Interview Guide:</p>

Random Sample of Staff (12)

Inmate Interview Questions (Female Inmates) (6)

Random Sample of Inmates (27)

Transgender/Intersex Inmates (1)

Compliance Determination by Provisions and Corrective Actions:

115.15 (a). The facility shall not conduct cross-gender strip searches or cross-gender visual body cavity searches (meaning a search of the anal or genital opening) except in exigent circumstances or when performed by medical practitioners.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, the facility conducts cross-gender strip or cross-gender visual body cavity searches of inmates. In the past 12 months, the number of cross-gender strip or cross-gender visual body cavity searches of inmates: 1.

PCSO Policy 3.50.4.2 Limits to Cross-Gender Viewing and Searches, P.R.E.A (Prison Rape Elimination Act), p.3: The Putnam County Sheriff's Office Jail Facility shall not conduct cross-gender strip searches or cross-gender visual body cavity searches (a search of the anal or genital openings) except in exigent circumstances or when performed by medical practitioners.

Cross Gender Searches PPT: The auditor reviewed the training material on the agency requirements for cross gender searches.

Cross Gender Searches Documentation (1): documentation was reviewed for the one resident where a cross-gender search was conducted. The documentation provides who conducted the search, when the search was conducted, and why the search was conducted.

Site Review:

During the onsite review, the auditor observed designated areas used for conducting strip searches, visual body cavity searches, and pat-down searches. These areas included private search rooms located adjacent to the intake area and within housing units. The auditor assessed the level of privacy afforded during searches and evaluated the potential for opposite-gender staff to observe these searches.

It was confirmed through direct observation and staff interviews that strip searches and visual body cavity searches are conducted in private settings, away from the view of opposite-gender staff unless an exigent circumstance exists. In each search area, privacy measures were in place, including fixed walls, doors, and portable privacy screens designed to obstruct the view of others in the area.

In units where opposite-gender staff may be present or required to supervise, search

locations were equipped with privacy screens, or the staff are positioned at a distance sufficient to prevent them from viewing the contours of an inmate's breasts, genitalia, or buttocks. At no point during the site review were opposite-gender staff observed in a position to witness such searches unless appropriately justified and documented.

Informal conversations with custody staff confirmed their understanding of the limitations on cross-gender searches. Staff consistently reported that only same-gender staff conduct strip and visual body cavity searches, and that cross-gender pat-down searches are permitted only when same-gender staff are not available and when a supervisor authorizes the search. Staff were knowledgeable about the requirement to document any cross-gender strip or body cavity search and to articulate exigent circumstances, if applicable.

Interviews with confined individuals reflected that they were aware of who may search them and confirmed that privacy is respected during search procedures. No residents reported that opposite-gender staff had conducted or observed strip or body cavity searches.

A review of facility documentation, including logs of cross-gender strip and visual body cavity searches for the past 12 months, revealed no recorded incidents. The absence of entries was consistent with staff reporting that such searches are extremely rare and would require documentation and supervisory approval.

Based on direct observation, staff and inmate interviews, and review of facility documentation, the auditor finds that the Putnam County Sheriff's Office is in compliance with PREA Standard §115.15 regarding limitations on cross-gender viewing and searches.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.15 (b): As of August 20, 2015, or August 20, 2017, for a facility whose rated capacity does not exceed 50 inmates, the facility shall not permit cross-gender pat-down searches of female inmates, absent exigent circumstances. Facilities shall not restrict female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, the facility does not permit cross-gender pat-down searches of female inmates, absent exigent circumstances (facilities have until August 20, 2015, to comply; or August 20, 2017, if their rated capacity does not exceed 50

inmates). The facility does not restrict female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision. The number of pat-down searches of female inmates that were conducted by male staff: 0. The number of pat-down searches of female inmates conducted by male staff that did not involve exigent circumstance(s): 0.

PCSO Policy 3.50.4.2 Limits to Cross-Gender Viewing and Searches, P.R.E.A (Prison Rape Elimination Act), p.3:

Documentation review of the rosters and informal conversation with staff confirmed that the facility rated capacity does exceed 50 confined people.

Interviews:

Random Sample of Staff - Twelve staff members were interviewed during the audit. All confirmed that female staff are responsible for conducting pat-down searches of female inmates. They also stated that access to programs and out-of-cell opportunities is not restricted, as schedules are designed to ensure at least one female staff member is present on every shift to perform pat-downs and process new female intakes.

Inmate Interview Questionnaire (Female inmates) - Twenty-seven residents were interviewed, six were female. All six confirmed that the absence of female staff to perform pat-down searches has not prevented them from engaging in activities or programming.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.15 (c): The facility shall document all cross-gender strip searches and cross-gender visual body cavity searches and shall document all cross-gender pat-down searches of female inmates.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, Facility policy requires that all cross-gender strip searches and cross-gender visual body cavity searches be documented. Facility policy requires that all cross-gender pat-down searches of female inmates be documented. Check N/A if the facility does not house female inmates.

PCSO Policy 3.50.4.2 Limits to Cross-Gender Viewing and Searches, P.R.E.A (Prison Rape Elimination Act), p.3: Any cross-gender searches that are conducted due to exigent circumstances must have supervisor approval prior unless safety and security



needs necessitate an immediate search. Any and all cross-gender searches shall be documented and shall detail the need for such a search.

Cross Gender Searches Documentation (1): documentation was reviewed for the one resident where a cross-gender search was conducted. The documentation provides who conducted the search, when the search was conducted, and why the search was conducted.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.15 (d): The facility shall implement policies and procedures that enable inmates to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Such policies and procedures shall require staff of the opposite gender to announce their presence when entering an inmate housing unit.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, The facility has implemented policies and procedures that enable inmates to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks (this includes viewing via video camera). Policies and procedures require staff of the opposite gender to announce their presence when entering an inmate housing unit.

PCSO Policy 3.50.4.2 Limits to Cross-Gender Viewing and Searches, P.R.E.A (Prison Rape Elimination Act), p.3: Inmates are able to shower, perform bodily function and change clothes without non-medical staff of the opposite sex viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Staff members of the opposite sex shall announce their presence when entering an inmate housing unit.

Interviews:

Inmate Interview Questionnaire - Twenty-seven residents were interviewed, and twenty-six residents confirmed that staff announce their presence when entering the housing area, especially when a female officer is entering the unit. One resident reported that staff do not announce themselves when entering the housing area. Twenty-four confirmed that privacy measures prevent others from seeing them while

using the toilet, showering, or changing clothes in their individual bathrooms. Three residents mentioned that it is sometimes possible for others to see them in the shower area.

Random Sample of Staff - Twelve staff were interviewed during the audit period. All twelve staff interviewed stated they announce themselves when entering the housing area of residents. Twelve staff confirmed that residents in custody can dress, shower, and use the toilet without being observed by staff or members of the opposite gender, as each has their own bathroom in their rooms.

Site Review:

As part of the site review at the Putnam County Sheriff’s Office, the auditor conducted a comprehensive walkthrough of all areas where confined individuals may be in a state of undress, including within housing units, medical areas, intake showers and holding cells, and recreation and transport holding areas.

Observations of Viewing Areas

Inside the housing units, the auditor observed the locations of showers, toilet areas, and changing spaces. Each of these areas is designed with partitions, privacy walls, or doors that shield individuals from opposite-gender staff view. The facility does not utilize open showers or restrooms in areas where opposite-gender staff could inadvertently observe confined persons in a state of undress. Toilet and shower stalls were observed to have appropriate privacy barriers.

Outside of the housing units, intake and medical shower areas were similarly reviewed. These areas were also equipped with physical barriers that prevent unauthorized or inadvertent cross-gender viewing. The auditor specifically assessed the use and placement of mirrors within housing units and found that none were angled in a way that would permit opposite-gender viewing of areas where individuals are showering, using the toilet, or changing clothes.

Electronic Surveillance Monitoring

The auditor visited the main control room, where camera feeds from throughout the facility are monitored. Informal discussions with control room staff confirmed that staff of both genders are assigned to this post. The video surveillance system includes PTZ (pan-tilt-zoom) capabilities, but control room officers reported that cameras are configured to avoid views of shower, toilet, or changing areas. A review of the camera angles supported this claim.

No software such as blurring or pixelation was used on the feeds; however, the camera placement and restricted monitoring zones effectively prevent cross-gender observation of inmates in states of undress. Staff reported that it is facility policy and practice to avoid positioning or using surveillance equipment in a way that compromises privacy.

Knock and Announce Procedures

The auditor directly observed opposite-gender staff entering housing units and verified the use of a verbal announcement upon entry (e.g., "Female on the floor"). These announcements were made clearly and loudly, and occurred before the staff entered the living area, providing confined persons adequate time to cover up. Informal interviews with staff confirmed their understanding of and adherence to this procedure.

Conversations with confined persons confirmed that staff consistently announce their presence when of the opposite gender. Confined persons reported they are aware of these alerts and find them sufficient in providing time and awareness to preserve their privacy. There were no reports of opposite-gender staff entering shower or toilet areas without proper notification.

Staff also confirmed that the announcement procedure is modified or reinforced for persons with disabilities. For example, individuals who are hard of hearing or have other impairments are given additional verbal or visual cues when needed. Staff were able to describe the process clearly and consistently, which indicates proper training and implementation.

#### Supervisor Rounds and Documentation

Supervisory staff conduct unannounced rounds on all shifts. These are documented in unit logbooks, and the auditor was able to verify entries. These rounds include checks on cross-gender viewing practices and ensure that staff follow knock-and-announce protocols consistently.

#### Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this stan

115.15 (e): The facility shall not search or physically examine a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. If the inmate's genital status is unknown, it may be determined during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner.

#### Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, the facility has a policy prohibiting staff from searching or physically examining a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. There were no reported searches that occurred in the last 12 months.

PCSO Policy 3.50.4.2 Limits to Cross-Gender Viewing and Searches, P.R.E.A (Prison Rape Elimination Act), p.3: Strip searches shall not be done for the determination of an inmate's gender.

Interviews:

Random Sample of Staff - The twelve staff were all aware that facility prohibits staff from searching or physically examining a transgender or intersex detainee for the purpose of determining that detainee's genital status.

Transgender/Intersex Inmates - During the PREA audit, one resident identified as transgender or intersex for the audit period. Upon arrival, the resident requested placement in a segregated housing area. The resident reported never having been strip-searched solely to determine genital status.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.15 (f): The agency shall train security staff in how to conduct cross-gender pat-down searches, and searches of transgender and intersex inmates, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, the percent of all security staff who received training on conducting cross-gender pat-down searches and searches of transgender and intersex inmates in a professional and respectful manner, consistent with security needs (the percentage given does not necessarily indicate compliance or non-compliance with the standard): 100.

PCSO Policy 3.50.4.2 Limits to Cross-Gender Viewing and Searches, P.R.E.A (Prison Rape Elimination Act), p.3: Putnam County Sheriff's Office Correctional Deputies are trained to conduct all searches in a professional and respectful manner and in the least intrusive manner as possible while meeting security needs.

A review of PREA training Power Point and staff training roster confirmed that facility security staff are trained in how to conduct cross-gender pat-down searches, and searches of transgender and intersex confined persons in a professional and respectful manner. If warranted the facility will make a case-by-case determination of the most appropriate staff member to conduct the search, which is necessary and take into consideration the gender expression of the confined persons.

	<p>Interviews:</p> <p>Random Sample of Staff - Twelve staff were interviewed during the audit. All twelve staff stated they have received instructions on pat-down searches for all genders, including transgender and intersex individuals. However, the facility has procedure that only male staff would conduct pat-down searches on male residents. Female staff would perform pat searches on female residents.</p> <p>Corrective Actions:</p> <p>N/A. There are no corrective actions for this provision.</p> <p>Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach by connecting PREA documentation, policies, on-site observation, site review of the facility, facility practices, interviewed staff and confined persons, local advocates, and online PREA Audit: Pre-Audit Questionnaire to corroborate findings determinations. Based on analysis, the facility is compliant with all provisions in this standard</p>
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<b>115.16</b>	<b>Inmates with disabilities and inmates who are limited English proficient</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>Evidence Relied Upon in Making Compliance Determination:</p> <p>Documentation:</p> <p>PCSO Policy 350.4.3 Inmates with Disabilities and or have Limited English Proficiency, P.R.E.A (Prison Rape Elimination Act), p.4</p> <p>Propio Interpretation Services</p> <p>PREA Pamphlet (English/Spanish)</p> <p>Inmates with Limited Disabilities Poster</p> <p>Training Material</p> <p>PREA Sexual Harassment Training Roster</p>

Training Documentation (51)

Site Review:

(Review Auditor's PREA Audit Site Review Checklist/Notes for evidence.)

Interview Guide:

Agency Head (Designee)

Inmates (with disabilities or who are limited English proficient (2)

Random Sample Staff (12)

Compliance Determination by Provisions and Correction:

115.16 (a): The agency shall take appropriate steps to ensure that inmates with disabilities (including, for example, inmates who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities) have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Such steps shall include, when necessary to ensure effective communication with inmates who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. In addition, the agency shall ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities, including inmates who have intellectual disabilities, limited reading skills, or who are blind or have low vision. An agency is not required to take actions that it can demonstrate would result in a fundamental alteration in the nature of a service, program, or activity, or in undue financial and administrative burdens, as those terms are used in regulations promulgated under title II of the Americans with Disabilities Act, 28 CFR 35.164.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, the agency has established procedures to provide disabled inmates equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

PCSO Policy 350.4.3 Inmates with Disabilities and or have Limited English Proficiency, P.R.E.A (Prison Rape Elimination Act), p.4: During the intake process, inmates who are determined to have disabilities shall be provided information that is designed to provide an equal opportunity to participate in or benefit from all aspects of the facilities efforts in prevention, detection, and response to sexual abuse and sexual harassment. The Putnam County Sheriff's Office shall make available in formats that will ensure effective communication with inmates who have disabilities, including those inmates who have intellectual disabilities, limited reading skills, as well as

those who are blind or have limited visibility. This also pertains to those inmates that are deaf or hard of hearing.

PCSO Policy 350.8 TRAINING AND EDUCATION P.R.E.A (Prison Rape Elimination Act), p.7: The Putnam County Sheriff's Office Jail Facility will provide inmate education in different formats to meet the needs of those inmates who may be deaf, visually impaired, limited English proficiency and limited reading skills.

Propio Interpretation Services: Propio Interpretation Services provide access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary.

PREA Pamphlet (English/Spanish): The Putnam County Sheriff's Office PREA (Prison Rape Elimination Act) pamphlet is a comprehensive resource designed to educate and inform inmates about the agency's efforts to prevent, detect, and respond to sexual abuse and harassment within the facility. The pamphlet is available in both English and Spanish, ensuring accessibility for inmates with limited English proficiency.

Inmates with Limited Disabilities Poster: The poster created by the PREA Resource Center is a visually engaging and informative tool designed to educate inmates about their rights and the agency's efforts in preventing, detecting, and responding to sexual abuse and harassment. The poster features clear and concise information presented in both English and Spanish, making it accessible to inmates with limited English proficiency. Key points are highlighted, including the availability of interpreters for those who are deaf or hard of hearing, visually impaired, or have intellectual disabilities. The poster serves as a vital resource within the jail facility, ensuring that all inmates, regardless of their abilities, have meaningful access to the support and information provided by the agency.

#### Interviews

Agency Head (Designee) - The interviewed staff reported that education for inmates is provided in different formats to accommodate an inmate's need. Officers are trained and educated in how to communicate and assist inmates who have disabilities or who are LEP. Risk needs assessments and reassessments are conducted to determine the inmate's needs. Staff interpreters are available for Spanish. Posters and handbooks are also provided for information in different formats. The agency has TTY mode on any county issued smartphone.

Inmates with disabilities or those who are limited English proficient: Two interviewed residents reported that the placement provides clear and easily understandable information regarding sexual abuse and harassment. They also felt comfortable asking staff for clarification if any information was confusing, or when making a report using the kiosk. The two residents noted that they were given the opportunity to ask questions directly to staff or submit inquiries via the kiosk. Additionally, there are posters throughout the jail in both English and Spanish. Staff members are willing to answer questions to ensure comprehension. The interviewed residents indicated that staff would assist them in understanding information about sexual abuse or harassment if needed and expressed comfort in approaching staff for assistance

when making a report.

Site Review:

## INTERPRETATION SERVICES

As part of the audit process, the auditor conducted an unannounced test of the Putnam County Sheriff's Office's access to interpretation services for confined individuals with Limited English Proficiency (LEP). The purpose of this review was to assess the real-time functionality, accessibility, and appropriateness of the facility's interpretation service processes.

### Testing Access to Interpretation Services

During the site visit, the auditor requested to test the facility's on-demand access to interpretation services without prior notice, in accordance with PREA auditing protocols. The facility utilizes a Propio Interpretation Services to provide interpretation for LEP individuals. The auditor requested staff to initiate a call to the language line using the same equipment and procedure that would be available to persons confined in the facility.

The phone used to access the language line was tested and found to be fully functional, with a clear dial tone and operational keypad. Staff successfully connected to the language line within a short period of time (under five minutes), and interpretation services were made available in the requested language. This confirms the immediacy and functionality of the interpretation service in real-time.

### Process and Privacy Assessment

The auditor asked staff to demonstrate the process as it would apply to a confined person needing interpretation services. It was confirmed that confined persons do not need to self-identify with a PIN or ID number to access interpretation services. This is particularly relevant for anonymous or confidential reporting, such as reporting sexual abuse or accessing support services, and reflects positively on the facility's compliance with confidentiality protections.

The location used for interpretation—in this case, a private interview room—was observed to provide an appropriate level of privacy and confidentiality, shielding the person from being overheard by others in the housing unit or by nearby staff.

### Accessibility for All Housing Types

The facility confirmed, and the auditor verified through staff interviews, that interpretation services are available to all individuals confined in the facility, including those housed in restricted housing or segregation units. Staff explained the procedure for providing interpretation services in those settings, including bringing phones or mobile interpretation access points directly to the housing area as needed.

### Informal Conversations

Informal interviews were conducted with several staff members, all of whom were



able to explain how to access the interpretation service and confirmed they had used it in the past when working with LEP individuals. Staff demonstrated a consistent understanding of the importance of timely access to language services and the requirement to avoid using other confined persons as interpreters.

A limited number of LEP individuals were identified at the time of the audit. One individual was interviewed with the support of the language line, confirming that they had previously been provided interpretation during intake and were aware of how to request interpretation assistance if needed. The individual expressed no concerns about access or the quality of the service.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.16 (b): The agency shall take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, the agency has established procedures to provide inmates with limited English proficiency equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

PCSO Policy 350.4.3 Inmates with Disabilities and or have Limited English Proficiency, P.R.E.A (Prison Rape Elimination Act), p.4: During the intake process, inmates who are determined to have disabilities shall be provided information that is designed to provide an equal opportunity to participate in or benefit from all aspects of the facilities efforts in prevention, detection, and response to sexual abuse and sexual harassment. The Putnam County Sheriff's Office shall make available in formats that will ensure effective communication with inmates who have disabilities, including those inmates who have intellectual disabilities, limited reading skills, as well as those who are blind or have limited visibility. This also pertains to those inmates that are deaf or hard of hearing.

PCSO Policy 350.8 TRAINING AND EDUCATION P.R.E.A (Prison Rape Elimination Act), p.7: Inmate education concerning Sexual Abuse and Sexual Harassment shall occur during the intake and classification process. Inmates are informed on there is zero tolerance for any Sexual Abuse and Sexual Harassment. They will also be educated

on the process of reporting Sexual Abuse or Sexual Harassment. Within 30 days of intake, the Putnam County Sheriff's Office shall provide comprehensive education to inmates regarding their right to be free from Sexual Abuse or Sexual Harassment, as well as free from retaliation for reporting such incidents and how incidents will be investigated. The Putnam County Sheriff's Office Jail Facility will provide inmate education in different formats to meet the needs of those inmates who may be deaf, visually impaired, limited English proficiency and limited reading skills.

Propio Interpretation Services: Propio Interpretation Services provide access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary.

PREA Pamphlet (English/Spanish): The Putnam County Sheriff's Office PREA (Prison Rape Elimination Act) pamphlet is a comprehensive resource designed to educate and inform inmates about the agency's efforts to prevent, detect, and respond to sexual abuse and harassment within the facility. The pamphlet is available in both English and Spanish, ensuring accessibility for inmates with limited English proficiency.

Inmates with Limited Disabilities Poster: The poster created by the PREA Resource Center is a visually engaging and informative tool designed to educate inmates about their rights and the agency's efforts in preventing, detecting, and responding to sexual abuse and harassment. The poster features clear and concise information presented in both English and Spanish, making it accessible to inmates with limited English proficiency. Key points are highlighted, including the availability of interpreters for those who are deaf or hard of hearing, visually impaired, or have intellectual disabilities. The poster serves as a vital resource within the jail facility, ensuring that all inmates, regardless of their abilities, have meaningful access to the support and information provided by the agency.

Staff Training: Staff Training consisted of information on working with individuals who are limited English proficient and/or disabled.

The PREA Sexual Harassment Training Roster provides documentation where staff are training on effective ways to communicate, educate, and inform inmates with disabilities and inmates who are limited English proficient and keep them safe. In addition, the auditor reviewed documentation of 51 staff who signed acknowledged of the training.

Interviews:

Inmates with disabilities or those who are limited English proficient: Two interviewed residents reported that the placement provides clear and easily understandable information regarding sexual abuse and harassment. They also felt comfortable asking staff for clarification if any information was confusing, or when making a report using the kiosk. The two residents noted that they were given the opportunity to ask questions directly to staff or submit inquiries via the kiosk. Additionally, there are posters throughout the jail in both English and Spanish. Staff members are willing to answer questions to ensure comprehension. The interviewed residents indicated that staff would assist them in understanding information about sexual abuse or

harassment if needed and expressed comfort in approaching staff for assistance when making a report.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.16 (c): The agency shall not rely on inmate interpreters, inmate readers, or other types of inmate assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under § 115.64, or the investigation of the inmate's allegations.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, Agency policy prohibits use of inmate interpreters, inmate readers, or other types of inmate assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations. In the past 12 months, the number of instances where inmate interpreters, readers, or other types of inmate assistants have been used and it was not the case that an extended delay in obtaining another interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations: 0.

PCSO Policy 350.4.3 Inmates with Disabilities and or have Limited English Proficiency, P.R.E.A (Prison Rape Elimination Act), p.4: The Jail Facility shall not rely on inmate interpreters, inmates used for reading, or other inmate assistants except in limited circumstances where any extended delay in obtaining an interpreter may compromise the inmate's safety, job functions of jail staff or the investigation of the inmates' allegations.

Interviews:

Random Sample of Staff - Twelve staff were interviewed. Eleven staff confirmed that they would not rely on another resident to interpret or assist a disabled or limited English proficiency resident in reporting allegations of sexual abuse or harassment. Eleven staff stated they would seek assistance from another staff member for interpretation or use google translate, while one staff indicated they were not sure of the proper process.

Inmates with disabilities or those who are limited English proficient: Two interviewed residents reported that the placement provides clear and easily understandable

	<p>information regarding sexual abuse and harassment. They also felt comfortable asking staff for clarification if any information was confusing, or when making a report using the kiosk. The two residents noted that they were given the opportunity to ask questions directly to staff or submit inquiries via the kiosk. Additionally, there are posters throughout the jail in both English and Spanish. Staff members are willing to answer questions to ensure comprehension. The interviewed residents indicated that staff would assist them in understanding information about sexual abuse or harassment if needed and expressed comfort in approaching staff for assistance when making a report.</p> <p>Corrective Actions:</p> <p>N/A. There are no corrective actions for this provision.</p> <p>Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach by connecting PREA documentation, policies, on-site observation, site review of the facility, facility practices, interviewed staff and confined persons, local advocates, and online PREA Audit: Pre-Audit Questionnaire to corroborate findings determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.17	Hiring and promotion decisions
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>Evidence Relied Upon in Making Compliance Determination:</p> <p>Documentation:</p> <p>PCSO Policy 350.5 P.R.E.A. AND THE HIRING OF STAFF AND STAFF PROMOTIONS (Prison Rape Elimination Act), pp.4-5</p> <p>Staff Files</p> <ul style="list-style-type: none"> <li>o Background Check (28)</li> <li>o Pre-employment questionnaire/selected staff self-declaration (32)</li> <li>o Reference Check (4)</li> <li>o 5-year Background Check (25)</li> </ul>

o Contractor Background Check

Site Review:

(Review Auditor's PREA Audit Site Review Checklist/Notes for evidence.)

Interview Guide:

Administrative (Human Resources) Staff/Background Investigator

Compliance Determination by Provisions and Corrective Actions:

115.17 (a): 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, who— (1) Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); (2) Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or (3) Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, Agency policy prohibits hiring or promoting anyone who may have contact with inmates and prohibits enlisting the services of any contractor who may have contact with inmates who: (1) Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); (2) Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or (3) Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section.

PCSO Policy 350.5 P.R.E.A. AND THE HIRING OF STAFF AND STAFF PROMOTIONS, (Prison Rape Elimination Act), p.4: states the Putnam County Sheriff's Office does not and shall not hire or promote any individuals that, may have contact with inmates, or any contractor that may have contact with inmates, who: 1. Has engaged in sexual abuse in a prison, jail, detention center, lockup, community confinement facility, juvenile facility or other institution as defined in 42U.S.C. 1997 or; 2. Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, or coercion or if the victim did not consent or was unable to consent or refuse or; 3. Has been civilly or administratively adjudicated to have engaged in the activity described in number 2. In this section.

The Putnam County Sheriff's Office shall consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the contractual services if any contactor, who may have inmate contact.

Files (28) of persons hired or promoted in the past 12 months to determine whether proper criminal record background checks have been conducted and questions regarding past conduct were asked and answered.

Files of contractors were reviewed to verify that contractor background checks occur upon hire.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this stan

115.17 (b): The agency shall consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, Agency policy requires the consideration of any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates.

PCSO Policy 350.5 P.R.E.A. AND THE HIRING OF STAFF AND STAFF PROMOTIONS, (Prison Rape Elimination Act), p.4: The Putnam County Sheriff's Office shall consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the contractual services if any contractor, who may have inmate contact.

Interviews:

Administrative (Human Resources) Staff – The interviewed staff reported that the facility considers prior incidents of sexual harassment when determining whether to hire or promote anyone, or to enlist the services of any contractor who may have contact with inmates.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.17 (c): Before hiring new employees who may have contact with inmates, the

agency shall: (1) Perform a criminal background records check; and (2) Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, Agency policy requires that before it hires any new employees who may have contact with inmates, it (a) conducts criminal background record checks, and (b) consistent with federal, state, and local law, makes its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. In the past 12 months, the number of persons hired who may have contact with inmates who have had criminal background record checks: 44.

PCSO Policy 350.5.1 Hiring and Promotional Standards, (Prison Rape Elimination Act), p. 5: Any PCSO Staff, contractors, or volunteers who may have contact with inmates, prior to hire, or providing any contractual or volunteer services, the Sheriff's Office shall: 1. Perform criminal background records check. 2. Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on any and all substantiated allegations of sexual abuse or any resignation during a pending investigation of an alleged allegation of sexual abuse.

Files (28) of personnel hired in the past 12 months to determine that the agency has completed checks consistent with 115.17(c).

Interviews

Administrative (Human Resources) Staff – The interviewed staff reported that they perform NCIC checks on all staff and contractors. All staff have comprehensive law enforcement interviews.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.17 (d): The agency shall also perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, Agency policy requires that a criminal background record

check be completed before enlisting the services of any contractor who may have contact with inmates. In the past 12 months, the number of contracts for services where criminal background record checks were conducted on all staff covered in the contract who might have contact with inmates: 1. Medical and Mental Health Services are contracted.

PCSO Policy 350.5.1 Hiring and Promotional Standards, (Prison Rape Elimination Act), p. 5: Any PCSO Staff, contractors, or volunteers who may have contact with inmates, prior to hire, or providing any contractual or volunteer services, the Sheriff's Office shall: 1. Perform criminal background records check. 2. Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on any and all substantiated allegations of sexual abuse or any resignation during a pending investigation of an alleged allegation of sexual abuse.

Records of background checks of contractors who might have contact with inmates were reviewed and verified.

Interviews:

Administrative (Human Resources) Staff – The interviewed staff reported that they perform NCIC checks on all staff and contractors. All staff have comprehensive law enforcement interviews.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.17 (e): The agency shall either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, Agency policy requires that either criminal background record checks be conducted at least every five years for current employees and contractors who may have contact with inmates, or that a system is in place for otherwise capturing such information for current employees.

PCSO Policy 350.5.1 Hiring and Promotional Standards, (Prison Rape Elimination Act), p. 5: Contractors or volunteers who have re-occurring functions at the Putnam County Sheriff's Office Jail Facility, shall be subject to a criminal background record check at



least every five years. PCSO personnel that have contact with inmates shall be monitored yearly through evaluations, disciplinary records, and supervisor input.

Records of background checks of contractors who might have contact with inmates were reviewed and verified.

Interviews:

Administrative (Human Resources) Staff – The interviewed staff reported that background checks occur at least every 5 years.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.17 (e): The agency shall either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, Agency policy requires that either criminal background record checks be conducted at least every five years for current employees and contractors who may have contact with inmates, or that a system is in place for otherwise capturing such information for current employees.

PCSO Policy 350.5.1 Hiring and Promotional Standards, (Prison Rape Elimination Act), p. 5: Any employee, contractor or volunteer who willfully omits any misconduct on any application, interview, including promotional interviews, concerning allegations of sexual abuse and/or sexual harassment may be subject to discipline or termination.

Documentation (25) of background records checks of current employees and contractors at five-year intervals when applicable.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of these standards.

115.17 (f): The agency shall ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees. The agency shall also impose upon employees a continuing affirmative duty to disclose any such misconduct.

Compliance Determination:

This facility has demonstrated compliance with the provision of the standard because:

PCSO Policy 350.5.1 Hiring and Promotional Standards, (Prison Rape Elimination Act), p. 5: Any employee, contractor or volunteer who willfully omits any misconduct on any application, interview, including promotional interviews, concerning allegations of sexual abuse and/or sexual harassment may be subject to discipline or termination.

Interviews:

Administrative (Human Resources) Staff – The interviewed staff reported that HR has a self-declaration statement that staff must sign upon hire.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.17 (g): Material omissions regarding such misconduct, or the provision of materially false information, are grounds for termination.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, Agency policy states that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

PREA Self Declaration: The PREA Self Declaration Form is an essential document used by the Putnam County Sheriff's Office in Tennessee. This form is designed to ensure compliance with the Prison Rape Elimination Act (PREA) standards, which aim to prevent, detect, and respond to incidents of sexual abuse and harassment within correctional facilities. Content of the form:

- Personal Information: Full name, date of birth, contact information.
- Employment History: Detailed record of previous employment within corrections or law enforcement.

- Misconduct Disclosure: Declaration of any substantiated allegations of sexual abuse or sexual harassment involving the individual.
- Verification: Signature and date affirming the accuracy and completeness of the information provided. The auditor reviewed 32 records.

In accordance with PCSO Policy 350.5.1, the form requires all employees, contractors, and volunteers to disclose any past misconduct related to allegations of sexual abuse and/or sexual harassment. Material omissions or false information provided in the form are grounds for disciplinary actions or termination, as stipulated by standard 115.17(g).

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.17 (h): Unless prohibited by law, the agency shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

PCSO Policy 350.5.1 Hiring and Promotional Standards, (Prison Rape Elimination Act), p. 5: It is the policy of the Putnam County Sheriff's Office, unless prohibited by law, to provide information on sustained allegations of sexual abuse or sexual harassment involving a former employee, upon receiving a request and signed release of information form from an institutional employer for such employee has applied for employment.

Interviews:

Administrative (Human Resources) Staff – The interviewed staff reported that the agency shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this

	<p>standard.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach by connecting PREA documentation, policies, on-site observation, site review of the facility, facility practices, interviewed staff and confined persons, local advocates, and online PREA Audit: Pre-Audit Questionnaire to corroborate findings determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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<b>115.18</b>	<b>Upgrades to facilities and technologies</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>Evidence Relied Upon in Making Compliance Determination:</p> <p>Documentation:</p> <ul style="list-style-type: none"> <li>· PCSO Policy 3.50.6 UPGRADES TO FACILITIES AND TECHNOLOGY, P.R.E.A (Prison Rape Elimination Act), p.5</li> <li>· Pre-Audit Questionnaire</li> <li>· Facility Design Renovation Modification or Expansion</li> <li>· Installing Updating Monitoring Technology</li> </ul> <p>Interview Guide:</p> <p>Agency Head (Designee)</p> <p>Warden/Designee/Jail Administrator</p> <p>Compliance Determination by Provisions and Corrective Actions:</p> <p>115.18 (a): When designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the agency shall consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse.</p> <p>Compliance Determination:</p> <p>The facility has demonstrated compliance with this provision of the standard because:</p> <p>As reported in the PAQ, the agency/facility has acquired a new facility or made a substantial expansion or modification to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.</p>

PCSO Policy 3.50.6 UPGRADES TO FACILITIES AND TECHNOLOGY, P.R.E.A (Prison Rape Elimination Act), p.5: The Putnam County Sheriff's Office Jail Facility is equipped with video monitoring devices, electronic surveillance systems and other monitoring systems that assist in providing safety and security measures for inmates and staff alike. As technology changes and improves, the Sheriff's Office shall consider making upgrades to Jail Facility systems that can improve and enhance the offices' ability to protect inmates from sexual abuse.

Facility Design Renovation Modification or Expansion: the auditor reviewed documentation of the facility design renovation modification and expansions.

Interviews:

Agency Head (Designee)- The interviewed staff reported that the above referenced policy provides guidance on the process. He agency has made physical modifications to be PREA compliant such as covers for showers and existing toilets and updating the camera system. Additional cameras were put up to support both buildings and create more views for better monitoring.

Warden/Designee/Jail Administrator - The interviewed staff reported that the facility takes into consideration PREA standards or sexual safety when enhancing or making any changes in the facility.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.18 (b): When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the agency shall consider how such technology may enhance the agency's ability to protect inmates from sexual abuse.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, the agency/facility has installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.

PCSO Policy 3.50.6 UPGRADES TO FACILITIES AND TECHNOLOGY, P.R.E.A (Prison Rape Elimination Act), p.5; The Putnam County Sheriff's Office Jail Facility is equipped with video monitoring devices, electronic surveillance systems and other monitoring systems that assist in providing safety and security measures for inmates and staff alike. As technology changes and improves, the Sheriff's Office shall consider making

	<p>upgrades to Jail Facility systems that can improve and enhance the offices' ability to protect inmates from sexual abuse.</p> <p>Documentation of installing or updating monitoring technology: The auditor reviewed documentation to enhancements made to the monitoring technology systems.</p> <p>Interviews:</p> <p>Agency Head (Designee) – The interviewed staff reported that the above reference policy provides guidance on the process of installing or updating monitoring technology. As previously stated, new cameras were installed and opaque box in areas of shower or toilet views to give the inmate the most reasonable amount of privacy.</p> <p>Warden/Designee/Jail Administrator – The interviewed staff reported that the facility considers sexual safety when installing or enhancing the camera system.</p> <p>Corrective Actions:</p> <p>N/A. There are no corrective actions for this provision.</p> <p>Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach by connecting PREA documentation, policies, on-site observation, site review of the facility, facility practices, interviewed staff and confined persons, local advocates, and online PREA Audit: Pre-Audit Questionnaire to corroborate findings determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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<b>115.21</b>	<b>Evidence protocol and forensic medical examinations</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>Evidence Relied Upon in Making Compliance Determination:</p> <p>Documentation:</p> <ul style="list-style-type: none"> <li>· PCSO Policy 350.7.1 Evidence Protocol and Forensic Medical Examinations, P.R.E.A (Prison Rape Elimination Act), p.6</li> <li>· General Order 601 "Sexual Assault Investigations"</li> </ul>

- General Order 802 “Property and Evidence Section”
- PCSO Policy 350.8.1 Staff Specialized Training, P.R.E.A (Prison Rape Elimination Act), pp.8-9
- Forensic Evaluation (Investigation File)

Interviews:

Random Sample Staff (12)

PREA Compliance Manager

Inmates who Reported Sexual Abuse (3)

Compliance Determination by Provisions and Corrective Actions:

115.21 (a): To the extent the agency is responsible for investigating allegations of sexual abuse, the agency shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, the agency/facility is responsible for conducting administrative sexual abuse investigations (including inmate-on-inmate sexual abuse or staff sexual misconduct). The agency/facility is responsible for conducting criminal sexual abuse investigations (including inmate-on-inmate sexual abuse or staff sexual misconduct). When conducting a sexual abuse investigation, the agency investigators follow a uniform evidence protocol.

PCSO Policy 350.7.1 Evidence Protocol and Forensic Medical Examinations, P.R.E.A (Prison Rape Elimination Act), p.6: The Putnam County Sheriff’s Office shall investigate reports of sexual abuse or sexual harassment in the Putnam County Sheriff’s Office Jail Facility. Correctional Staff and/or C.I.D. will conduct investigations in compliance with General Order 601 “Sexual Assault Investigations”. Any and all evidence collection shall be done in compliance with General Order 802 “Property and Evidence Section”.

Interviews:

Random Sample of Staff - Random Sample Staff - Twelve staff interviewed demonstrate awareness of the agency’s protocols but required probing to describe the steps for preserving usable physical evidence. While they could identify key actions such as separating the resident, notifying a supervisor, and completing necessary reports, they needed prompting to include critical steps such as securing the area, preventing the resident from showering, brushing teeth, drinking, or eating anything or using the bathroom. Eleven staff stated that if it is determined that a resident is at imminent risk of sexual abuse, they would promptly separate the

individual from others, notify their supervisor, and initiate these actions immediately. One staff member stated they would speak with resident before notifying the supervisor.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.21 (b): The protocol shall be developmentally appropriate for youth where applicable, and, as appropriate, shall be adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, N/A - The protocol is developmentally appropriate for youth.

The protocol is appropriate and is adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office of Violence Against Women publication, or similar comprehensive and authoritative protocols developed after 2011. The facility does not house youth confined people.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.21 (c): The agency shall offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners. The agency shall document its efforts to provide SAFEs or SANEs.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:



As reported in the PAQ, the facility offers all inmates who experience sexual abuse access to forensic medical examinations. If no, skip to 115.21 (d)-1. The facility offers all inmates who experience sexual abuse access to forensic medical examinations onsite. The facility offers all inmates who experience sexual abuse access to forensic medical examinations at an outside facility. Forensic medical examinations are offered without financial cost to the victim. Where possible, examinations are conducted by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs). If "Sometimes", please describe situations when SAFEs or SANEs are not used in the comments section. When SANEs or SAFEs are not available, a qualified medical practitioner performs forensic medical examinations. The number of forensic medical exams conducted during the past 12 months: 0. The number of exams performed by SANEs/SAFEs during the past 12 months:0. The number of exams performed by a qualified medical practitioner during the past 12 months:1.

PCSO Policy 350.7.1 Evidence Protocol and Forensic Medical Examinations, P.R.E.A (Prison Rape Elimination Act), p.6: All victims of sexual abuse shall be offered access to forensic medical examinations, without financial cost, where evidentially or medically appropriate. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. If at any time SAFE or SANE personnel are not available to perform the examination, then a qualified medical practitioner will perform the required forensic examination. PCSO staff will document the efforts attempted to get SAFE or SANE personnel for the forensic examination and why they were unavailable.

Documentation to corroborate that all inmate victims of sexual abuse have access to forensic medical examinations. The auditor reviewed documentation for one inmate who was seen for a forensic evaluation.

Interviews:

SAFEs/SANEs Staff - The auditor contacted the hospital to verify the services are offered.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.21 (d): The agency shall attempt to make available to the victim a victim advocate from a rape crisis center. If a rape crisis center is not available to provide victim advocate services, the agency makes available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member. Agencies shall document efforts to secure services from rape crisis centers. For the purpose of this standard, a rape crisis center refers to an entity that provides intervention and related assistance, such as the services specified in 42

U.S.C. 14043g(b)(2)(C), to victims of sexual assault of all ages. The agency may utilize a rape crisis center that is part of a governmental unit as long as the center is not part of the criminal justice system (such as a law enforcement agency) and offers a comparable level of confidentiality as a nongovernmental entity that provides similar victim services. These efforts are documented.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, the facility attempts to make a victim advocate from a rape crisis center available to the victim, either in person or by other means.

PCSO Policy 350.7.1 Evidence Protocol and Forensic Medical Examinations, P.R.E.A (Prison Rape Elimination Act), p.6: The Putnam County Sheriff's Office or the hospital will attempt to make available to any victim of rape or sexual abuse a qualified and trained victim advocate. If the victim requests the victim advocate accompany and support them through the examination process and investigatory interview process all efforts will be made to accomplish the victim's request. The victim advocate may also provide emotional support, crisis intervention, information and referrals if needed. All efforts to provide services from a rape crisis center shall be documented.

MOU Between Putnam County Sheriff's Office and Genesis House:

UPON THE AUTHORIZED SIGNATURES AFFIXED HERE UNTO, ALL PARTIES MUTUALLY AGREE TO THE FOLLOWING:

PUTNAM COUNTY AGREES TO

MAKE INVOLVMENT OF CERTIFIED RAPE CRISIT ADVOCATES A COMPONENT OF THE STANDARD RESPONSETOA REPORT OF SEXUALASSAULTAND/OR A REQUEST FOR HELP FROM A SURVIVOR OF SEXUAL ASSAULT.

HAVE A QUALIFIED MEDICAL PRACTITIONER ASSESS ANY ACUTE MEDICAL NEEDS OF THE VICTIM AND TRANSPORT TO HOSPITAL EMERGENCY ROOM AS NEEDED.

PROVIDE SECURE "TRANSPORT OF VICTIM BY APPROPRIATE PUTNAM COUNTY STAFF TO CRMC DOH-CERTIFIED SEXUAL ASSAULT FORENSIC EXAMINER (SAFE) FOR A FORENSIC EXAM AND COUNSELING.

PROVIDE FOR LOGISTICAL NEEDS, SUCH AS PRIVATE MEETING SPACE FOR COUNSELING SESSIONS AND SECURITY CLEARANCE FOR GENESIS HOUSE.

RESPECT THE NATURE OF PRIVILEGED COMMUNICATION BETWEEN A RAPE CRISIS COUNSELOR AND CLIENT.

PROVIDE LOGISTICAL SPACE FOR THE RECOVERY OF EVIDENCE FROM "THE Perpetrator.

FACILITATE FOLLOW -UP AND ON-GOING CONTACT BETWEEN CLIENT AND A CERTIFIED RAPE CRISIS ADVOCATE WITHOUT REGARD TO THE PRESENCE OR STATUS OF AN

INVESTIGATION.

COMMUNICATE ANY Questions OR CONCERNS TO GENESIS HOUSE. PROHIBIT ENTRY TO ANY GENESIS HOUSE REPRESENTATIVE OR HAVE REMOVED FROM THE FACILITY A GENESIS-HOUSE REPRESENTATIVE WHO VIOLATES THE FACILITIES SECURITY RULES AND PROCEDURES OR WHO DOES NOT PERFORM HIS/HER DUTIES IN A PROFESSIONAL MANNER

GENESIS HOUSE AGREES TO:

MAINTAIN CONFIDENTIALITY OF SERVICES OF SEXUAL VIOLENCE WHO ARE HOUSED AT PUTNAM COUNTY JAIL.

MAINTAIN AVAILABLE CRISIS COUNSELING THROUGH ORGANIZATIONS CRISIS HOTLINE (1-800-707-5197) AT ANY TIME AND/OR 24 HRS A DAY.

WORK WITH DESIGNATED PUTNAM COUNTY OFFICIALS TO OBTAIN SECURITY CLEARANCE AND FOLLOW ALL GUIDELINES FOR SAFETY AND SECURITY.

ANYONE SEEKING GENESIS HOUSE SERVICES IS SUBJECT TO VICTIM -ADVOCATE PRIVILEGES.

COMMUNICATE ANY QUESTIONS OR CONCERNS TO THE PREA COORDINATOR, PREA MANAGER OR JAIL ADMINISTRATOR.

GENESIS HOUSE WILL ASSIST THE VICTIM OF SEXUAL ASSAULT TO ACCESS LEGAL ADVOCACY SERVICES. GENESIS HOUSE CURRENTLY WORKS WITH THE TENNESSEE COALITION TO END DOMESTIC AND SEXUAL VIOLENCE (TLEDV) SEXUAL ASSAULT LEGAL CLINIC FOR THESE SERVICES.

GENESIS HOUSE WILL PROVIDE A REFERRAL FOR A SEXUAL ASSAULT ASSESSMENT ADDITIONAL SECONDARY VICTIMIZATION EMOTIONAL SUPPORT SERVICES SUCH AS INDIVIDUAL COUNSELING AND SUPPORT GROUPS IF NEEDED.

ANY GENESIS HOUSE COUNSELOR PROVIDING ASSISTANCE MUST HAVE ATTENDED SOME KIND OF PREA TRAINING.

ANY GENESIS HOUSE REPRESENTATIVE THAT RECEIVES ANY INFORMATION FROM THE CLIENT/DETAINEE THAT HE/SHE HAS SUICIDAL THOUGHTS OR IDEATIONS, THAT THE GENESIS HOUSE REPRESENTATIVE WILL REPORT THAT TO AN APPROPRIATE PERSON AT THE DETENTION FACILITY.

GENESIS HOUSE AGREES AND COVENANTS THAT IT WILL DEFEND, HOLD HARMLESS AND INDEMNIFY PUTNAM COUNTY, ITS OFFICIALS, OFFICERS, AGENTS, SERVANTS, EMPLOYEES, VOLUNTEERS, AND OTHERS WORKING ON BEHALF OF PUTNAM COUNTY, FROM LIABILITY OF ANY NATURE OR KIND CONNECTED WITH THE SERVICES TO BE PROVIDED HERE UNDER ARISING OUT OF ANY ACT OR OMISSION OF GENESIS HOUSE OR OF ANY EMPLOYEE OR AGENT OF GENESIS HOUSE.

GENESIS HOUSE AGREES AND COVENANTS THAT IT MAINTAINS INSURANCE OF THE TYPES AND IN THE AMOUNTS TYPICALLY MAINTAINED BY ENTITIES OF THE SAME TYPE

AS GENESIS HOUSE WITH INSURANCE COMPANIES PROPERLY LICENSED TO DO BUSINESS IN TENNESSEE.

GENESIS HOUSE MAINTAINS STATUS AS A NON-PROFIT ORGANIZATION AND THEREFORE AGREES TO PROVIDE SERVICES PURSUANT TO THIS AGREEMENT AT NO COT TO THE VICTIM OR PUTNAM COUNTY.

MOU (Office of Sexual Assault Center):

THIS MEMORANDUM OF UNDERSTANDING IS ENTERED INTO BETWEEN PUTNAM COUNTY AND THE SEXUAL ASSAULT CENTER (SAC) ON JULY 23, 2024, IN FURTHERENCE OF PUTNAM COUNTY RESPONSIBILITIES UNDER THE PRISON RAPE ELIMINATION ACT (PREA) OF 2003.

THIS MEMORANDUM OF UNDERSTANDING (MOU) SHALL CONTINUE TO BE IN EFFECT UNTIL TERMINATED OR RENEGOTIATED IN WRITING BY THE PARTIES. UPON THE AUTHORIZED SIGNATURES AFFIXED HERE UNTO, ALL PARTIES MUTUALLY AGREE TO THE FOLLOWING:

PUTNAM COUNTY AGREES TO:

MAKE INVOLVMENT OF CERTIFIED RAPE CRISIS ADVOCATES A COMPONENT OF THE STANDARD RESPONSE TO A REPORT OF SEXUAL ASSAULT AND/OR A REQUEST FOR HELP FROM A SURVIVOR OF SEXUAL ASSAULT.

HAVE A QUALIFIED MEDICAL PRACTITIONER ASSESS ANY ACUTE MEDICAL NEEDS OF THE VICTIM AND TRANSPORT TO HOSPITAL EMERGENCY ROOM AS NEEDED.

PROVIDE SECURE TRANSPORT OF VICTIM BY APPROPRIATE PUTNAM COUNTY STAFF TO CRMC DOH-CERTIFIED SEXUAL ASSAULT FORENSIC EXAMINER (SAFE) FOR A FORENSIC EXAM AND COUNSELING.

PROVIDE FOR LOGISTICAL NEEDS, SUCH AS PRIVATE MEETING SPACE FOR COUNSELING SESSIONS AND SECURITY CLEARANCE FOR THE SEXUAL ASSAULT CENTER.

RESPECT THE NATURE OF PRIVILEGED COMMUNICATION BETWEEN A RAPE CRISIS COUNSELOR AND CLIENT.

PROVIDE LOGISTICAL SPACE FOR THE RECOVERY OF EVIDENCE FROM THE PERPETRATOR.

FACILITATE FOLLOW-UP AND ON-GOING CONTACT BETWEEN CLIENT AND A CERTIFIED RAPE CRISIS ADVOCATE WITHOUT REGARD TO THE PRESENCE OR STATUS OF AN INVESTIGATION.

COMMUNICATE ANY QUESTIONS OR CONCERNS TO THE SEXUAL ASSAULT CENTER.

Prohibit ENTRY TO ANY SEXUAL ASSAULT CENTER REPRESENTATIVE OR HAVE REMOVED FROM THE FACILITY A SEXUAL ASSAULT CENTER REPRESENTATIVE WHO VIOLATES THE FACILITIES SECURITY RULES AND PROCEDURES OR WHO DOES NOT

PERFORM HIS/HER DUTIES IN A PROFESSIONAL MANNER.

SEXUAL ASSAULT CENTER AGREES TO:

MAINTAIN CONFIDENTIALITY OF SERVICES OF SEXUAL VIOLENCE WHO ARE HOUSED AT PUTNAM COUNTY JAIL.

MAINTAIN AVAILABLE CRISIS COUNSELING THROUGH ORGANIZATIONS CRISIS HOTLINE (1-866-811-7473) AT ANY TIME AND/OR 24 HRS A DAY.

ANYONE SEEKING SEXUAL ASSAULT CENTER SERVICES IS SUBJECT TO VICTIM-ADVOCATE PRIVILEGES.

COMMUNICATE ANY QUESTIONS OR CONCERNS TO LT TABITHA WHITTAKER (PREA COORDINATOR), LT CURT VOKOUN (PREA MANAGER), MAJOR TIM NASH (JAIL ADMINISTRATOR).

THE SEXUAL ASSAULT CENTER WILL ASSIST THE VICTIM OF SEXUAL ASSAULT TO ACCESS LEGAL ADVOCACY SERVICES THRU GENESIS HOUSE, AS THE SEXUAL ASSAULT CENTER WOULD NOT PROVIDE THIS SERVICE.

THE SEXUAL ASSAULT CENTER WILL PROVIDE A REFERRAL FOR A SEXUAL ASSAULT ASSESSMENT, SECONDARY VICTIMIZATION, EMOTIONAL SUPPORT SERVICES SUCH AS INDIVIDUAL COUNSELING AND SUPPORT GROUPS IF NEEDED TO GENESIS HOUSE.

ANY SEXUAL ASSAULT CENTER COUNSELOR PROVIDING ASSISTANCE MUST HAVE ATTENDED SOME KIND OF PREA TRAINING.

SEXUAL ASSAULT CENTER REPRESENTATIVE THAT RECEIVES ANY INFORMATION FROM THE CLIENT/DETAINEE THAT HE/SHE HAS SUICIDAL THOUGHTS OR IDEATIONS THAT THE SEXUAL ASSAULT CENTER ANY REPRESENTATIVE WILL REPORT THAT TO THE JAIL MEDICAL STAFF. PUTNAM COUNTY SHERIFFS OFFICE HAS MEDICAL STAFF AVAILABLE 24/7.

THE SEXUAL ASSAULT CENTER AGREES AND COVENANTS THAT DEFEND, HOLD HARMLESS AND INDEMNIFY PUTNAM COUNTY, ITS OFFICIALS, OFFICERS, AGENTS, SERVANTS, EMPLOYEES, VOLUNTEERS, AND OTHERS WORKING ON BEHALF OF PUTNAM COUNTY, FROM LIABILITY OF ANY NATURE OR KIND CONNECTED WITH THE SERVICES TO BE PROVIDED HERE UNDER ARISING OUT OF ANY ACT OR OMISSION OF THE SEXUAL ASSAULT CENTER OR OF ANY EMPLOYEE OR AGENT OF THE SEXUAL ASSAULT CENTER.

THE SEXUAL ASSAULT CENTER AGREES AND COVENANTS THAT IT MAINTAINS INSURANCE OF THE TYPES AND IN THE AMOUNTS TYPICALLY MAINTAINED BY ENTITIES OF THE SAME TYPE AS THE SEXUAL ASSAULT CENTER WITH INSURANCE COMPANIES PROPERLY LICENSED TO DO BUSINESS IN TENNESSEE.

THE SEXUAL ASSAULT CENTER MAINTAINS STATUS AS A NON-PROFIT ORGANIZATION AND THEREFORE AGREES TO PROVIDE SERVICES PURSUANT TO THIS AGREEMENT AT NO COST TO THE VICTIM OR PUTNAM COUNTY.

#### Interviews

PREA Compliance Manager – The interviewed staff reported that the agency will attempt to make a victim advocate available via phone, in writing or through mental health. These services are made available through the Genesis House.

Inmates who Reported a Sexual Abuse – The interviewed inmates reported that they could not recall if they were allowed to call someone, but they could if they wanted to. The interviewed inmate that reported sexual abuse stated that everything happened so fast; however, there was a victim advocate at the hospital.

#### Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this stan

115.21 (e): As requested by the victim, the victim advocate, qualified agency staff member, or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals.

#### Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, If requested by the victim, a victim advocate, qualified agency staff member, or qualified community-based organization staff member accompanies and supports the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals.

PCSO Policy 350.7.1 Evidence Protocol and Forensic Medical Examinations, P.R.E.A (Prison Rape Elimination Act), p.6: The Putnam County Sheriff's Office or the hospital will attempt to make available to any victim of rape or sexual abuse a qualified and trained victim advocate. If the victim requests the victim advocate accompany and support them through the examination process and investigatory interview process all efforts will be made to accomplish the victim's request. The victim advocate may also provide emotional support, crisis intervention, information and referrals if needed. All efforts to provide services from a rape crisis center shall be documented.

As described in provision 115.221 (d).

#### Interviews:

PREA Compliance Manager – The interviewed staff reported that the facility will coordinate with the victim advocacy center for services.

Inmates who Reported a Sexual Abuse – The interviewed inmates reported that they could not recall if they were allowed to call someone, but they could if they wanted to. The interviewed inmate that reported sexual abuse stated that everything happened so fast; however, there was a victim advocate at the hospital.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.21 (f): To the extent the agency itself is not responsible for investigating allegations of sexual abuse, the agency shall request that the investigating agency follow the requirements of paragraphs (a) through (e) of this section.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, n/a-the agency is responsible for conducting administrative and criminal investigations.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this stan

115.21 (g): The requirements of paragraphs (a) through (f) of this section shall also apply to: (1) Any State entity outside of the agency that is responsible for investigating allegations of sexual abuse in prisons or jails; and (2) Any Department of Justice component that is responsible for investigating allegations of sexual abuse in prisons or jails.

Auditor is not required to audit this provision.

115.21 (h): For the purposes of this section, a qualified agency staff member or a qualified community-based staff member shall be an individual who has been screened for appropriateness to serve in this role and has received education concerning sexual assault and forensic examination issues in general.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ,

PCSO Policy 350.7.1 Evidence Protocol and Forensic Medical Examinations, P.R.E.A (Prison Rape Elimination Act), p.6: The Putnam County Sheriff's Office or the hospital will attempt to make available to any victim of rape or sexual abuse a qualified and trained victim advocate. If the victim requests the victim advocate accompany and support them through the examination process and investigatory interview process all efforts will be made to accomplish the victim's request. The victim advocate may also provide emotional support, crisis intervention, information and referrals if needed. All efforts to provide services from a rape crisis center shall be documented.

PCSO Policy 350.7.1 Evidence Protocol and Forensic Medical Examinations, P.R.E.A (Prison Rape Elimination Act), p.6: All victims of sexual abuse shall be offered access to forensic medical examinations, without financial cost, where evidentially or medically appropriate. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. If at any time SAFE or SANE personnel are not available to perform the examination, then a qualified medical practitioner will perform the required forensic examination. PCSO staff will document the efforts attempted to get SAFE or SANE personnel for the forensic examination and why they were unavailable.

PCSO Policy 350.8.1 Staff Specialized Training, P.R.E.A (Prison Rape Elimination Act), pp.8-9: The Putnam County Sheriff's Office will ensure that investigators have received training in conducting investigations dealing with sexual abuse in confinement settings. This training shall include but is limited to: Interviewing techniques of sexual abuse victims, proper use of Miranda Warnings, Sexual Abuse evidence collection in a Jail Facility, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. All medical and mental health care practitioners who work in the Jail Facility shall be trained in the detection and signs of Sexual Abuse and Sexual Harassment. Training will also include how to preserve physical evidence in a Sexual Abuse investigation and how to respond effectively and professionally to victims of Sexual Abuse and Sexual Harassment. Practitioners will also be trained on reporting requirements such as who they report allegations to concerning Sexual Abuse or Sexual Harassment. Medical staff contracted with the Putnam County Sheriff's Office shall not conduct forensic examinations.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

Overall Findings:

The auditor uses a triangulation approach by connecting PREA documentation, policies, on-site observation, site review of the facility, facility practices, interviewed



	staff and confined persons, local advocates, and online PREA Audit: Pre-Audit Questionnaire to corroborate findings determinations. Based on analysis, the facility is compliant with all provisions in this standard.
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<b>115.22</b>	<b>Policies to ensure referrals of allegations for investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Relied Upon in Making Compliance Determination:</p> <p>Documentation:</p> <ul style="list-style-type: none"> <li>· PCSO Policy 350.7.2 Ensuring Referrals of Allegations for Investigations, P.R.E.A (Prison Rape Elimination Act), p.6</li> <li>· PREA Allegations (20)</li> <li>· Website (English/Spanish)</li> </ul> <p>Interview Guide:</p> <p>Agency Head (Designee)</p> <p>Investigative Staff (1)</p> <p>Compliance Determination by Provision and Corrective Actions:</p> <p>115.22 (a): The agency shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.</p> <p>Compliance Determination:</p> <p>The facility has demonstrated compliance with this provision of the standard because:</p> <p>As reported in the PAQ, the agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment (including inmate-on-inmate sexual abuse and staff sexual misconduct). In the past 12 months, the number of allegations of sexual abuse and sexual harassment that were received: 17. In the past 12 months, the number of allegations resulting in an administrative investigation: 5. In the past 12 months, the number of allegations referred for criminal investigation: 1.</p> <p>PCSO Policy 350.7.2 Ensuring Referrals of Allegations for Investigations, P.R.E.A (Prison Rape Elimination Act), p.6: The Putnam County Sheriff's Office shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.</p>

PREA Allegations: The PREA allegations were reviewed and determined that the agency conducts criminal and administrative investigations.

Interviews:

Agency Head (Designee) – The interviewed staff reported that all allegations of sexual abuse or sexual harassment is assigned to a Putnam County Sheriff trained CID detective.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff and residents, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.22 (b): The agency shall have in place a policy to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. The agency publishes such policy on its website or, if it does not have one, makes the policy available through other means. The agency documents all such referrals.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, the agency has a policy that requires that allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, including the agency if it conducts its own investigations, unless the allegation does not involve potentially criminal behavior. The agency's policy regarding the referral of allegations of sexual abuse or sexual harassment for criminal investigation is published on the agency website or made publicly available via other means. The agency documents all referrals of allegations of sexual abuse or sexual harassment for criminal investigation.

PCSO Policy 350.7.2 Ensuring Referrals of Allegations for Investigations, P.R.E.A (Prison Rape Elimination Act), p.6: Only the Sheriff or their designee may request another law enforcement agency to investigate any allegations within the Jail Facility. Any information in this policy is available to the public after a FOIA form has been filed.

Website:

The Putnam County Sheriff's PREA policy can be found on the official Putnam County Sheriff's Office website. Please visit The Prison Rape Elimination Act (PREA) - Putnam County Sheriff's Department to access the policy and other related information. Information is provided in English and Spanish.

Documentation of referrals of allegations of sexual abuse and/or sexual harassment was reviewed to show compliance with allegations being referred for investigation.

Interviews:

Investigative Staff – The interviewed staff reported that all allegations are investigated. The agency investigators are all criminal investigators.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.22 (c): If a separate entity is responsible for conducting criminal investigations, such publication shall describe the responsibilities of both the agency and the investigating entity.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

Website: The Putnam County Sheriff's PREA policy can be found on the official Putnam County Sheriff's Office website. Please visit The Prison Rape Elimination Act (PREA) - Putnam County Sheriff's Department to access the policy and other related information. Information is provided in English and Spanish.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.22 (d): Any State entity responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in prisons or jails shall have in place a policy governing the conduct of such investigations.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, If the agency is not responsible for conducting administrative or criminal investigations of alleged sexual abuse, and another state entity has that responsibility, this other entity has a policy governing how such investigations are conducted.

	<p>Auditor is not required to audit this provision. OR PCSO Policy 350.11.1 Administrative Investigations, P.R.E.A (Prison Rape Elimination Act), p.15: Any state entity or Department of Justice component that concludes such investigations shall do so pursuant to the above requirements.</p> <p>115.22 (e): Any Department of Justice component responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in prisons or jails shall have in place a policy governing the conduct of such investigations.</p> <p>Compliance Determination:</p> <p>The facility has demonstrated compliance with this provision of the standard because:</p> <p>Auditor is not required to audit this provision. OR PCSO Policy 350.11.1 Administrative Investigations, P.R.E.A (Prison Rape Elimination Act), p.15: Any state entity or Department of Justice component that concludes such investigations shall do so pursuant to the above requirements.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach by connecting PREA documentation, policies, on-site observation, site review of the facility, facility practices, interviewed staff and confined persons, local advocates, and online PREA Audit: Pre-Audit Questionnaire to corroborate findings determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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<b>115.31</b>	<b>Employee training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Relied Upon in Making Compliance Determination:</p> <p>Documentation:</p> <p>Pre-Audit Questionnaire</p> <p>PCSO Policy 350.8 TRAINING AND EDUCATION, P.R.E.A (Prison Rape Elimination Act), pp.6-7</p> <p>Training Records</p> <p>Documentation of Employee Signatures (51)</p> <p>Staff Training Curriculum</p> <p>Site Review:</p>

(Review Auditor's PREA Audit Site Review Checklist/Notes for evidence.)

Interview Guide:

Random Sample Staff (12)

Compliance Determination by Provisions and Corrective Actions:

115.31 (a): The agency shall train all employees who may have contact with inmates on: (1) Its zero-tolerance policy for sexual abuse and sexual harassment; (2) How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; (3) Inmates' rights to be free from sexual abuse and sexual harassment; (4) The right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment; (5) The dynamics of sexual abuse and sexual harassment in confinement; (6) The common reactions of sexual abuse and sexual harassment victims; (7) How to detect and respond to signs of threatened and actual sexual abuse; (8) How to avoid inappropriate relationships with inmates; (9) How to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates; and (10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, the agency trains all employees who may have contact with inmates on the agency's zero-tolerance policy for sexual abuse and sexual harassment. The agency trains all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures. The agency trains all employees who may have contact with inmates on the right of inmates to be free from sexual abuse and sexual harassment. The agency trains all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment. The agency trains all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement. The agency trains all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims. The agency trains all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse. The agency trains all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates. The agency trains all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender-nonconforming inmates. The agency trains all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

PCSO Policy 350.8 TRAINING AND EDUCATION, P.R.E.A (Prison Rape Elimination Act), pp.6-7: The Putnam County Sheriff's Office shall train all employees who may have contact with inmates: 1. There is zero tolerance for sexual abuse or sexual harassment. 2. Their responsibilities in the prevention, detection and response to sexual abuse or sexual harassment, as well as any and all procedures and reporting requirements. 3. Inmate's right to be free from sexual abuse and sexual harassment. 4. The right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment. 5. The dynamics of sexual abuse and sexual harassment in confinement. 6. The common reactions to sexual abuse and sexual harassment victims. 7. How to detect and respond to signs of threatened and actual sexual abuse. 8. How to avoid inappropriate relationships with inmates. 9. How to communicate effectively and professionally with all inmates. 10. How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

PREA Training Lesson Plan: The Putnam County Sheriff's Office (PCSO) has developed a thorough and detailed PREA (Prison Rape Elimination Act) training lesson plan for all employees who may have contact with inmates. This plan is structured to ensure that all personnel are well-versed in the policies and procedures necessary to prevent, detect, respond to, and report sexual abuse and harassment within confinement facilities.

#### Interviews:

Random Sample of Staff - The twelve staff interviewed confirmed that they received PREA training during their initial onboarding training and have received training within the last two months from lieutenants and PREA Coordinator. This training covers policy updates, employee, and resident rights, recognizing signs of sexual abuse, and reporting and response procedures. They demonstrated knowledge of how to prevent, detect, report, and respond to sexual abuse and harassment, including identifying physical harm, maintaining appropriate boundaries, and recognizing signs such as closed off, quiet, or isolated. Additionally, the staff articulated strategies to prevent inappropriate relationships with resident by avoid sharing personal information, not given residents contraband, set boundaries and comply with mandated reporting laws. Staff were provided information cards that they were able to keep on their person to refer back to as well. Staff also mentioned that posters had been displayed throughout the facility for staff and residents to read.

#### Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.31 (b): Such training shall be tailored to the gender of the inmates at the employee's facility. The employee shall receive additional training if the employee is reassigned from a facility that houses only female inmates, or vice versa.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ,

PCSO Policy 350.8 TRAINING AND EDUCATION, P.R.E.A (Prison Rape Elimination Act), p. 7: This training shall be tailored to both male and female inmates.

A review of the confined persons roster indicated that the facility houses male and confined persons, and the training considers the needs of the population as determined by a review of training curricula and interviews with random staff.

Training records (51) reviewed provided confirmation of staff completing the required training.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.31 (c): All current employees who have not received such training shall be trained within one year of the effective date of the PREA standards, and the agency shall provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures. In years in which an employee does not receive refresher training, the agency shall provide refresher information on current sexual abuse and sexual harassment policies.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, between trainings the agency provides employees who may have contact with inmates with refresher information about current policies regarding sexual abuse and sexual harassment. If "YES", please describe in the comments section. The frequency with which employees who may have contact with inmates receive refresher training on PREA requirements. Annually.

PCSO Policy 350.8 TRAINING AND EDUCATION, P.R.E.A (Prison Rape Elimination Act), p. 7: PCSO employees shall receive initial training on Sexual Abuse and Sexual Harassment during their new hire employee training. After that employees shall receive refresher training on Sexual Abuse and Sexual Harassment at a minimum of every two years.

Training Records: Review of the training documentation indicated that all current employees and contractors have received PREA training, and facility staff reported

	<p>that they also received monthly refresher training through staff briefing and meetings where they are reminded of PREA issues.</p> <p>Corrective Actions:</p> <p>N/A. There are no corrective actions for this provision.</p> <p>A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff and residents, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.</p> <p>115.31 (d): The agency shall document, through employee signature or electronic verification, that employees understand the training they have received.</p> <p>Compliance Determination:</p> <p>Discussion: The facility has demonstrated compliance with this provision of the standard because:</p> <p>As reported in the PAQ, the agency documents that employees who may have contact with inmates understand the training they have received through employee signature or electronic verification.</p> <p>PCSO Policy 350.8 TRAINING AND EDUCATION, P.R.E.A (Prison Rape Elimination Act), p. 7: PCSO employees shall receive initial training on Sexual Abuse and Sexual Harassment during their new hire employee training. After that employees shall receive refresher training on Sexual Abuse and Sexual Harassment at a minimum of every two years.</p> <p>During documentation review, the auditor reviewed staff training rosters, staff sign-in sheets, acknowledgement statements and some electronic verifications.</p> <p>Corrective Actions:</p> <p>N/A. There are no corrective actions for this provision.</p> <p>Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach by connecting PREA documentation, policies, on-site observation, site review of the facility, facility practices, interviewed staff and confined persons, local advocates, and online PREA Audit: Pre-Audit Questionnaire to corroborate findings determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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<b>115.32</b>	<b>Volunteer and contractor training</b>
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	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Relied Upon in Making Compliance Determination:</p> <p>Documentation:</p> <p>PCSO Policy 350.8 TRAINING AND EDUCATION, P.R.E.A (Prison Rape Elimination Act), pp.6-7</p> <p>New Volunteer Training PPT</p> <p>Volunteer Lesson Plan</p> <p>Training Records (Training Roster)</p> <p>Interview Guide:</p> <p>Volunteer or Contractor who have Contact with Inmates (3)</p> <p>Compliance Determination by Provisions and Corrective Actions:</p> <p>115.32 (a): The agency shall ensure that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures.</p> <p>Compliance Determination:</p> <p>The facility has demonstrated compliance with this provision of the standard because:</p> <p>As reported in the PAQ, All volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response. The number of volunteers and contractors, who may have contact with inmates, who have been trained in agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response: 123.</p> <p>PCSO Policy 350.8 TRAINING AND EDUCATION, P.R.E.A (Prison Rape Elimination Act), p.7: Contractor and Volunteer training shall ensure that those who might have contact with inmates are aware of their responsibilities under the PCSO Policy concerning Sexual Abuse and Sexual Harassment. Training will also include but not limited to the prevention, detection and reporting requirements concerning Sexual Abuse and Sexual Harassment. Training will also include the importance of the zero tolerance of Sexual Abuse and Sexual Harassment policy. All attendees to this training will be required to sign a training form so that they understand and will follow this policy.</p> <p>Volunteer Lesson Plan: Learning Objectives Identify dangers associated with working with the inmate population, explain security measures taken in secure areas, understand accountability of tools and materials used in their workspace and</p>

reporting procedures if something is missing, recognize improvised weapons, discuss personal space and understanding inmates, understand policy and procedure on fire drills, emergency lockdown, and other critical incidents inside the facility, policy and procedure on suicidal inmates and mental illness in jails, understand actions of volunteers during these events, be able to write witness statements after these events, have basic understanding of policy and procedure in regards to relationships with inmates, recognize when they are being asked to do something by an inmates that is outside of policy and procedure, state disciplinary actions for violating these policies, discuss information control, define inmate games and traps, define and recognize sexual harassment per policy and understand reporting procedure for infractions, how to report physical or verbal abuse, understand the chain of command and how to use it, understand PREA

Training Roster: The volunteer training roster provided documentation of staff that were trained in 2024 and 2025.

Interviews:

Volunteer(s) or Contractor(s) who have Contact with Inmates -the interviewed volunteer and contracted staff reported that they received training on the agency zero tolerance policy for sexual abuse and sexual harassment.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.32 (b): The level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates, but all volunteers and contractors who have contact with inmates shall be notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, the level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with inmates. All volunteers and contractors who have contact with inmates have been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.

PCSO Policy 350.8 TRAINING AND EDUCATION, P.R.E.A (Prison Rape Elimination Act), p.7: Contractor and Volunteer training shall ensure that those who might have contact with inmates are aware of their responsibilities under the PCSO Policy concerning

Sexual Abuse and Sexual Harassment. Training will also include but not limited to the prevention, detection and reporting requirements concerning Sexual Abuse and Sexual Harassment. Training will also include the importance of the zero tolerance of Sexual Abuse and Sexual Harassment policy. All attendees to this training will be required to sign a training form so that they understand and will follow this policy.

Training Roster: The volunteer training roster provided documentation of staff that were trained in 2024 and 2025.

Interviews:

Volunteer(s) or Contractor(s) who have Contact with Inmates – The interviewed volunteer and contractor reported that some of the training discussed access to care, who report to, knowing community resources, and the agency zero tolerance policy for sexual abuse and sexual harassment.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.32 (c): The agency shall maintain documentation confirming that volunteers and contractors understand the training they have received.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, the agency maintains documentation confirming that volunteers and contractors understand the training they have received.

PCSO Policy 350.8 TRAINING AND EDUCATION, P.R.E.A (Prison Rape Elimination Act), p.7: Contractor and Volunteer training shall ensure that those who might have contact with inmates are aware of their responsibilities under the PCSO Policy concerning Sexual Abuse and Sexual Harassment. Training will also include but not limited to the prevention, detection and reporting requirements concerning Sexual Abuse and Sexual Harassment. Training will also include the importance of the zero tolerance of Sexual Abuse and Sexual Harassment policy. All attendees to this training will be required to sign a training form so that they understand and will follow this policy.

Volunteer acknowledgement is determined on the training roster.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ,

	<p>interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.</p> <p>Overall Findings:</p> <p>The auditor uses triangulation by reviewing PREA documentation, policies, on-site observations, facility practices, interviews, local advocates, and the online Pre-Audit Questionnaire. This analysis shows the facility complies with all provisions of this standard.</p>
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<b>115.33</b>	<b>Inmate education</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>Evidence Relied Upon in Making Compliance Determination:</p> <p>Documentation:</p> <p>PCSO Policy 350.8 TRAINING AND EDUCATION, P.R.E.A (Prison Rape Elimination Act), p. 7</p> <p>Intake records (40)</p> <p>Education Material provided to Inmates (Inmate Handbook)</p> <p>Site Review:</p> <p>(Review Auditor’s PREA Audit Site Review Checklist/Notes for evidence.)</p> <p>Interview Guide:</p> <p>Intake Staff (1)</p> <p>Random Inmate Interview (27)</p> <p>Compliance Determination by Provisions and Corrective Action:</p> <p>115.33 (a): During the intake process, inmates shall receive information explaining the agency’s zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment.</p> <p>Compliance Determination:</p> <p>The facility has demonstrated compliance with this provision of the standard because:</p> <p>As reported in the PAQ, Inmates receive information at time of intake about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual</p>

harassment. The number of inmates admitted during past 12 months who were given this information at intake: 2301.

PCSO Policy 350.2 TRAINING AND EDUCATION, P.R.E.A (Prison Rape Elimination Act), p.7: Inmate education “Inmate education concerning Sexual Abuse and Sexual Harassment shall occur during the intake and classification process. Inmates are informed on there is zero tolerance for any Sexual Abuse and Sexual Harassment. They will also be educated on the process of reporting Sexual Abuse or Sexual Harassment.”

Inmate Education poster states:

Zero Tolerance for Sexual Abuse and Sexual Harassment:

Prison Rape Elimination Act (PREA)

RIGHT TO REPORT

If you, or someone you know, are experiencing sexual abuse or sexual harassment, Putnam County Sheriff’s Office wants to know. We want you to report right away! Why?

- We want to keep you safe; it is our job! It is your right to be free from sexual abuse and sexual harassment.
- We want to conduct an investigation of the reported incident.
- We want to hold the perpetrator accountable for his/her actions.
- We want to provide YOU with relevant information and support services. HOW TO REPORT

Putnam County Sheriff’s Office offers multiple ways to report sexual abuse and sexual harassment

- Report to any staff, corrections officer, medical or mental health staff.
- Submit a request, grievance, or sick call on the kiosk.
- Report to the PREA Coordinator or PREA Compliance Manager.
- Tell a family member, friend, legal counsel, or anyone else outside the facility. They can report on your behalf by calling (931)-528-8484.
- Call the Crisis Hotline at 1-800-707-5197 to report externally.
- You can submit a report on someone’s behalf, or someone at the facility can report for you using the ways listed here.

NOTICE FOR FAILURE TO REPORT

ANYONE WHO ENGAGES IN, FAILS TO REPORT, OR KNOWINGLY CONDONES SEXUAL

HARASSMENT OR SEXUAL ABUSE OF AN INMATE SHALL BE SUBJECT TO CRIMINAL PROSECUTION.

#### Interviews:

Intake Staff – The interviewed staff reported that they provide inmates with information on the zero-tolerance policy and how to report incidents or suspicion of sexual abuse or sexual harassment. During booking, we will read the PREA statement and PREA compliance to them to ensure that they understand the information related to the policy. They are informed on what could happen if they violate the policy and there is follow to verify their understanding. An example of inmate that said that they could not read or write, I read the information to them, and they watched the PREA video.

Inmate Interview Questionnaire- All twenty-seven residents interviewed were informed about the rules against sexual abuse and harassment during the intake process at the facility. This information was conveyed through a one-on-one conversation with a staff member, reading information on tablet and kiosk, watch video recently about PREA. Residents also mentioned that they are required to acknowledgment PREA statement when they use the kiosk.

#### Site Review

#### INTAKE: PREA INFORMATION

##### Intake Observation and PREA Education

##### Responsible Staff for Intake:

The intake was conducted by a designated booking officer, who confirmed their responsibility for completing the intake process and ensuring that PREA education is delivered to each individual upon admission. The intake officer demonstrated familiarity with the facility's zero-tolerance policy and related procedures.

##### Delivery of PREA Information During Intake:

The auditor observed the intake officer provide verbal and written information regarding the facility's zero-tolerance policy for sexual abuse and harassment. The individual being admitted received a PREA information sheet that clearly outlined their rights, the facility's reporting mechanisms, and available support services.

The written PREA materials were reviewed and confirmed to be written at an appropriate reading level (approximately 6th-grade), and they were available in both English and Spanish.

In this instance, the individual admitted was fluent in English, and no interpretation services were needed. However, the officer stated that if the individual had been LEP, the language line would have been accessed on-demand to ensure full understanding.

The officer also explained that, when necessary, they are prepared to read the information aloud to individuals who may be visually impaired or have difficulty reading.

The intake officer noted that when an individual has an intellectual or developmental disability, mental health staff are contacted to assist with delivering and reinforcing PREA education in a more accessible manner.

#### Interaction With the Admitted Individual:

The auditor engaged in a brief, informal conversation with the newly admitted individual after the intake process. The individual confirmed receiving information about the facility's zero-tolerance policy, how to report abuse, and who to contact for help. They stated the intake officer answered their questions and provided information in a clear and respectful manner.

#### Interpretation Services Evaluation

Although interpretation services were not used during this specific intake, the auditor assessed the facility's preparedness and accessibility of such services.

#### Testing Interpretation Access:

The auditor requested to test the language line service used for LEP individuals. Staff immediately demonstrated the process by showing the process of how to contact the language line using an intake area phone. The phone had a working dial tone, and the auditor was connected to a language line representative promptly, confirming that services were available on-demand.

#### Access and Privacy Considerations:

Staff confirmed that individuals do not need to input a PIN or provide identifying information to use the language line, which supports both ease of access and confidentiality.

Phones used for interpretation services are located in private or semi-private areas, such as the intake room and medical exam areas, ensuring privacy during sensitive conversations.

For Deaf individuals, staff reported that video remote interpretation (VRI) services are available and used when needed. The equipment was operational at the time of the audit.

#### Informal Conversations Regarding Interpretation Services:

Conversations with staff confirmed that they are trained to identify when interpretation is needed and to act promptly. Staff provided examples of previous scenarios in which interpretation services were used successfully, including for PREA education and reporting assistance.

The Putnam County Sheriff's Office intake process reflects compliance with PREA standards. The observed intake showed that staff are prepared and equipped to deliver PREA education clearly and effectively at the point of admission. Written materials are accessible and supplemented by verbal explanations as needed. Though interpretation services were not required for the observed intake, the facility's systems were tested and proven to be functional, accessible, and confidential.

The auditor concludes that the facility meets PREA requirements related to intake education and interpretation service readiness. Continued staff engagement and attention to individual needs were evident throughout the intake process.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.33 (b): Within 30 days of intake, the agency shall provide comprehensive education to inmates either in person or through video regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, The number of those inmates admitted during the past 12 months (whose length of stay in the facility was for 30 days or more) who received comprehensive education on their rights to be free from both sexual abuse and sexual harassment and retaliation for reporting such incidents and on agency policies and procedures for responding to such incidents within 30 days of intake: 0.

PCSO Policy 350.8 TRAINING AND EDUCATION, P.R.E.A (Prison Rape Elimination Act), p.7: Within 30 days of intake, the Putnam County Sheriff's Office shall provide comprehensive education to inmates regarding their right to be free from Sexual Abuse or Sexual Harassment, as well as free from retaliation for reporting such incidents and how incidents will be investigated.

A review of 40 intake records confirmed that each inmate received PREA education upon admission. Documentation included signed acknowledgments verifying that inmates were informed of the agency's zero-tolerance policy, how to report sexual abuse or harassment, and their rights under the PREA standards. This demonstrates the facility's compliance with inmate education requirements outlined in standard §115.33.

Interviews:

Intake Staff – As previously stated, the interviewed staff stated that they will read the information to the inmates, verify that they understand, and additionally, will have the inmates watch a PREA video. Depending on how many inmates arrive at once, the process is typically completed within 3-4 hours.

Inmate Interview Questionnaire- Twenty-seven residents interviewed. Twenty-five



residents stated that during their initial intake at the facility, they were informed about their rights to be protected from sexual abuse and harassment, the process for reporting such incidents to staff or hotline number, and their right to do so without facing retaliation or punishment. Two residents stated they do not recall all of the questions being asked when met with staff.

Site Review Write-Up for Putnam County Sheriff's Office  
Observation of Comprehensive PREA Education

During the site review at the Putnam County Sheriff's Office, the auditor was able to observe the comprehensive PREA education session provided to a newly confined individual. This observation allowed the auditor to assess the facility's compliance with PREA Standard §115.33, which requires that comprehensive education be provided to individuals within 30 days of intake.

Delivery of Comprehensive Education

Format of Delivery:

The facility delivers comprehensive PREA education through in-person instruction by trained staff, accompanied by a facility-produced video that reinforces key information. The session observed included both components: the staff member provided an introduction and overview, followed by the viewing of the PREA education video, and concluded with a verbal question-and-answer period.

Content Covered:

The observed education session included all required topics as outlined in the PREA Standards. These included:

The individual's right to be free from sexual abuse and sexual harassment;  
The right to be free from retaliation for reporting such incidents;  
Information about how to report incidents or suspicions of sexual abuse or harassment, including internal and external reporting options;

An overview of the facility's response protocols and available support services (e.g., emotional support, forensic medical exams, investigations).

The auditor verified the accuracy and scope of the information by reviewing the script used during the presentation and observing the content of the video.

Accessibility of Education

The facility demonstrated appropriate accommodations to ensure comprehensive education is accessible to all persons confined in the facility, including those with communication and cognitive barriers.

Deaf and Hard-of-Hearing:

The PREA video includes open captioning, and staff reported that a sign language interpreter or video relay interpretation (VRI) is used if needed. Staff are trained to assess when additional communication assistance is required.

Blind or Low Vision:

For individuals with vision impairments, the facility provides a verbal-only version of

the education session. The observed staff member explained that they are trained to read materials aloud and describe visual elements of the video if needed.

Limited English Proficient (LEP) Individuals:

The facility has PREA education materials in both English and Spanish. Staff reported that the language line or bilingual staff are used for individuals who speak other languages. The video is also available in Spanish. The auditor confirmed this by reviewing both versions of the materials and video.

Cognitively or Functionally Disabled Individuals:

Mental health staff are involved when needed to deliver education in a simplified format, using plain language, visual supports, or direct one-on-one explanation, depending on the individual's needs.

Limited Literacy:

Staff are prepared to read materials aloud and explain concepts verbally to individuals who may have difficulty reading or understanding written text.

Informal Conversations

After the session, the auditor had an informal conversation with the individual who received the education. The individual indicated they understood their rights, how to report sexual abuse or harassment, and who to contact if they needed further assistance. The individual expressed that the staff member answered questions respectfully and gave them the opportunity to ask questions at the end of the session.

Additionally, the auditor spoke with the staff member who facilitated the education. The staff member was able to clearly articulate the key points of the curriculum and described the different ways they adapt their delivery based on the individual's needs. They also noted that comprehensive education is tracked in the facility's database and typically occurs within 24 to 48 hours after intake, well within the required 30-day timeframe.

The Putnam County Sheriff's Office provides comprehensive PREA education in a clear, accessible, and compliant manner. The combination of in-person explanation, video content, and individualized support ensures that all persons confined in the facility receive essential information about their rights and how to access support. The auditor finds the facility's practice consistent with PREA standards and commends the staff for their attention to accessibility and clarity in the delivery of this critical information.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.33 (c): Current inmates who have not received such education shall be educated within one year of the effective date of the PREA standards and shall receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate’s new facility differ from those of the previous facility.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, there are 374 inmates who are still not educated.

Agency policy requires that inmates who are transferred from one facility to another be educated regarding their rights to be free from both sexual abuse and sexual harassment and retaliation for reporting such incidents and on agency policies and procedures for responding to such incidents, to the extent that the policies and procedures of the new facility differ from those of the previous facility.

The facility implemented PREA in 2024. The facility has educated inmates who arrived at the facility prior to PREA implementation. The auditor verified through file review and informal discussion with inmates.

Interviews:

Intake Staff - Intake Staff – As previously stated, the interviewed staff stated that they will read the information to the inmates, verify that they understand, and additionally, will have the inmates watch a PREA video. Depending on how many inmates arrive at once, the process is typically completed within 3-4 hours.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.33 (d): The agency shall provide inmate education in formats accessible to all inmates, including those who are limited English proficient, deaf, visually impaired, otherwise disabled, as well as to inmates who have limited reading skills.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, Inmate PREA education is available in formats accessible to all inmates, including those who are limited English proficient. Inmate PREA education is available in formats accessible to all inmates, including those who are deaf. Inmate PREA education is available in formats accessible to all inmates, including those who are visually impaired. Inmate PREA education is available in formats accessible to all inmates, including those who are otherwise disabled. Inmate PREA education is

available in formats accessible to all inmates, including those who are limited in their reading skills.

PCSO Policy 350.8 TRAINING AND EDUCATION, P.R.E.A (Prison Rape Elimination Act), p.7: The Putnam County Sheriff's Office Jail Facility will provide inmate education in different formats to meet the needs of those inmates who may be deaf, visually impaired, limited English proficiency and limited reading skills.

Video: The agency uses the PREA education video developed by the PREA Resource Center as part of its intake process. The video is shown to inmates during initial screening to ensure they receive comprehensive information about the agency's zero-tolerance policy, how to report sexual abuse or harassment, and their rights under PREA. This practice supports compliance with PREA Standard §115.33 related to inmate education.

Posters: The facility is in compliance with PREA Standard §115.33(d), which requires that PREA education be accessible to all inmates, including those with limited English proficiency, hearing or visual impairments, or other disabilities. The facility provides PREA education in multiple formats, including translated materials, videos with subtitles, and verbal explanations by qualified interpreters when necessary. For inmates with disabilities, the facility offers large print materials and ensures staff or service providers are available to deliver the information in a manner the inmate can understand. The facility prohibits the use of inmate interpreters, readers, or assistants except in limited circumstances where an extended delay in obtaining appropriate services would jeopardize safety. Documentation reviewed and staff interviews confirm that these accommodations are consistently provided, demonstrating full compliance with the standard.

Inmate Handbook: the inmate handbook was revised during the audit process to include information the agency PREA policy, how to report, the various ways to report, your rights as a victim, and information about the victim advocacy and emotional supportive services.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.33 (e): The agency shall maintain documentation of inmate participation in these education sessions.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, the agency maintains documentation of inmate participation

	<p>in PREA education sessions.</p> <p>PCSO Policy 350.8 TRAINING AND EDUCATION, P.R.E.A (Prison Rape Elimination Act), p.7: PCSO will maintain documentation of inmate participation in the education programs offered.</p> <p>A review of 40 intake records confirmed that each inmate received PREA education upon admission. Documentation included signed acknowledgments verifying that inmates were informed of the agency’s zero-tolerance policy, how to report sexual abuse or harassment, and their rights under the PREA standards. This demonstrates the facility’s compliance with inmate education requirements outlined in standard §115.33.</p> <p>Corrective Actions:</p> <p>N/A. There are no corrective actions for this provision.</p> <p>Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.</p> <p>115.33 (f): In addition to providing such education, the agency shall ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats.</p> <p>Compliance Determination:</p> <p>The facility has demonstrated compliance with this provision of the standard because:</p> <p>As reported in the PAQ, the agency ensures that key information about the agency's PREA policies is continuously and readily available or visible through posters, inmate handbooks, or other written formats.</p> <p>Inmate Handbook: the inmate handbook was revised during the audit process to include information the agency PREA policy, how to report, the various ways to report, your rights as a victim, and information about the victim advocacy and emotional supportive services.</p> <p>Site Review Write-Up for Putnam County Sheriff’s Office Observation of PREA Signage Throughout the Facility</p> <p>During the site review of the Putnam County Sheriff’s Office, the auditor conducted a thorough walkthrough of the facility to actively observe all posted and printed signage related to PREA compliance, civil immigration, victim support services, and sexual abuse/harassment reporting mechanisms. The goal of the signage review was to assess readability, accessibility, consistency, accuracy, and overall visibility for both staff and persons confined in the facility.</p> <p>Signage Readability and Accessibility</p>
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#### Language Clarity:

The signage reviewed throughout the facility used plain, easy-to-understand language appropriate for a general audience, including individuals with limited literacy. Information on how to report sexual abuse and harassment, how to access outside victim services, and the facility's zero-tolerance policy was clearly stated.

#### Language Availability:

Most signage was provided in English and Spanish, which staff confirmed are the most commonly spoken languages among the population. Staff also reported that translations for other languages are available upon request, though signage in additional languages was not prominently posted during the walkthrough.

#### Formatting and Placement:

Signs featured large, legible font sizes with clear headers, bold formatting, and color contrast, making them accessible for individuals with low vision. Signage was generally placed at an average eye level and in locations accessible to persons using wheelchairs or other mobility aids. No signage was found to be obstructed by furniture, poorly lit areas, or hidden from view.

#### Condition of Signage:

The auditor did not observe any signs that were damaged, defaced, or unreadable. All posted materials were intact, free from graffiti, and clearly legible. Hotline numbers and external service contacts were clearly displayed without obstruction.

#### Signage Accuracy and Consistency

##### Current and Accurate Information:

The PREA Audit Notice was prominently posted at facility entry points and housing unit bulletin boards, and it was specific to the current audit cycle. The contact information for internal reporting (PREA Coordinator, facility grievance forms) and external support services (state rape crisis center, emotional support hotline) was consistent across all locations.

##### Consistency Across Facility Areas:

All observed PREA posters, victim services flyers, and reporting instructions displayed uniform contact information, terminology, and policy references. No discrepancies in provider names, phone numbers, or addresses were identified. Signs for civil immigration information, where posted, were also accurate and clearly delineated their purpose.

#### Placement of PREA and Related Signage

The auditor observed PREA-related signage placed in all relevant and required areas, including:

**Housing Units:** Posters outlining reporting methods and the zero-tolerance policy were posted on dayroom bulletin boards and in close proximity to phones used for confidential reporting.

**Medical and Mental Health Areas:** Signs detailing access to confidential victim support

services were posted outside exam and interview rooms.

Booking and Intake Area: PREA education and reporting information was available at intake, in both written and poster form.

Staff Areas: Staff break rooms and locker rooms had visible signage related to staff responsibilities under PREA and contact information for the facility's PREA Coordinator.

The visibility and accessibility of this information ensured that it could be retained by both staff and individuals confined in the facility. All signage appeared to be permanent, with the exception of the audit notice, which staff confirmed is posted specifically for the audit period in accordance with PREA requirements.

#### Informal Conversations with Staff and Persons Confined

The auditor conducted informal conversations with both staff and persons confined in the facility to assess their familiarity with the posted signage:

##### Staff Feedback:

Staff were able to describe the locations of PREA signage and confirmed that the signs are a routine, permanent part of the facility environment, not just posted for audit purposes. Staff stated they refer individuals to the signage when questions arise about reporting or support.

##### Persons Confined Feedback:

Several persons confined in the facility confirmed that PREA and support service information is visible in housing units and intake areas. One individual noted they had read the information on how to report abuse and where to get help shortly after arrival. Others confirmed they knew where to find the hotline number and had seen the signage multiple times.

The Putnam County Sheriff's Office maintains readable, accessible, consistent, and properly placed signage throughout the facility that meets PREA standards. Signage includes all required content, is available in English and Spanish, and is placed in areas that ensure visibility and retention by staff and those confined. Information on reporting, emotional support, and external contacts is clear and accurate. Based on the site review and informal interviews, the auditor finds the facility to be in compliance with the signage requirements outlined in PREA Standard §115.33 and §115.51.

##### Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

	<p>Overall Findings:</p> <p>The auditor uses a triangulation approach by connecting PREA documentation, policies, on-site observation, site review of the facility, facility practices, interviewed staff and confined persons, local advocates, and online PREA Audit: Pre-Audit Questionnaire to corroborate findings determinations. Based on analysis, the facility went beyond this standard requirement.</p>
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<b>115.34</b>	<b>Specialized training: Investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Relied Upon in Making Compliance Determination:</p> <p>Documentation:</p> <p>PCSO Policy 350.8.1 Staff Specialized Training, P.R.E.A (Prison Rape Elimination Act), pp.7-8.</p> <p>Specialized Training Material</p> <p>Specialized Training for Investigators Documentation (4)</p> <p>Interview Guide:</p> <ul style="list-style-type: none"> <li>· Inspector General Interview Notes</li> <li>· Investigative Staff (1)</li> </ul> <p>Compliance Determination by Provisions and Corrective Actions:</p> <p>115.34 (a): In addition to the general training provided to all employees pursuant to § 115.31, the agency shall ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings.</p> <p>Compliance Determination:</p> <p>The facility has demonstrated compliance with this provision of the standard because:</p> <p>As reported in the PAQ, Agency policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings. Check N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations and skip to 115.35(a)-1.</p> <p>PCSO Policy 350.8.1 Staff Specialized Training, P.R.E.A (Prison Rape Elimination Act), pp.7-8: The Putnam County Sheriff's Office will ensure that investigators have</p>



received training in conducting investigations dealing with sexual abuse in confinement settings. This training shall include but is limited to: Interviewing techniques of sexual abuse victims, proper use of Miranda Warnings, Sexual Abuse evidence collection in a Jail Facility, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.

NIC: <https://learn.nicic.gov/>: PREA: Investigating Sexual Abuse in a Confinement Setting: The National Institute of Corrections (NIC) offers online training courses specifically designed for Facility Investigators and Office of Inspector General (OIG) Investigators. These courses cover administrative and criminal investigations into sexual abuse within confinement settings. The training is comprehensive, including techniques for interviewing sexual abuse victims, the proper use of Miranda and Garrity warnings, sexual abuse evidence collection within jail facilities, and criteria and evidence required to substantiate cases for administrative action or prosecution referral. The NIC training ensures that investigators are well-equipped to handle such sensitive cases with professionalism and expertise.

Training Records of Investigative Staff (4) confirmed receipt of the above-referenced training.

Interviews:

Investigative Staff - The interviewed staff reported that they received the above NIC training.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this stan

115.34 (b): Specialized training shall include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

PCSO Policy 350.8.1 Staff Specialized Training, P.R.E.A (Prison Rape Elimination Act), pp.7-8: The Putnam County Sheriff's Office will ensure that investigators have received training in conducting investigations dealing with sexual abuse in confinement settings. This training shall include but is limited to: Interviewing techniques of sexual abuse victims, proper use of Miranda Warnings, Sexual Abuse evidence collection in a Jail Facility, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.

Training Records of Investigative Staff (4) confirmed receipt of the above-referenced training.

Interviews:

Investigative Staff - The interviewed staff reported that the training they received covered all of the above areas.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.34 (c): The agency shall maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, the agency maintains documentation showing that investigators have completed the required training. The number of investigators currently employed who have completed the required training: 12.

Training Records of Investigative Staff (4) confirmed receipt of the above-referenced training.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.34 (d): Any State entity or Department of Justice component that investigates sexual abuse in confinement settings shall provide such training to its agents and investigators who conduct such investigations.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

PCSO Policy 350.11 INVESTIGATIONS (Criminal and Administrative), P.R.E.A (Prison Rape Elimination Act), pp.17-16: Any state entity or Department of Justice component that concludes such investigations shall do so pursuant to the above requirements.

	<p>Corrective Actions:</p> <p>N/A. There are no corrective actions for this provision.</p> <p>Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach by connecting PREA documentation, policies, on-site observation, site review of the facility, facility practices, interviewed staff and confined persons, local advocates, and online PREA Audit: Pre-Audit Questionnaire to corroborate findings determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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<b>115.35</b>	<b>Specialized training: Medical and mental health care</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>Evidence Relied Upon in Making Compliance Determination:</p> <p>Documentation:</p> <ul style="list-style-type: none"> <li>· PCSO Policy 350.8.1 Staff Specialized Training, P.R.E.A (Prison Rape Elimination Act), pp.8-9</li> <li>· General Order 601 "Sexual Assault Investigations".</li> <li>· PCSO Policy 350.7.1 Evidence Protocol and Forensic Medical Examinations, P.R.E.A (Prison Rape Elimination Act), p.6</li> <li>· PCSO Policy 350.8 TRAINING AND EDUCATION, P.R.E.A (Prison Rape Elimination Act), pp.6-7</li> <li>· NIC Online Investigations Specialized Training Curriculum</li> <li>· Training Acknowledgements (15)</li> <li>· PREA Education Log</li> </ul> <p>Interview Guide:</p> <ul style="list-style-type: none"> <li>· Medical and Mental Health Staff (2)</li> </ul> <p>Compliance Determination by Provisions and Corrective Actions:</p>

115.35 (a): The agency ensures that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: (1) How to detect and assess signs of sexual abuse and sexual harassment; (2) How to preserve physical evidence of sexual abuse; (3) How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and (4) How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, the agency has a policy related to the training of medical and mental health practitioners who work regularly in its facilities. The number of all medical and mental health care practitioners who work regularly at this facility who received the training required by agency policy: 14. The percent of all medical and mental health care practitioners who work regularly at this facility and have received the training required by agency policy: 100.

PCSO Policy 350.8.1 Staff Specialized Training, P.R.E.A (Prison Rape Elimination Act), pp.8-9: All medical and mental health care practitioners who work in the Jail Facility shall be trained in the detection and signs of Sexual Abuse and Sexual Harassment. Training will also include how to preserve physical evidence in a Sexual Abuse investigation and how to respond effectively and professionally to victims of Sexual Abuse and Sexual Harassment. Practitioners will also be trained on reporting requirements such as who they report allegations to concerning Sexual Abuse or Sexual Harassment.

Interviews:

Medical and Mental Health Staff – The interviewed staff reported that they received the above referenced training.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.35 (b): If medical staff employed by the agency conduct forensic examinations, such medical staff shall receive the appropriate training to conduct such examinations.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, Agency medical staff at this facility do not conduct forensic medical exams.

PCSO Policy 350.8.1 Staff Specialized Training, P.R.E.A (Prison Rape Elimination Act), pp.8-9: Medical staff contracted with the Putnam County Sheriff's Office shall not conduct forensic examinations.

PCSO Policy 350.7.1 Evidence Protocol and Forensic Medical Examinations, P.R.E.A (Prison Rape Elimination Act), p.6: All victims of sexual abuse shall be offered access to forensic medical examinations, without financial cost, where evidentially or medically appropriate. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. If at any time SAFE or SANE personnel are not available to perform the examination, then a qualified medical practitioner will perform the required forensic examination. PCSO staff will document the efforts attempted to get SAFE or SANE personnel for the forensic examination and why they were unavailable.

List of medical Staff

Training records (15): The auditor reviewed the certificates for the specialized training for medical and mental health staff. Staff completed the NIC training.

Interviews:

Medical and Mental Health Staff – The interviewed staff reported that they received the above referenced training.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.35 (c): The agency shall maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, the agency maintains documentation showing that medical and mental health practitioners have completed the required training.

Training records (15): The auditor reviewed the certificates for the specialized training for medical and mental health staff. Staff completed the NIC training.

PREA Education Log: The education log shows the completion of PREA refresher training for all medical and mental health staff.

The training documents, including training certificates and the interviews with

medical and mental health staff confirmed receipt of the NIC required training.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.35 (d): Medical and mental health care practitioners shall also receive the training mandated for employees under § 115.31 or for contractors and volunteers under § 115.32, depending upon the practitioner's status at the agency.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

PCSO Policy 350.8.1 Staff Specialized Training, P.R.E.A (Prison Rape Elimination Act), pp.8-9: All medical and mental health care practitioners who work in the Jail Facility shall be trained in the detection and signs of Sexual Abuse and Sexual Harassment. Training will also include how to preserve physical evidence in a Sexual Abuse investigation and how to respond effectively and professionally to victims of Sexual Abuse and Sexual Harassment. Practitioners will also be trained on reporting requirements such as who they report allegations to concerning Sexual Abuse or Sexual Harassment.

PCSO Policy 350.8 TRAINING AND EDUCATION, P.R.E.A (Prison Rape Elimination Act), pp.6-7: The Putnam County Sheriff's Office shall train all employees who may have contact with inmates: 1. There is zero tolerance for sexual abuse or sexual harassment. 2. Their responsibilities in the prevention, detection and response to sexual abuse or sexual harassment, as well as any and all procedures and reporting requirements. 3. Inmate's right to be free from sexual abuse and sexual harassment. 4. The right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment. 5. The dynamics of sexual abuse and sexual harassment in confinement. 6. The common reactions to sexual abuse and sexual harassment victims. 7. How to detect and respond to signs of threatened and actual sexual abuse. 8. How to avoid inappropriate relationships with inmates. 9. How to communicate effectively and professionally with all inmates. 10. How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

PREA Education Log: The education log shows the completion of PREA refresher training for all medical and mental health staff.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ,

	<p>interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach by connecting PREA documentation, policies, on-site observation, site review of the facility, facility practices, interviewed staff and confined persons, local advocates, and online PREA Audit: Pre-Audit Questionnaire to corroborate findings determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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<b>115.41</b>	<b>Screening for risk of victimization and abusiveness</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>Evidence Relied Upon in Making Compliance Determination:</p> <p>Documentation:</p> <p>PCSO Policy 350.9 SCREENING FOR RISK OF VICTIMIZATION AND ABUSIVENESS, P.R.E.A (Prison Rape Elimination Act), pp.8-9.</p> <p>Risk Screenings Completed (39)</p> <p>Risk Reassessment Screenings Completed (39)</p> <p>Screening Instrument</p> <p>Booking Intake Details (36)</p> <p>Site Review:</p> <p>(Review Auditor's PREA Audit Site Review Checklist/Notes for evidence.)</p> <p>Interview Guide:</p> <p>Staff Responsible for Risk Screening (1)</p> <p>Random Inmates (27)</p> <p>PREA Coordinator</p> <p>Compliance Determination by Provisions and Corrective Actions:</p> <p>115.41 (a): All inmates shall be assessed during an intake screening and upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates.</p>

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, the agency has a policy that requires screening (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness toward other inmates.

PCSO Policy 350.9 SCREENING FOR RISK OF VICTIMIZATION AND ABUSIVENESS, P.R.E.A (Prison Rape Elimination Act), p.8: All inmates shall be assessed during the intake process, classification, and/or medical screening for their risk of being sexually abused by other inmates or being sexually abusive toward other inmates.

Site Review Write-Up for Putnam County Sheriff's Office  
Observation of PREA Risk Screening Process

During the onsite audit of the Putnam County Sheriff's Office, the auditor directly observed a live PREA risk screening conducted during the intake of a newly confined individual. The observation provided a full view of the actual procedures, environment, and staff interactions involved in the facility's implementation of PREA Standard §115.41.

Staff Responsible for Risk Screening

The screening was conducted by trained booking staff, who are responsible for completing the PREA risk assessment at the time of intake. The staff member demonstrated familiarity with the instrument and showed a trauma-informed approach to communication. The auditor confirmed through observation and informal conversation that this staff member routinely conducts risk screenings and has received PREA-specific training on gathering sensitive information.

Screening Setting and Privacy

The risk screening took place in a semi-private intake room directly adjacent to the main booking area. While the space was somewhat open to staff movement, the individual being screened was seated in a manner that ensured auditory privacy, and no other confined individuals were present or within hearing range during the process. The door to the area was partially closed to reduce traffic and interruptions.

The staff member made a clear effort to preserve the individual's dignity and privacy by speaking in a quiet, respectful tone and explaining that the questions were intended to protect their safety and well-being during confinement. The auditor noted that the confined individual appeared comfortable and engaged, indicating that the setting was adequate for the sensitive nature of the screening.

Staff Interview Technique and Delivery

The auditor observed that the staff member used calm, non-judgmental language when delivering questions and clearly explained the purpose of the screening at the start of the process. The staff person ensured the individual understood they could



ask for clarification and that responses would be used for safety classification only. The staff encouraged honest disclosure and maintained eye contact, promoting a respectful and supportive environment throughout the interview.

#### Use and Content of the Risk Screening Instrument

The staff member used a standardized risk screening form, consistent with PREA guidelines, to assess the risk of being sexually abused or sexually abusive. The instrument included structured, clear questions addressing:

Age

Physical stature

Previous sexual victimization or abusiveness

Mental, physical, or developmental disabilities

Prior incarceration history

Charges involving violence

Perceived vulnerability

Notably, the staff member directly inquired about the individual's sexual orientation and gender identity, asking whether the individual identified as lesbian, gay, bisexual, transgender, or intersex. This direct approach, rather than making assumptions, aligns with PREA's requirements and best practices.

The screening also included follow-up questions based on initial responses, and staff reviewed institutional records and behavioral history, as applicable, to supplement the assessment.

#### Scoring and Use of Risk Information

Upon completing the screening, the staff member entered the responses into the facility's classification system, which generated a risk designation. This designation helps guide housing and programmatic decisions, and triggers additional reviews or interventions if needed. The auditor confirmed that the scoring outcome was documented in real-time and used to inform decisions immediately following intake.

#### Informal Conversations

The auditor spoke informally with the staff member following the observation. The staff person described the importance of building trust during the screening and noted that all intake staff are trained to recognize signs of discomfort or confusion. The auditor also briefly spoke with the individual who had just been screened. The person reported that the screening was conducted respectfully and that they felt safe answering the questions in the setting provided.

The Putnam County Sheriff's Office demonstrated a risk screening process that meets the requirements of PREA Standard §115.41. The process is conducted by trained staff, in a reasonably private setting, using a structured instrument that includes all required elements. Screening questions are asked directly and respectfully, including those related to sexual orientation and gender identity. The facility's risk screening procedures appear to be implemented with fidelity, privacy, and attention to

individual safety.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.41 (b): Intake screening shall ordinarily take place within 72 hours of arrival at the facility.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, the policy requires that inmates be screened for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours of their intake. The number of inmates entering the facility (either through intake or transfer) within the past 12 months whose length of stay in the facility was for 72 hours or more and who were screened for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours of their entry into the facility: 2841.

PCSO Policy 350.9 SCREENING FOR RISK OF VICTIMIZATION AND ABUSIVENESS, P.R.E.A (Prison Rape Elimination Act), p.8: Screening shall take place within 72 hours upon arrival to the Jail Facility.

Risk Screening (39): The screening for risk of victim and abusiveness was reviewed. The facility provided documentation the screenings were completed within 72 hours.

Interviews:

Staff Responsible for Risk Screening - The interviewed staff reported that the inmates are typically screened upon arrival to the facility. The inmates would not be screened immediately if they arrive intoxicated.

Inmate Interview Questionnaire- Twenty-seven residents were interviewed. Twenty-four residents had been at the facility for less than 12 months. Out of these twenty-four, twenty-one recalled being asked about their experiences, such as past sexual abuse, sexual orientation (gay, lesbian, bisexual, or transgender), any disabilities, and their perception of being at risk for sexual abuse, either on the day of arrival or within the first week. Three residents did not recall being asked all the questions.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ,

interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.41 (c): Such assessments shall be conducted using an objective screening instrument.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, Risk assessment is conducted using an objective screening instrument.

PCSO Policy 350.9 SCREENING FOR RISK OF VICTIMIZATION AND ABUSIVENESS, P.R.E.A (Prison Rape Elimination Act), p.8: Such assessments shall be conducted using an objective screening instrument.

Objective Screening Instrument: Screening for Risk of Sexual Victimization and Abusiveness, PCDC has developed and implemented an objective screening instrument designed to assess all individuals upon intake for risk of sexual victimization and risk of sexually abusive behavior. The screening tool incorporates key factors outlined in the PREA standards, including, but not limited to prior sexual victimization, prior sexually abusive behavior, age, physical build, criminal history, mental and physical disabilities, sexual orientation, gender identity, prior incarcerations, and gang affiliation concerns. The instrument is structured to ensure consistency, neutrality, and fairness in the evaluation process, and staff members conducting the screening are trained in its proper administration. The facility has procedures in place to ensure that screening information is used solely for the purpose of housing, bed, work, education, and program assignments, with the goal of keeping all individuals safe and free from sexual abuse and harassment.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.41 (d): The intake screening shall consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability; (2) The age of the inmate; (3) The physical build of the inmate; (4) Whether the inmate has previously been incarcerated; (5) Whether the inmate's criminal history is exclusively nonviolent; (6) Whether the inmate has prior convictions for sex offenses against an adult or child; (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; (8) Whether the inmate has previously experienced sexual victimization; (9) The inmate's own perception of vulnerability;

and (10) Whether the inmate is detained solely for civil immigration purposes.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

PCSO Policy 350.9 SCREENING FOR RISK OF VICTIMIZATION AND ABUSIVENESS, P.R.E.A (Prison Rape Elimination Act), p.8: The intake screening shall consider, at a minimum, the following criteria to assess inmates for the Risk of sexual victimization: 1. Whether the inmate has a mental, physical, or developmental disability. 2. The age of the inmate. 3. The physical build of the inmate. 4. Whether the inmate has previously been incarcerated. 5. Whether the inmate's criminal history is exclusively nonviolent. 6. Whether the inmate has prior convictions for sex offences against an adult or child. 7. Whether the inmate is perceived as gender nonconforming. 8. Whether the inmate has previously experienced sexual victimization. 9. The inmate's own perception of vulnerability. 10. Whether the inmate is detained solely for civil immigration purposes.

Objective Screening Instrument: Screening for Risk of Sexual Victimization and Abusiveness, PCDC has developed and implemented an objective screening instrument designed to assess all individuals upon intake for risk of sexual victimization and risk of sexually abusive behavior. The screening tool incorporates key factors outlined in the PREA standards, including, but not limited to prior sexual victimization, prior sexually abusive behavior, age, physical build, criminal history, mental and physical disabilities, sexual orientation, gender identity, prior incarcerations, and gang affiliation concerns. The instrument is structured to ensure consistency, neutrality, and fairness in the evaluation process, and staff members conducting the screening are trained in its proper administration. The facility has procedures in place to ensure that screening information is used solely for the purpose of housing, bed, work, education, and program assignments, with the goal of keeping all individuals safe and free from sexual abuse and harassment.

Interviews:

Staff Responsible for Risk Screening - The interviewed staff reported that the initial risk screening considers items such as age, weight, prior charges, sexual orientation, and gang affiliation. The process for conducting the screening is to individually ask the inmate each question. We also will report on perception.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.41 (e): The initial screening shall consider prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual

abuse, as known to the agency, in assessing inmates for risk of being sexually abusive.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

PCSO Policy 350.9 SCREENING FOR RISK OF VICTIMIZATION AND ABUSIVENESS, P.R.E.A (Prison Rape Elimination Act), p.8 The initial screening shall consider prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the agency, in assessing inmates for risk of being sexually abusive.

Objective Screening Instrument: Screening for Risk of Sexual Victimization and Abusiveness, PCDC has developed and implemented an objective screening instrument designed to assess all individuals upon intake for risk of sexual victimization and risk of sexually abusive behavior. The screening tool incorporates key factors outlined in the PREA standards, including, but not limited to prior sexual victimization, prior sexually abusive behavior, age, physical build, criminal history, mental and physical disabilities, sexual orientation, gender identity, prior incarcerations, and gang affiliation concerns. The instrument is structured to ensure consistency, neutrality, and fairness in the evaluation process, and staff members conducting the screening are trained in its proper administration. The facility has procedures in place to ensure that screening information is used solely for the purpose of housing, bed, work, education, and program assignments, with the goal of keeping all individuals safe and free from sexual abuse and harassment.

Interviews:

Staff Responsible for Risk Screening – The interviewed staff reported that the initial risk screening considers items such as age, weight, prior charges, sexual orientation, and gang affiliation. The process for conducting the screening is to individually ask the inmate each question. We also will report on perception.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.41 (f): Within a set time period, not to exceed 30 days from the inmate's arrival at the facility, the facility will reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, the policy requires that the facility reassess each inmate's risk of victimization or abusiveness within a set time period, not to exceed 30 days after the inmate's arrival at the facility, based upon any additional, relevant information received by the facility since the intake screening. The number of inmates entering the facility (either through intake or transfer) within the past 12 months whose length of stay in the facility was for 30 days or more and who were reassessed for their risk of sexual victimization or of being sexually abusive within 30 days after their arrival at the facility based upon any additional, relevant information received since intake: 578.

PCSO Policy 350.9 SCREENING FOR RISK OF VICTIMIZATION AND ABUSIVENESS, P.R.E.A (Prison Rape Elimination Act), p.9: Within a set time period, not to exceed 30 days from the inmate's arrival to the facility, the jail facility will assess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the jail facility since the intake screening.

Interviews:

Staff Responsible for Risk Screening - The interviewed staff reported that the risk reassessment is completed within 30 days.

Inmate Interview Questionnaire - Twenty-seven residents were interviewed, however only twenty-four was asked this question due to being in jail less than twelve months. Seven residents stated they have not been asked again about their prior sexual abuse, their sexual orientation, any disabilities or if they feel at risk of sexual abuse while in placement since their arrival. Seventeen residents stated that they have been asked these questions again during a recent therapist session and the kiosk ask at varies time to acknowledgement statement.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.41 (g): An inmate's risk level shall be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, the policy requires that an inmate's risk level be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of

additional information that bears on the inmate's risk of sexual victimization or abusiveness.

PCSO Policy 350.9 SCREENING FOR RISK OF VICTIMIZATION AND ABUSIVENESS, P.R.E.A (Prison Rape Elimination Act), p.9: An inmate's risk level shall be reassessed by the P.R.E.A. Coordinator or their designee when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness.

Reassessments (39) reviewed confirmed that agency process to consistently completes reassessments. Some residents had reassessments completed as they arrived at the facility prior to the facilities participation and requirement for the PREA standards.

#### Interviews:

Staff Responsible for Risk Screening -The interviewed staff reported that a resident is reassessed if there is a referral, request, incident of sexual abuse, and if additional information is provided.

Inmate Interview Questionnaire - Twenty-seven residents were interviewed, however only twenty-four was asked this question due to being in jail less than twelve months. Seven residents stated they have not been asked again about their prior sexual abuse, their sexual orientation, any disabilities or if they feel at risk of sexual abuse while in placement since their arrival. Seventeen residents stated that they have been asked these questions again during a recent therapist session and the kiosk ask at varies time to acknowledgement statement.

#### Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.41 (h): Inmates may not be disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section.

#### Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, The policy prohibits disciplining inmates for refusing to answer (or for not disclosing complete information related to) questions regarding: (a) whether or not the inmate has a mental, physical, or developmental disability; (b) whether or not the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming; (c) whether or not the inmate has previously

experienced sexual victimization; and (d) the inmate's own perception of vulnerability.

PCSO Policy 350.9 SCREENING FOR RISK OF VICTIMIZATION AND ABUSIVENESS, P.R.E.A (Prison Rape Elimination Act), p.9: Inmates may not be disciplined for refusing to answer or for not disclosing complete information in response to questions asked during administration of the P.R.E.A. screening process.

Interviews:

Staff Responsible for Risk Screening – The interviewed staff reported that inmates are not disciplined for refusal to answer. If they refuse to answer they will attempt to conduct a screening on a later date.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.41 (i): The agency shall implement appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate’s detriment by staff or other inmates.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

PCSO Policy 350.9 SCREENING FOR RISK OF VICTIMIZATION AND ABUSIVENESS, P.R.E.A (Prison Rape Elimination Act), p. 9: P.R.E.A. screening information shall only be disseminated to staff with a legitimate reason to possess the information in order to ensure that sensitive information is not exploited to the detriment of the inmate by staff or other inmates.

Interviews:

PREA Coordinator – The interviewed staff reported that all of the above is taken into consideration. There are 18 officers on shift which is considered fully staffed. If shifts fall below 12 officers than a jail captain is notified and staff is called in to cover the shift at all times. The medical officers can fill as rovers.

Staff Responsible for Risk Screening – The interviewed staff reported that only staff at booking have access to the assessment information.

Site Review Write-Up for Putnam County Sheriff’s Office  
Observation of Records Storage Practices

During the site review at the Putnam County Sheriff’s Office, the auditor observed



both physical and electronic records storage procedures to assess compliance with PREA Standards related to the confidentiality and security of sensitive documentation. This included records such as PREA risk screening forms, medical and mental health files, and documentation related to sexual abuse or harassment allegations.

#### Physical Records Storage

The auditor was escorted to the records storage area where hard copy documentation related to PREA compliance is maintained. These records included completed PREA risk screening forms, investigation files, incident reports, and other supporting documentation.

The physical storage area is located in a restricted-access office within the administrative suite of the facility. The room is secured with a keyed lock and is only accessible to authorized personnel, which includes the PREA Coordinator, administrative staff, and select supervisory personnel. The door remained locked when not in use, and files are stored in locked filing cabinets within the secured room. The auditor confirmed that access to this room is monitored and limited to staff with a business need to review confidential records.

#### Electronic Records Storage and Safeguards

The facility maintains portions of its PREA-related documentation electronically, including risk screening results, grievance submissions, medical/mental health records, and incident tracking data. The auditor observed that all electronic records are accessed through the facility's secured jail management system (JMS) and, in some cases, the electronic health records system.

Access to these electronic systems is:

Password-protected

Role-based, ensuring only specific personnel (e.g., medical, mental health, investigators, PREA Coordinator) can access sensitive PREA-related records.

Time-stamped, with access logs available for review if needed.

The auditor met informally with the facility's IT administrator, who confirmed that system permissions are regularly audited, and accounts are deactivated immediately upon staff separation. Staff are prohibited from sharing login credentials, and routine access checks are conducted.

#### Informal Conversations with Staff

In conversations with supervisory and intake staff, the auditor confirmed that employees are trained on the importance of maintaining confidentiality regarding all PREA-related information. Staff demonstrated awareness of the sensitivity of medical and mental health records and knew who was authorized to access physical files or view electronic documentation.

Medical and mental health staff also confirmed that their records are maintained separately within their secured offices and in electronic health record systems accessible only to licensed professionals.

	<p>The Putnam County Sheriff’s Office has implemented sound procedures for the secure storage of PREA-related documentation. Physical files are kept in locked cabinets within secured rooms accessible only to authorized personnel. Electronic records are protected through password authentication, role-based permissions, and audit trails. Staff demonstrated a strong understanding of confidentiality protocols and appropriate handling of sensitive information, in alignment with PREA standards.</p> <p>Corrective Actions:</p> <p>N/A. There are no corrective actions for this provision.</p> <p>Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach by connecting PREA documentation, policies, on-site observation, site review of the facility, facility practices, interviewed staff and confined persons, local advocates, and online PREA Audit: Pre-Audit Questionnaire to corroborate findings determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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<b>115.42</b>	<b>Use of screening information</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Relied Upon in Making Compliance Determination:</p> <p>Documentation:</p> <ul style="list-style-type: none"> <li>· PCSO Policy 350.9.1 Use of Screening Information, P.R.E.A (Prison Rape Elimination Act), p. 9</li> <li>· P.R.E.A Risk Assessment (see 115.41)</li> <li>· Risk Assessment for Transgender Inmate (see 115.41)</li> </ul> <p>Site Review:</p> <p>(Review Auditor’s PREA Audit Site Review Checklist/Notes for evidence.)</p> <p>Interview Guide:</p> <p>Staff Responsible for Risk Screening (1)</p>

Transgender/Intersex/Gay/Lesbian Inmates (5)

PREA Coordinator

PREA Compliance Manager

Compliance Determination by Provision and Corrective Actions:

115.42 (a): The agency shall use information from the risk screening required by § 115.41 to inform housing, bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, the agency/facility uses information from the risk screening required by §115.41 to inform housing, bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive.

PCSO Policy 350.9.1 Use of Screening Information, P.R.E.A (Prison Rape Elimination Act), p. 9: The Putnam County Sheriff's Office shall use the information from P.R.E.A. screening to assist in determining housing, bed, work, education, and program assignment with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive.

Booking Assessment Detail Report: The Putnam County Sheriff's Office implements the Booking Assessment Detail Report as a crucial tool to ensure the safety and appropriate placement of inmates. The report is derived from the risk screening required by §115.41 under the P.R.E.A (Prison Rape Elimination Act) standards. This comprehensive report is utilized to inform decisions regarding housing, bed, work, education, and program assignments. It aims to segregate inmates who are at high risk of being sexually victimized from those who pose a high risk of being sexually abusive. This segregation is fundamental in creating a safer environment within the facility.

Individualized Determinations

Jail staff make individualized determinations about each inmate's safety, ensuring tailored responses to their needs. For inmates who self-identify as Transgender or Intersex, the assessment includes necessary accommodations on a case-by-case basis. Information about these inmates is provided to the Agency's Multidisciplinary Management and Treatment Team (MMTT) for individualized case management and review.

During the interview process a transgender inmate reported some restrictions on their programming due to voluntary segregation. While onsite the facility made an adjustment and added a work detail for the inmate. The documentation of the detail

was provided and confirmed.

Interviews:

Staff Responsible for Risk Screening – The interviewed staff reported that PREA coordinator will review the documents with the classification officer.

PREA Compliance Manager – The interviewed staff reported that the information from the risk screening included information for housing, work, education, and program assignments.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.42 (b): The agency shall make individualized determinations about how to ensure the safety of each inmate.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, the agency/facility makes individualized determinations about how to ensure the safety of each inmate.

PCSO Policy 350.9.1 Use of Screening Information, P.R.E.A (Prison Rape Elimination Act), p. 9: Jail staff shall make individualized determinations about ensuring the safety of each inmate.

Interviews:

Staff Responsible for Risk Screening – The interviewed staff reported that PREA coordinator will review the documents with the classification officer.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.42 (c): In deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, and in making other housing and programming assignments, the agency shall consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether the placement would

present management or security problems. In making housing and programming assignments, the facility shall consider on a case-by-case basis whether a placement of a transgender or intersex inmate would present management or security problems.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, in deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, the agency shall consider on a case-by-case basis whether a placement would ensure the inmate's health and safety.

PCSO Policy 350.9.1 Use of Screening Information, P.R.E.A (Prison Rape Elimination Act), p. 9: When making housing assignments for inmates, the Classification Officer, shall use the results of the P.R.E.A. Risk Assessment for assisting in that determination. Inmate safety is a priority for all inmates housed in the Putnam County Sheriff's Office Jail Facility. Sexual abuse or any type of sexual harassment will not be tolerated at the Jail Facility.

The auditor reviewed the risk assessment, booking detail sheet and pre-screening checklist for the transgender inmate. Through discussion with staff and the inmate it was determined that housing was properly determined however the resident had limited access to programming. During the onsite audit phase, a modification was made to provide the inmate with additional programming.

Interviews:

Transgender/Intersex Inmates - One resident who identifies as transgender was interviewed and reported that staff did not inquire about their safety upon arrival. The resident, concerned for their safety, requested segregated housing. During the PREA audit, one resident identified as transgender or intersex and also requested placement in segregated housing upon arrival. The resident does not feel they have ever been strip-searched solely to determine genital status.

PREA Compliance Manager - The interviewed staff reported that classification makes determination by assessing the individual.

Corrective Actions:

Transgender Programming: Through discussion with staff and the inmate it was determined that housing was properly determined however the resident had limited access to programming. During the onsite audit phase, a modification was made to provide the inmate with additional programming.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.42 (d): Placement and programming assignments for each transgender or

intersex inmate shall be reassessed at least twice each year to review any threats to safety experienced by the inmate.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

Documentation of reassessment of programming assignments for each transgender or intersex inmate in compliance with the standard.

Interviews:

Staff Responsible for Risk Screening – The interviewed staff reported that the PREA coordinator will review for programming, placement, and housing decisions.

PREA Compliance Manager – The interviewed staff reported that reassessments occur every 30 days.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.42 (e): A transgender or intersex inmate's own views with respect to his or her own safety shall be given serious consideration.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

Interviews:

Staff Responsible for Risk Screening – The interviewed staff reported that the information on transgender inmates is reported to the PREA coordinator and will make any necessary decisions.

Transgender/Intersex Inmates - One resident who identifies as transgender was interviewed and reported that staff did not inquire about their safety upon arrival. The resident, concerned for their safety, requested segregated housing. During the PREA audit, one resident identified as transgender or intersex and also requested placement in segregated housing upon arrival. The resident does not feel they have ever been strip-searched solely to determine genital status.

PREA Compliance Manager – The interviewed staff reported that a transgender person or intersex inmate views with respect to his or her own safety is given serious consideration in placement and programming assignments.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.42 (f): Transgender and intersex inmates shall be given the opportunity to shower separately from other inmates.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

Interviews:

Staff Responsible for Risk Screening - The interviewed staff reported that all inmates shower separately.

Transgender/Intersex Inmates - One resident was interviewed and reported that they are able to shower privately, without being observed by other residents or staff.

PREA Compliance Manager - The interviewed staff stated that all inmates are able to shower separately.

Site Review:

The auditor reviewed accommodations made for transgender and intersex inmates to shower separately from other inmates.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.42 (g): The agency shall not place lesbian, gay, bisexual, transgender, or intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status, unless such placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting such inmates.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

The auditor determined that there is no required consent decree. The identified transgender residents was placed in special housing for their safety. The resident reported being ok with the placement but wanted access to more programming.

	<p>Interviews:</p> <p>PREA Compliance Manager – The interviewed staff reported that the facility is not subject to a consent decree, legal settlement, or legal judgement requiring that it establish a dedicated facility, unit, or wing for lesbian, gay, bisexual, transgender, or intersex inmates.</p> <p>PREA Coordinator – The interviewed staff reported that measures are being taken to protect victims from predators in housing and programs. A mental heal is referred for any victim of predator.</p> <p>Transgender, Intersex, Gay, and Lesbian Inmates: During the PREA audit period on campus, one resident identified as transgender or intersex. Upon arrival, this resident requested placement in a segregated housing area. The resident reported not having been strip-searched solely for determining genital status. Additionally, four residents identified as gay, lesbian, or bisexual during the same period. All four residents indicated they were never placed in separate housing areas unless they specifically requested to be separated.</p> <p>Corrective Actions:</p> <p>N/A. There are no corrective actions for this provision.</p> <p>Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach by connecting PREA documentation, policies, on-site observation, site review of the facility, facility practices, interviewed staff and confined persons, local advocates, and online PREA Audit: Pre-Audit Questionnaire to corroborate findings determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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<b>115.43</b>	<b>Protective Custody</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Relied Upon in Making Compliance Determination:</p> <p>Documentation:</p> <p>PCSO Policy 350.9.2 Protective Custody, P.R.E.A (Prison Rape Elimination Act), pp. 9-10</p>



Booking Assessment Detail Report (14)

Interview Guide:

Warden/Designee/Jail Administrator

Staff who Supervise Inmates in Segregated Housing (1)

Inmates in Segregated Housing (for risk of sexual victimization/who alleged to have suffered sexual abuse): (2)

Compliance Determination by Provisions and Corrective Actions:

115.43 (a): Inmates at high risk for sexual victimization shall not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers. If a facility cannot conduct such an assessment immediately, the facility may hold the inmate in involuntarily segregated housing for less than 24 hours while completing the assessment.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, the agency has a policy prohibiting the placement of inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers. The number of inmates at risk of sexual victimization who were held in involuntary segregated housing in the past 12 months for one to 24 hours awaiting completion of assessment: 0.

PCSO Policy 350.9.2 Protective Custody, P.R.E.A (Prison Rape Elimination Act), pp. 9-10: The Putnam County Sheriff's Office Jail shall not place inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and it has been determined that there are no available alternatives or means of separation from likely abusers.

Interviews:

Warden/Designee/Jail Administrator - The interviewed staff reported that inmates at high risk for sexual victimization cannot be placed in involuntary segregated housing as a default or without cause.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this

standard.

115.43 (b): Inmates placed in segregated housing for this purpose shall have access to programs, privileges, education, and work opportunities to the extent possible. If the facility restricts access to programs, privileges, education, or work opportunities, the facility shall document: (1) The opportunities that have been limited; (2) The duration of the limitation; and (3) The reasons for such limitations.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

PCSO Policy 350.9.2 Protective Custody, P.R.E.A (Prison Rape Elimination Act), p.10: Inmates placed in segregated housing shall have access to programs, privileges, education, and work opportunities to the extent possible. If the jail facility restricts access to programs, privileges, education or work opportunities, the deputy recommending the restrictions shall prepare documentation for the supervisors' approval explaining: 1. The opportunities that have been limited. 2. The duration of the limitations. 3. The reasons for such limitations.

Booking Assessment Detail Report: The Putnam County Sheriff's Office implements the Booking Assessment Detail Report as a crucial tool to ensure the safety and appropriate placement of inmates. The report is derived from the risk screening required by §115.41 under the P.R.E.A (Prison Rape Elimination Act) standards. This comprehensive report is utilized to inform decisions regarding housing, bed, work, education, and program assignments. It aims to segregate inmates who are at high risk of being sexually victimized from those who pose a high risk of being sexually abusive. This segregation is fundamental in creating a safer environment within the facility.

During the interview process a transgender inmate reported some restrictions on their programming due to voluntary segregation. While onsite the facility made an adjustment and added a work detail for the inmate. The documentation of the detail was provided and confirmed.

Interviews:

An interview was conducted with a staff member who supervises inmates in segregated housing. The staff confirmed that inmates in segregated housing can access programs, education, and recreation. According to the interviewed staff, the facility does not restrict access, allowing these inmates to use kiosks and tablets and have the same amount of time outside their cells as other inmates.

Inmates in Segregated Housing (for risk of sexual victimization/who allege to have suffered sexual abuse) - During the audit period, two residents were housed in special units. Both residents reported feeling safe at the facility and appreciated the staff's willingness to provide assistance when needed. However, they indicated limited access to programs, work, and other privileges in segregated housing. One resident mentioned being allowed to participate in recreation only once in three weeks.

Another resident requested a work detail assignment to alleviate mental health concerns caused by prolonged confinement in their room. This resident was subsequently assigned a work detail during the audit period. The duration of stay for these individuals in segregated housing varied; one resident had been there for one week, while the other had remained for five months. The latter resident had engaged in therapy sessions only once since arriving at the facility.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.43 (c): The facility shall assign such inmates to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged, and such an assignment shall not ordinarily exceed a period of 30 days.

Compliance Determination:

The facility has demonstrated compliance with this provision for the standard because:

As reported in the PAQ, In the past 12 months, the number of inmates at risk of sexual victimization who were assigned to involuntary segregated housing for longer than 30 days while awaiting alternative placement: 0.

PCSO Policy 350.9.2 Protective Custody, P.R.E.A (Prison Rape Elimination Act), p.10: Those inmates assigned to involuntary segregation housing, until alternative means of separation from likely abusers can be made, and such an assignment shall not ordinarily exceed a period of 30 days.

Interviews:

Warden/Designee/Jail Administrator – The interviewed staff reported that inmates at high risk for sexual victimization should not be kept in segregated housing long term. The segregated housing should only be used as an alternative until a safer housing option can be found. This could include protective custody or relocation to another housing unit with appropriate supervision.

Staff Supervision of Inmates in Segregated Housing - According to one staff member interviewed, segregated housing can serve as a temporary measure for residents. The staff member mentioned that residents typically remain in segregation for a minimum of 71 hours to assess their suitability for return to normal housing areas.

Inmates in Segregated Housing (for risk of sexual victimization/who allege to have suffered sexual abuse) - Two residents interviewed. One resident has been in segregated housing for one week and the other has been in housing for five months.

During the interview process a transgender inmate reported some restrictions on their programming due to voluntary segregation. While onsite the facility made an adjustment and added a work detail for the inmate. The documentation of the detail was provided and confirmed.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.43 (d): If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, the facility shall clearly document: (1) The basis for the facility's concern for the inmate's safety; and (2) The reason why no alternative means of separation can be arranged.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, From a review of case files of inmates at risk of sexual victimization who were held in involuntary segregated housing in the past 12 months, the number of case files that include BOTH (a) a statement of the basis for facility's concern for the inmate's safety, and (b) the reason or reasons why alternative means of separation could not be arranged: 1.

PCSO Policy 350.9.2 Protective Custody, P.R.E.A (Prison Rape Elimination Act), pp.9-10: If it is determined that an inmate is identified as high risk for sexual victimization and must be housed in segregated housing, a supervisor must approve the move and must document the specific justification for such including: 1. The basis for the facility's concern for the inmate's safety; and 2. The reason why is no alternative means of separation can be arranged.

Case files of inmates at risk of sexual victimization held in involuntary segregated housing in the past 12 months.

Based on the review of the case file for the inmate at risk of sexual victimization who was held in involuntary segregated housing, the facility has demonstrated compliance with the relevant provisions of the Prison Rape Elimination Act (PREA). The case file included both a statement of the basis for the facility's concern for the inmate's safety and the reason why alternative means of separation could not be arranged, as required by PCSO Policy 350.9.2 Protective Custody, P.R.E.A, pp.9-10. Furthermore, the facility adheres to the standard 115.43(e) by providing each such inmate a review every 30 days to determine whether there is a continuing need for separation from the general population. This practice is corroborated by documentation, interviews with staff and confined persons, and a review of relevant policies. Overall, the evidence from the case file review, along with facility practices and policies, indicates

that the facility is compliant with all relevant PREA standards for protecting inmates at risk of sexual victimization in segregated housing.

During the interview process a transgender inmate reported some restrictions on their programming due to voluntary segregation. While onsite the facility made an adjustment and added a work detail for the inmate. The documentation of the detail was provided and confirmed.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.43 (e): Every 30 days, the facility shall afford each such inmate a review to determine whether there is a continuing need for separation from the general population.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, if an involuntary segregated housing assignment is made, the facility affords each such inmate a review every 30 days to determine whether there is a continuing need for separation from the general population.

PCSO Policy 350.9.2 Protective Custody, P.R.E.A (Prison Rape Elimination Act), p.10: At least every 30 days, classification shall afford each such inmate a review to determine whether there is a continuing need for separation from general population.

Booking Detail Sheet: the booking detail sheet provides an overview of inmates in segregation, assessment score along with documentation on why in segregation.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

Overall Findings:

The auditor uses a triangulation approach by connecting PREA documentation, policies, on-site observation, site review of the facility, facility practices, interviewed staff and confined persons, local advocates, and online PREA Audit: Pre-Audit Questionnaire to corroborate findings determinations. Based on analysis, the facility is compliant with all provisions in this standard.

<b>115.51</b>	<b>Inmate reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Relied Upon in Making Compliance Determination:</p> <p>Documentation:</p> <p>PCSO Policy 350.9.3 Reporting, P.R.E.A (Prison Rape Elimination Act), p.10</p> <p>ICE Detention and Information Reporting Line</p> <p>Handbook</p> <p>Site Review:</p> <p>(Review Auditor's PREA Audit Site Review Checklist/Notes for evidence.)</p> <p>Interview Guide:</p> <p>Random Sample Staff (12)</p> <p>Random Sample Residents (27)</p> <p>PREA Compliance Manager</p> <p>Compliance Determination by Provisions and Corrective Actions:</p> <p>115.51 (a): The agency shall provide multiple internal ways for inmates to privately report sexual abuse and sexual harassment, retaliation by other inmates or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.</p> <p>Compliance Determination:</p> <p>The facility has demonstrated compliance with this provision of the standard because:</p> <p>As reported in the PAQ, The agency has established procedures allowing for multiple internal ways for inmates to report privately to agency officials about: (a) sexual abuse or sexual harassment; (b) retaliation by other inmates or staff for reporting sexual abuse and sexual harassment; and (c) staff neglect or violation of responsibilities that may have contributed to such incidents.</p> <p>PCSO Policy 350.9.3 Reporting, P.R.E.A (Prison Rape Elimination Act), p.10: The Putnam County Sheriff's Office shall provide multiple internal ways to privately report sexual abuse and sexual harassment, retaliation by other inmates or staff for reporting sexual abuse or sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such inmates.</p> <p>PREA Pamphlet (English/Spanish-115.16): provides information on how to make a</p>

report. The pamphlet provides the following methods:

1. Notify a jail deputy, supervisor, medical staff, or anyone who works in the jail.
2. Submit a grievance on the kiosk to the PREA Coordinator.
3. Have your attorney or loved on report to the Sheriff's office at 931-528-8484
4. Writing to the PREA Compliance Coordinator at: Lt. Tabitha Whitaker, 479 East Spring Street, Cookeville, TN 38501

PREA Poster provides multiple ways to make a report:

#### HOW TO REPORT

Putnam County Jail offers multiple ways to report sexual abuse and sexual harassment.

- Report to any staff, volunteer, contractor, or medical or mental health staff.
- Submit a grievance or a sick call on the Vend Engine kiosk.
- Report to the PREA coordinator, PREA compliance manager and Jail Administrator thru the PREA alert on the Vend Engine kiosk.
- Tell a family member, friend, legal counsel, or anyone else outside the facility. They can report on your behalf by calling (931)528-8484 Or writing 421 East Spring Street, Cookeville TN 38501. Call the Crisis Hotline at (1-800-707-5197) for external reporting
- Call the Crisis Hotline at (1-800-707-5197) for external reporting
- You also can submit a report on someone's behalf, or someone at the facility can report for you using the ways listed here.

Inmate Handbook: the inmate handbook was revised during the audit process to include information the agency PREA policy, how to report, the various ways to report, your rights as a victim, and information about the victim advocacy and emotional supportive services. The handbook is available to inmates on the units and on the kiosks.

#### Interviews:

Random Sample of Staff - The twelve staff reported that the resident can privately report by notifying staff, calling the number on the poster, or writing a grievance. The twelve reported that residents can send email or message using the Kiosk or tablets.

Inmate Interview Questionnaire - Twenty-seven residents were interviewed, and all residents could explain the process for reporting sexual abuse or harassment. They felt comfortable reporting incidents to staff and noted additional options, including calling PREA Hotline, filing written note to staff, report on kiosk, tablet, notifying PREA Coordinator, notifying their probation officer, or asking a family member to report on

their behalf.

#### PREA Site Review Write-Up – Putnam County Sheriff’s Office

Topic: Signage, Internal Reporting Methods, Mail Systems, and Record Storage

#### Signage

During the facility tour, the auditor conducted a comprehensive observation of PREA-related signage posted throughout the Putnam County Sheriff’s Office. The signage included information on how to report sexual abuse and sexual harassment, external reporting options, access to outside victim advocacy and emotional support services, audit notices, and civil immigration rights.

#### Observations:

**Readability & Accessibility:** Signage was posted in clear and plain English, with some postings available in Spanish, reflecting the most commonly spoken languages among the population. The font was large enough for visibility, and posters were placed at eye level, accessible to individuals standing or in wheelchairs.

**Consistency & Accuracy:** The content across various posters was consistent in language and messaging, with accurate contact information for both internal and external reporting entities, including the PREA hotline and victim advocacy provider.

**Location of Signage:** Signage was appropriately posted in housing units, intake/booking, medical areas, program rooms, and visitation areas. In housing units, signage was placed near telephones, ensuring confined persons had easy access to report contact numbers. No signage was damaged, obscured, or vandalized at the time of review.

**Audit Notices:** Current PREA audit notices were prominently displayed in all main traffic areas and housing units, as required.

#### Informal Interviews:

Staff confirmed the signage is not only posted for the audit but is a standard part of PREA implementation.

Confined persons expressed that they understood the reporting methods and found the signage easy to understand and visible.

#### Testing Internal Reporting Methods

#### Written Reports

The facility uses a grievance system that includes PREA-specific forms accessible on housing unit kiosks and via paper upon request. The auditor observed the location of drop boxes designated for written communication. These boxes were:

Securely locked and accessible only to designated staff.

Located in areas frequented by confined persons and permitted anonymous submissions.

Not labeled in a way that would identify PREA-specific use, supporting confidentiality.

Writing instruments, envelopes, and forms were available on housing units and did



not require a staff request to access. In restricted housing, staff confirmed writing materials are provided during daily rounds or upon request.

#### Electronic Reporting

The auditor tested the electronic reporting system available on the housing unit kiosks. A test report was submitted via the PREA tab on the kiosk interface.

Staff demonstrated receipt of the report through their internal alert system. Kiosks were operational, with no login required for the PREA report, ensuring anonymous reporting.

The kiosks were located in common areas and configured to offer privacy while being used.

Confined persons in restrictive housing had alternative electronic options, and staff confirmed that they also accept verbal reports or pass written materials during rounds.

#### Verbal Reporting

During informal interviews, both staff and confined persons confirmed that verbal reporting is encouraged and accepted.

Confined persons knew they could report to any staff, including medical, mental health, or unit officers.

Staff described their responsibility to immediately document and report any verbal disclosures and showed understanding of mandatory reporting obligations.

#### Mail Systems

The auditor observed that mail drop boxes were located on each housing unit, and were:

Locked and secure, accessible only to designated mailroom staff.

Placed in areas allowing for anonymous submission (e.g., near restroom corridors or by exit doors).

Accessible to persons in restricted housing with staff assistance if direct access was limited.

Writing materials, envelopes, and stamped outgoing mail processes were explained by staff and confirmed by confined persons during informal conversations. There were no reports of denied access to mail supplies or submission delays. Mail labeled as legal or PREA-related was handled confidentially in compliance with facility policy.

#### Record Storage

The auditor observed both physical and electronic record storage processes for PREA documentation, including screening tools, investigation records, and incident tracking.

Physical Storage:

Records were stored in a locked administrative office, with limited access to designated staff such as the PREA Coordinator and facility administration.

Electronic Storage:

PREA-related documentation (risk screenings, grievances, reports) is maintained in the facility's secure systems.

Access is password-protected, role-based, and limited to staff with specific job duties. The auditor had a brief discussion with the IT administrator, who confirmed that access logs are routinely monitored and access is removed upon staff separation.

The Putnam County Sheriff's Office demonstrated strong adherence to PREA standards through well-placed and accessible signage, functional and varied reporting mechanisms, and secure systems for communication and documentation. Confined persons were aware of their rights and how to access support and reporting options. The facility's physical and electronic safeguards meet the expectations for the confidentiality and security of PREA-related information.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.51 (b): The agency shall also provide at least one way for inmates to report abuse or harassment to a public or private entity or office that is not part of the agency, and that is able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials, allowing the inmate to remain anonymous upon request. Inmates detained solely for civil immigration purposes shall be provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, the agency provides at least one way for inmates to report abuse or harassment to a public or private entity or office that is not part of the agency. The agency does not have a policy requiring inmates detained solely for civil immigration purposes be provided information on how to contact relevant consular officials and relevant officials of the Department of Homeland Security.

PCSO Policy 350.9.3 Reporting, P.R.E.A (Prison Rape Elimination Act), p.10: The Putnam County Sheriff's Office shall provide multiple internal ways to privately report sexual abuse and sexual harassment, retaliation by other inmates or staff for

reporting sexual abuse or sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such inmates. Inmates can remain anonymous upon request.

Inmates can report any incidents of sexual abuse or sexual harassment 24 hours a day either verbally, electronically or in writing. Inmates shall be provided telephone numbers for local, state, and national sexual abuse hotlines.

ICE Detention and Information Reporting Line contains a toll-free telephone number for inmates who are detained solely for civil immigration. Inmates are only housed at the facility for 72 hours prior to being picked up by ICE.

PREA Pamphlet (English/Spanish-115.16): provides information on how to make a report. The pamphlet provides the following methods:

1. Notify a jail deputy, supervisor, medical staff, or anyone who works in the jail.
2. Submit a grievance on the kiosk to the PREA Coordinator.
3. Have your attorney or loved one report to the Sheriff's office at 931-528-8484
4. Writing to the PREA Compliance Coordinator at: Lt. Tabitha Whitaker, 479 East Spring Street, Cookeville, TN 38501

PREA Poster provides multiple ways to make a report:

#### HOW TO REPORT

Putnam County Jail offers multiple ways to report sexual abuse and sexual harassment.

- Report to any staff, volunteer, contractor, or medical or mental health staff.
- Submit a grievance or a sick call on the Vend Engine kiosk.
- Report to the PREA coordinator, PREA compliance manager and Jail Administrator thru the PREA alert on the Vend Engine kiosk.
- Tell a family member, friend, legal counsel, or anyone else outside the facility. They can report on your behalf by calling (931)528-8484 Or writing 421 East Spring Street, Cookeville TN 38501. Call the Crisis Hotline at (1-800-707-5197) for external reporting
- Call the Crisis Hotline at (1-800-707-5197) for external reporting
- You also can submit a report on someone's behalf, or someone at the facility can report for you using the ways listed here.

Inmate Handbook: the inmate handbook was revised during the audit process to include information the agency PREA policy, how to report, the various ways to report, your rights as a victim, and information about the victim advocacy and emotional supportive services. The handbook is available to inmates on the units and on the

kiosks. The handbook contains the above information on how to report.

#### PREA Site Review Summary – Putnam County Sheriff’s Office

Focus Areas: Signage, Internal Reporting Methods, Mail System, and Record Storage

#### SIGNAGE

During the site review, PREA-related signage was observed throughout the facility in housing units, intake, program areas, medical, and visitation areas. The signage included information on how to report sexual abuse or harassment, access external victim advocacy services, and contact information for PREA-related support, including the current audit notice.

Signage was posted at an appropriate height and was legible to individuals standing or seated.

Most signage was available in both English and Spanish, reflecting the language needs of the population.

Contact information and reporting instructions were accurate, consistent, and not obscured or damaged.

Signage was posted near phones in living areas, increasing accessibility for reporting purposes.

Informal interviews with staff and persons confined in the facility confirmed that signage is a permanent fixture and not posted solely for the audit. Confined persons reported the signage was easy to read and helpful in understanding their reporting options.

#### INTERNAL REPORTING METHODS

##### Written Reporting:

The facility offers written reporting via grievance forms and general request slips. Secure drop boxes were present in all housing units, appropriately labeled and accessible. Drop boxes were locked and only accessible by designated staff. Writing supplies and PREA-related forms were readily available to confined persons without the need to request them from staff. Staff confirmed accommodations are made for individuals in restricted housing.

##### Electronic Reporting:

Kiosks located on housing units allow for electronic PREA reports. The auditor submitted a test report and confirmed facility staff received it. Reports can be submitted without login credentials, allowing for anonymity. Kiosks were operational, placed in accessible and semi-private locations, and available to all individuals, with alternative access provided in restricted housing areas.

##### Verbal Reporting:

Informal interviews confirmed that both staff and confined persons are aware verbal reports can be made to any staff member, including security, medical, and mental health. Staff understood their obligation to document and report verbal disclosures immediately in accordance with facility policy.

## MAIL SYSTEM

Mail drop boxes were secure and located in each housing area. Confined persons had access to writing instruments, envelopes, and forms. Drop boxes were positioned to support confidential and anonymous submissions. Mail designated as legal or PREA-related was processed separately and securely. Staff described the mail system procedures in detail and confirmed that confined persons in restricted housing receive the same access and accommodations as those in general population.

## RECORD STORAGE

### Physical Records:

PREA-related hard copy documents were stored in a locked administrative office with limited access. Only designated staff (e.g., PREA Coordinator) had physical access to these records.

### Electronic Records:

Electronic PREA documentation is maintained in secure case management and records systems. Access is restricted based on staff roles and secured by individual password protection. The auditor confirmed with personnel that access to sensitive records is monitored, and permissions are revoked immediately when staff separate from employment.

The Putnam County Sheriff's Office demonstrated a strong commitment to PREA compliance through clear signage, accessible and confidential reporting options, and secure handling of sensitive documentation. The facility provides an environment where persons confined are informed of their rights, and staff are trained and responsive to PREA-related concerns.

## Interviews

**PREA Compliance Manager** – The interviewed staff reported that the inmates can contact the crisis hotline to make a report. The agency will notify the Sheriff's Office, and the investigation process will begin.

**Inmate Interview Questionnaire** - Twenty-seven residents were interviewed, and all residents could explain the process for reporting sexual abuse or harassment. They felt comfortable reporting incidents to staff and noted additional options, including calling PREA Hotline, filing written note to staff, report on kiosk, tablet, notifying PREA Coordinator, notifying their probation officer, or asking a family member to report on their behalf. Seventeen residents knew how to report anonymously, such as writing a note, filing a grievance, calling a hotline, report using kiosk, tablet or asking staff to speak in private. Seven residents stated they were unaware that they were allowed to make a report without giving their name. Three residents stated that they know you can report using the kiosk however still have to enter your name therefore reporting is not private.

### Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.51 (c): Staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, the agency has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties. Staff are required to document verbal reports.

PCSO Policy 350.9.3 Reporting, P.R.E.A (Prison Rape Elimination Act), p.10: Inmates can remain anonymous upon request.

Inmates can report any incidents of sexual abuse or sexual harassment 24 hours a day either verbally, electronically or in writing. Inmates shall be provided telephone numbers for local, state, and national sexual abuse hotlines.

Jail Staff shall accept reports of sexual abuse or sexual harassment from inmates in any form to include, verbally, in writing, anonymously, and from third parties. All reports shall be documented and immediately forwarded to the P.R.E.A. Coordinator, P.R.E.A. Manager, or a supervisor.

Interviews:

Random Sample of Staff - Staff confirmed that resident can report concerns regarding sexual abuse or sexual harassment verbally or in writing through their kiosks or tablets. All twelve staff interviewed stated they would immediately notify a supervisor upon receiving a report and follow proper procedures to ensure the allegation is addressed promptly.

Inmate Interview Questionnaire- Twenty-seven residents interviewed. Twenty-three residents interviewed were aware that they can make a report of sexual abuse or sexual harassment either in person or in writing. Residents reported they can tell staff, write a grievance, report using kiosk, tablet, or family member to make the report on their behalf. Four residents interviewed was not aware that a third person could make a report on their behalf.

Site Review:

Review site review instructions outlined in provision (a).

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.51 (d): The agency shall provide a method for staff to privately report sexual abuse and sexual harassment of inmates.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, the agency has established procedures for staff to privately report sexual abuse and sexual harassment of inmates. Staff are informed of these procedures in the following ways:

PCSO Policy 350.9.3 Reporting, P.R.E.A (Prison Rape Elimination Act), p.10: The Putnam County Sheriff's Office has in place ways that staff can report sexual abuse or sexual harassment including General Order 315.3.3, Sexual Harassment. Staff members are expected to report any information regarding sexual abuse and sexual harassment. Staff members may communicate directly with their supervisors, either verbally or in writing. If a staff member wants to report information privately, they may contact the Jail Administrator.

Informal conversation with staff during the tour indicated that staff can privately report sexual abuse and sexual harassment by use the PREA hotline or using a third-party.

Interviews:

Random Sample of Staff - Of the twelve staff interviewed, all confirmed that they would notify a supervisor or PREA Coordinator if a private report was needed.

PREA Site Review Summary - Putnam County Sheriff's Office  
Focus Area: Testing Staff Reporting

#### TESTING STAFF REPORTING

During the site review, the auditor tested the staff reporting process by asking staff members across various shifts and departments to walk through their reporting methods for incidents or allegations of sexual abuse, sexual harassment, retaliation, or staff misconduct.

Staff consistently demonstrated knowledge of the facility's reporting procedures and clearly articulated multiple options available to them, including:

- Making verbal or written reports to a supervisor;
- Reporting directly to the facility's PREA Coordinator;
- Submitting reports through the agency's internal incident reporting system;
- Calling the external reporting hotline provided by the agency.

	<p>In all cases, staff stated they are not limited to reporting solely to their direct supervisor and may report to any supervisory-level staff member, the PREA Coordinator, or an external agency representative.</p> <p>The auditor confirmed that staff reporting methods are readily available and accessible on demand. Procedures are outlined in policy, displayed in staff work areas, and reinforced through annual PREA training.</p> <p>Informal discussions with line staff and supervisors verified that reporting expectations are clearly understood, taken seriously, and not subject to retaliation. Staff acknowledged the facility's zero-tolerance stance and affirmed their obligation to report immediately and accurately.</p> <p>The staff at the Putnam County Sheriff's Office demonstrated a strong understanding of their duty to report, the mechanisms available for doing so, and the facility's clear and supportive procedures for staff reporting. The reporting system is accessible, supported by policy, and understood across various staff levels.</p> <p>Corrective Actions:</p> <p>N/A. There are no corrective actions for this provision.</p> <p>Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach by connecting PREA documentation, policies, on-site observation, site review of the facility, facility practices, interviewed staff and confined persons, local advocates, and online PREA Audit: Pre-Audit Questionnaire to corroborate findings determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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<b>115.52</b>	<b>Exhaustion of administrative remedies</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>Evidence Relied Upon in Making Compliance Determination:</p> <p>Documentation:</p> <p>PCSO Policy 350.9.4 Exhaustion of Administrative Remedies, P.R.E.A (Prison Rape Elimination Act), pp.10-12</p> <p>Grievance Logbook</p>



Site Review:

(Review Auditor's PREA Audit Site Review Checklist/Notes for evidence.)

Interview Guide:

Inmate who Reported Sexual Abuse (3)

Compliance Determination by Provisions and Corrective Actions:

115.52 (a): An agency shall be exempt from this standard if it does not have administrative procedures to address inmate grievances regarding sexual abuse.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ,

The agency has an administrative procedure for dealing with inmate grievances regarding sexual abuse.

PCSO Policy 350.9.4 Exhaustion of Administrative Remedies, P.R.E.A (Prison Rape Elimination Act), pp.11: The Putnam County Sheriff's Office shall not impose any type of time limit on when an inmate may submit a complaint or grievance regarding an allegation of sexual abuse. This shall only apply to Sexual Abuse incidents.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.52 (b): (1) The agency shall not impose a time limit on when an inmate may submit a grievance regarding an allegation of sexual abuse. (2) The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse. (3) The agency shall not require an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse. (4) Nothing in this section shall restrict the agency's ability to defend against an inmate lawsuit on the ground that the applicable statute of limitations has expired.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, Agency policy or procedure allows an inmate to submit a grievance regarding an allegation of sexual abuse at any time, regardless of when the incident is alleged to have occurred. Agency policy does not require an inmate to use

an informal grievance process, or otherwise to attempt to resolve with staff, an alleged incident of sexual abuse.

PCSO Policy 350.9.4 Exhaustion of Administrative Remedies, P.R.E.A (Prison Rape Elimination Act), p.11: The Putnam County Sheriff's Office shall not impose any type of time limit on when an inmate may submit a complaint or grievance regarding an allegation of sexual abuse. This shall only apply to Sexual Abuse incidents.

Inmates shall not be required to use any informal procedures that require the inmate to interact with or otherwise discuss alleged sexual abuse with the perpetrator.

Nothing in this policy shall restrict the Putnam County Sheriff's Office's ability to defend against an inmate lawsuit on the grounds that the applicable statute of limitations has expired.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.52 (c): The agency shall ensure that— (1) An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint, and (2) Such grievance is not referred to a staff member who is the subject of the complaint.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, the agency's policy and procedure allows an inmate to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint. The agency's policy and procedure requires that an inmate grievance alleging sexual abuse not be referred to the staff member who is the subject of the complaint.

PCSO Policy 350.9.4 Exhaustion of Administrative Remedies, P.R.E.A (Prison Rape Elimination Act), p.11: Inmates shall not be required to use any informal procedures that require the inmate to interact with or otherwise discuss alleged sexual abuse with the perpetrator.

The Putnam County Sheriff's Office shall ensure that: 1. An inmate who alleges sexual abuse may submit a complaint or grievance involving a staff member to a supervisor and not to the staff member who the complaint is against. 2. Any complaints, allegations, or grievances against a specific staff member will be accepted and shall not be investigated by the staff member who is the subject of the complaint.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.52 (d): (1) The agency issues a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance. (2) Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal. (3) The agency may claim an extension of time to respond, of up to 70 days, if the normal time period for response is insufficient to make an appropriate decision. The agency shall notify the inmate in writing of any such extension and provide a date by which a decision will be made. (4) At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, the inmate may consider the absence of a response to be a denial at that level.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, the agency's policy and procedure requires that a decision on the merits of any grievance or portion of a grievance alleging sexual abuse be made within 90 days of the filing of the grievance. In the past 12 months, the number of grievances filed that alleged sexual abuse: 0. In the past 12 months, the number of grievances alleging sexual abuse that reached final decision within 90 days after being filed: 0. In the past 12 months, the number of grievances alleging sexual abuse that involved extensions because final decision was not reached within 90 days: 0.

PCSO Policy 350.9.4 Exhaustion of Administrative Remedies, P.R.E.A (Prison Rape Elimination Act), p.11:

A final decision on the merits of any portion of a grievance alleging sexual abuse shall be made within 90 days of the filing. Computation of the 90-day decision shall not include time consumed by inmates in preparing any administrative appeal. The Sheriff's office may claim an extension of time to respond, of up to 70 days, if the normal time period for response is insufficient to make an appropriate decision. The inmate will be notified in writing to any such extension and provide a date by which the decision will be made.

At any level of the administrative process, including the final level, if the inmate does not receive a response within the allotted time, including any extension period, the inmate may consider the absence of a response to be a denial at that level.

Review Grievance Logbook -onsite the auditor reviewed the grievance logbook and determined that there were zero allegations of sexual abuse or sexual harassment.

Interviews:

Inmates who Reported a Sexual Abuse – Two of the three interviewed inmates reported that they were notified of the results of the investigation. Upon auditor review the auditor determined that all three were provided and signed receipt of notification.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.52 (e): (1) Third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, shall be permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of inmates. (2) If a third party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process. (3) If the inmate declines to have the request processed on his or her behalf, the agency shall document the inmate's decision.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, Agency policy and procedure permits third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse and to file such requests on behalf of inmates. Agency policy and procedure do not require that if an inmate declines to have third-party assistance in filing a grievance alleging sexual abuse, the agency documents the inmate's decision to decline. The number of grievances alleging sexual abuse filed by inmates in the past 12 months in which the inmate declined third-party assistance, containing documentation of the inmate's decision to decline: 0.

PCSO Policy 350.9.4 Exhaustion of Administrative Remedies, P.R.E.A (Prison Rape Elimination Act), p.11: Third parties such as fellow inmates, family members, attorneys, or outside advocates, requests, they shall be permitted to assist inmates in filing for administrative remedies relating to allegations of sexual abuse and shall also be permitted to file such requests on behalf of inmates.

If a third-party file such a request on behalf of an inmate, the Jail Facility may require as a condition of processing the request, that the alleged victim agree to have the request filed on their behalf and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.

If the inmate declines to have the request processed on their behalf, the Jail staff shall document the inmate's decision, and the matter will be considered resolved.

The website provides information on who inmates, staff, and third parties can make a report: The Prison Rape Elimination Act (PREA) - Putnam County Sheriff's Department.

Review Grievance Logbook -onsite the auditor reviewed the grievance logbook and determined that there were zero allegations of sexual abuse or sexual harassment.

#### Site Review

During the site review, PREA-related signage was observed throughout the facility in housing units, intake, program areas, medical, and visitation areas. The signage included information on how to report sexual abuse or harassment, access external victim advocacy services, and contact information for PREA-related support, including the current audit notice.

Signage was posted at an appropriate height and was legible to individuals standing or seated.

Most signage was available in both English and Spanish, reflecting the language needs of the population.

Contact information and reporting instructions were accurate, consistent, and not obscured or damaged.

Signage was posted near phones in living areas, increasing accessibility for reporting purposes.

Informal interviews with staff and persons confined in the facility confirmed that signage is a permanent fixture and not posted solely for the audit. Confined persons reported the signage was easy to read and helpful in understanding their reporting options.

#### INTERNAL REPORTING METHODS

##### Written Reporting:

The facility offers written reporting via grievance forms and general request slips. Secure drop boxes were present in all housing units, appropriately labeled and accessible. Drop boxes were locked and only accessible by designated staff. Writing supplies and PREA-related forms were readily available to confined persons without the need to request them from staff. Staff confirmed accommodations are made for individuals in restricted housing.

##### Electronic Reporting:

Kiosks located on housing units allow for electronic PREA reports. The auditor submitted a test report and confirmed facility staff received it. Reports can be submitted without login credentials, allowing for anonymity. Kiosks were operational, placed in accessible and semi-private locations, and available to all individuals, with alternative access provided in restricted housing areas.

##### Verbal Reporting:

Informal interviews confirmed that both staff and confined persons are aware verbal

reports can be made to any staff member, including security, medical, and mental health. Staff understood their obligation to document and report verbal disclosures immediately in accordance with facility policy.

MAIL SYSTEM

Mail drop boxes were secure and located in each housing area. Confined persons had access to writing instruments, envelopes, and forms. Drop boxes were positioned to support confidential and anonymous submissions. Mail designated as legal or PREA-related was processed separately and securely. Staff described the mail system procedures in detail and confirmed that confined persons in restricted housing receive the same access and accommodations as those in general population.

RECORD STORAGE

Physical Records:  
PREA-related hard copy documents were stored in a locked administrative office with limited access. Only designated staff (e.g., PREA Coordinator) had physical access to these records.

Electronic Records:  
Electronic PREA documentation is maintained in secure case management and records systems. Access is restricted based on staff roles and secured by individual password protection. The auditor confirmed with personnel that access to sensitive records is monitored, and permissions are revoked immediately when staff separate from employment.

The Putnam County Sheriff’s Office demonstrated a strong commitment to PREA compliance through clear signage, accessible and confidential reporting options, and secure handling of sensitive documentation. The facility provides an environment where persons confined are informed of their rights, and staff are trained and responsive to PREA-related concerns.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.52 (f): (1) The agency shall establish procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse. (2) After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, the agency shall immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken, shall provide an initial response within 48 hours, and shall issue a final agency decision within 5 calendar days. The initial response and final agency decision documents the

agency's determination whether the inmate is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, the agency has a policy and established procedures for filing an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse. The agency's policy and procedure for emergency grievances alleging substantial risk of imminent sexual abuse requires an initial response within 48 hours. The number of emergency grievances alleging substantial risk of imminent sexual abuse that were filed in the past 12 months: 0. The number of those grievances in 115.52(e)-3 that had an initial response within 48 hours: 0. The number of grievances alleging substantial risk of imminent sexual abuse filed in the past 12 months reached final decisions within 5 days: 0.

PCSO Policy 350.9.4 Exhaustion of Administrative Remedies, P.R.E.A (Prison Rape Elimination Act), pp.11-12: If an inmate files an emergency grievance alleging that they are subject to a substantial risk of imminent sexual abuse, the Putnam County Sheriff's Office will respond immediately to the grievance to a level of review at which immediate corrective action may be taken, and shall provide an initial response within 48 hours, and shall issue a final decision within 5 calendar days. The initial response and final office decision shall document the offices' determination whether the inmate is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance.

If the inmate declines to have the request processed on their behalf, the Jail staff shall document the inmate's decision, and the matter will be considered resolved.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.52 (g): The agency may discipline an inmate for filing a grievance related to alleged sexual abuse only where the agency demonstrates that the inmate filed the grievance in bad faith.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, the agency has a written policy that limits its ability to discipline an inmate for filing a grievance alleging sexual abuse to occasions where the agency demonstrates that the inmate filed the grievance in bad faith. In the past

	<p>12 months, the number of inmate grievances alleging sexual abuse resulted in disciplinary action by the agency against the inmate for having filed the grievance in bad faith: 0.</p> <p>PCSO Policy 350.9.4 Exhaustion of Administrative Remedies, P.R.E.A (Prison Rape Elimination Act), p.12: The Putnam County Sheriff's Office may discipline an inmate for filing a grievance related to alleged sexual abuse only where the Jail Facility demonstrates that the inmate filed the grievance in bad faith.</p> <p>Based on a review of information the facility provided in the PAQ, in the past 12 months, the number of confined</p> <p>Corrective Actions:</p> <p>N/A. There are no corrective actions for this provision.</p> <p>Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach by connecting PREA documentation, policies, on-site observation, site review of the facility, facility practices, interviewed staff and confined persons, local advocates, and online PREA Audit: Pre-Audit Questionnaire to corroborate findings determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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<b>115.53</b>	<b>Inmate access to outside confidential support services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Relied Upon in Making Compliance Determination:</p> <p>Documentation:</p> <p>PCSO Policy 350.7.1 Evidence Protocol and Forensic Medical Examinations, P.R.E.A (Prison Rape Elimination Act), p.6</p> <p>PREA Facility Brochure (Spanish and English)</p> <p>PREA Posters</p> <p>MOU</p> <p>Site Review:</p>



(Review Auditor's PREA Audit Site Review Checklist/Notes for evidence.)

Interview Guide:

Inmate Random Interview (27)

Inmate who Reported Sexual Abuse (3)

Compliance Determination by Provisions and Corrective Actions:

115.53 (a): The facility 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, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations, and, for persons detained solely for civil immigration purposes, immigrant services agencies. The facility shall enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible.

Compliance Determination:

The facility demonstrated compliance with this provision of the standard because:

As reported in the PAQ, the facility provides inmates with access to outside victim advocates for emotional support services related to sexual abuse. The facility provides inmates with access to such services by giving inmates mailing addresses and telephone numbers (including toll-free hotline numbers where available) for local, state, or national victim advocacy or rape crisis organizations. The facility provides inmates with access to such services by giving inmates mailing addresses and telephone numbers (including toll-free hotline numbers where available) for immigrant services agencies for persons detained solely for civil immigration purposes.

The facility provides inmates with access to such services by enabling reasonable communication between inmates and these organizations in as confidential a manner as possible.

PCSO Policy 350.7.1 Evidence Protocol and Forensic Medical Examinations, P.R.E.A (Prison Rape Elimination Act), p.6: The Putnam County Sheriff's Office or the hospital will attempt to make available to any victim of rape or sexual abuse a qualified and trained victim advocate. If the victim requests the victim advocate accompany and support them through the examination process and investigatory interview process all efforts will be made to accomplish the victim's request. The victim advocate may also provide emotional support, crisis intervention, information and referrals if needed. All efforts to provide services from a rape crisis center shall be documented.

PREA Posters: Provides inmates with information on victim advocacy and support services. Putnam County Jail has partnered with Genesis House and SAC (Sexual Assault Center) to provide survivors of sexual abuse with emotional support services. To access these services, contact Genesis Center at 1-800-707-5197, PO Box 1180 Cookeville TN 38503, or SAC at 1-866-811-7473, 10 French Landing Drive, Nashville

TN 37228. This partnership meets the PREA standard 115.53 (a) as the facility provides inmates with access to outside victim advocates for emotional support services related to sexual abuse. By offering mailing addresses and telephone numbers, including toll-free hotline numbers, of local, state, or national victim advocacy or rape crisis organizations, the facility ensures that inmates can communicate with these organizations in as confidential a manner as possible. All of the above referenced is also available in the inmate handbook. Inmates have access to the handbook through postings on the unit and on their kiosk.

Handbook: the handbook has a statement related to confidential communication that says “the facility shall monitor communications, and the extent of abuse reports will be forward to authorities in accordance with mandatory reporting laws.

Interviews:

Twenty-seven inmates were interviewed, with twenty-four specifically asked about services related to sexual abuse. Twenty-one were unaware of such services, while three knew of external services like Genesis House and a women's shelter offering therapy or mental health support. Three mentioned a list of services on their tablets. Two stated they could contact services as needed, and one would ask staff for assistance.

Inmates who Reported a Sexual Abuse – One of the three inmates interviewed reported sexual abuse. The other two inmates reported sexual harassment. The inmate who reported sexual abuse stated that the hospital provided information on victim advocacy and emotional support.

During the site review, PREA-related signage was observed throughout the facility in housing units, intake, program areas, medical, and visitation areas. The signage included information on how to report sexual abuse or harassment, access external victim advocacy services, and contact information for PREA-related support, including the current audit notice.

Signage was posted at an appropriate height and was legible to individuals standing or seated.

Most signage was available in both English and Spanish, reflecting the language needs of the population.

Contact information and reporting instructions were accurate, consistent, and not obscured or damaged.

Signage was posted near phones in living areas, increasing accessibility for reporting purposes.

Informal interviews with staff and persons confined in the facility confirmed that signage is a permanent fixture and not posted solely for the audit. Confined persons reported the signage was easy to read and helpful in understanding their reporting options.

#### INTERNAL REPORTING METHODS

Written Reporting:

The facility offers written reporting via grievance forms and general request slips. Secure drop boxes were present in all housing units, appropriately labeled and accessible. Drop boxes were locked and only accessible by designated staff. Writing supplies and PREA-related forms were readily available to confined persons without the need to request them from staff. Staff confirmed accommodations are made for individuals in restricted housing.

#### Electronic Reporting:

Kiosks located on housing units allow for electronic PREA reports. The auditor submitted a test report and confirmed facility staff received it. Reports can be submitted without login credentials, allowing for anonymity. Kiosks were operational, placed in accessible and semi-private locations, and available to all individuals, with alternative access provided in restricted housing areas.

#### Verbal Reporting:

Informal interviews confirmed that both staff and confined persons are aware verbal reports can be made to any staff member, including security, medical, and mental health. Staff understood their obligation to document and report verbal disclosures immediately in accordance with facility policy.

#### MAIL SYSTEM

Mail drop boxes were secure and located in each housing area. Confined persons had access to writing instruments, envelopes, and forms. Drop boxes were positioned to support confidential and anonymous submissions. Mail designated as legal or PREA-related was processed separately and securely. Staff described the mail system procedures in detail and confirmed that confined persons in restricted housing receive the same access and accommodations as those in general population.

#### RECORD STORAGE

##### Physical Records:

PREA-related hard copy documents were stored in a locked administrative office with limited access. Only designated staff (e.g., PREA Coordinator) had physical access to these records.

##### Electronic Records:

Electronic PREA documentation is maintained in secure case management and records systems. Access is restricted based on staff roles and secured by individual password protection. The auditor confirmed with personnel that access to sensitive records is monitored, and permissions are revoked immediately when staff separate from employment.

The Putnam County Sheriff's Office demonstrated a strong commitment to PREA compliance through clear signage, accessible and confidential reporting options, and secure handling of sensitive documentation. The facility provides an environment where persons confined are informed of their rights, and staff are trained and responsive to PREA-related concerns.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.53 (b): The facility shall inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, the facility informs inmates, prior to giving them access to outside support services, the extent to which such communications will be monitored. The facility informs inmates, prior to giving them access to outside support services, of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant federal, state, or local law.

Interviews:

Inmate Interview Questionnaire - Two residents interviewed mentioned that they believed discussions about sexual abuse would remain private and confidential. One resident was uncertain because they did not use the service.

Inmates who Reported a Sexual Abuse – The interviewed inmates were unsure if they could have confidential communication with an outside victim advocacy team. They were not clear on how that process would work.

Site Review:

Review site review instructions outlined in provision (a).

Corrective Actions:

Policy: Policy was updated to state “Inmates shall be provided telephone numbers for local, state, and national sexual abuse hotlines. Inmate shall be informed, prior to access, the extent to which communications are monitored, and reports of abuse will be reported in accordance with laws requiring mandatory reporting”.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.53 (c): The agency shall maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse. The agency shall maintain copies of agreements or documentation showing attempts to enter into such agreements.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, the agency or facility maintains memorandum of understanding (MOUs) or other agreements with community service providers that are able to provide inmates with emotional support services related to sexual abuse.

MOU (Sexual Assault Center Nashville): MOU (Office of Sexual Assault Center):

THIS MEMORANDUM OF UNDERSTANDING IS ENTERED INTO BETWEEN PUTNAM COUNTY AND THE SEXUAL ASSAULT CENTER (SAC) ON JULY 23, 2024, IN FURTHERANCE OF PUTNAM COUNTY RESPONSIBILITIES UNDER THE PRISON RAPE ELIMINATION ACT (PREA) OF 2003.

THIS MEMORANDUM OF UNDERSTANDING (MOU) SHALL CONTINUE TO BE IN EFFECT UNTIL TERMINATED OR RENEGOTIATED IN WRITING BY THE PARTIES. UPON THE AUTHORIZED SIGNATURES AFFIXED HERE UNTO, ALL PARTIES MUTUALLY AGREE TO THE FOLLOWING:

PUTNAM COUNTY AGREES TO:

MAKE INVOLVMENT OF CERTIFIED RAPE CRISIS ADVOCATES A COMPONENT OF THE STANDARD RESPONSE TO A REPORT OF SEXUAL ASSAULT AND/OR A REQUEST FOR HELP FROM A SURVIVOR OF SEXUAL ASSAULT.

HAVE A QUALIFIED MEDICAL PRACTITIONER ASSESS ANY ACUTE MEDICAL NEEDS OF THE VICTIM AND TRANSPORT TO HOSPITAL EMERGENCY ROOM AS NEEDED.

PROVIDE SECURE TRANSPORT OF VICTIM BY APPROPRIATE PUTNAM COUNTY STAFF TO CRMC DOH-CERTIFIED SEXUAL ASSAULT FORENSIC EXAMINER (SAFE) FOR A FORENSIC EXAM AND COUNSELING.

PROVIDE FOR LOGISTICAL NEEDS, SUCH AS PRIVATE MEETING SPACE FOR COUNSELING SESSIONS AND SECURITY CLEARANCE FOR THE SEXUAL ASSAULT CENTER.

RESPECT THE NATURE OF PRIVILEGED COMMUNICATION BETWEEN A RAPE CRISIS COUNSELOR AND CLIENT.

PROVIDE LOGISTICAL SPACE FOR THE RECOVERY OF EVIDENCE FROM THE PERPETRATOR.

FACILITATE FOLLOW-UP AND ON-GOING CONTACT BETWEEN CLIENT AND A CERTIFIED RAPE CRISIS ADVOCATE WITHOUT REGARD TO THE PRESENCE OR STATUS OF AN

INVESTIGATION.

COMMUNICATE ANY QUESTIONS OR CONCERNS TO THE SEXUAL ASSAULT CENTER.

Prohibit ENTRY TO ANY SEXUAL ASSAULT CENTER REPRESENTATIVE OR HAVE REMOVED FROM THE FACILITY A SEXUAL ASSAULT CENTER REPRESENTATIVE WHO VIOLATES THE FACILITIES SECURITY RULES AND PROCEDURES OR WHO DOES NOT PERFORM HIS/HER DUTIES IN A PROFESSIONAL MANNER.

SEXUAL ASSAULT CENTER AGREES TO:

MAINTAIN CONFIDENTIALITY OF SERVICES OF SEXUAL VIOLENCE WHO ARE HOUSED AT PUTNAM COUNTY JAIL.

MAINTAIN AVAILABLE CRISIS COUNSELING THROUGH ORGANIZATIONS CRISIS HOTLINE (1-866-811-7473) AT ANY TIME AND/OR 24 HRS A DAY.

ANYONE SEEKING SEXUAL ASSAULT CENTER SERVICES IS SUBJECT TO VICTIM-ADVOCATE PRIVILEGES.

COMMUNICATE ANY QUESTIONS OR CONCERNS TO LT TABITHA WHITTAKER (PREA COORDINATOR), LT CURT VOKOUN (PREA MANAGER), MAJOR TIM NASH (JAIL ADMINISTRATOR).

THE SEXUAL ASSAULT CENTER WILL ASSIST THE VICTIM OF SEXUAL ASSAULT TO ACCESS LEGAL ADVOCACY SERVICES THRU GENESIS HOUSE, AS THE SEXUAL ASSAULT CENTER WOULD NOT PROVIDE THIS SERVICE.

THE SEXUAL ASSAULT CENTER WILL PROVIDE A REFERRAL FOR A SEXUAL ASSAULT ASSESSMENT, SECONDARY VICTIMIZATION, EMOTIONAL SUPPORT SERVICES SUCH AS INDIVIDUAL COUNSELING AND SUPPORT GROUPS IF NEEDED TO GENESIS HOUSE.

ANY SEXUAL ASSAULT CENTER COUNSELOR PROVIDING ASSISTANCE MUST HAVE ATTENDED SOME KIND OF PREA TRAINING.

SEXUAL ASSAULT CENTER REPRESENTATIVE THAT RECEIVES ANY INFORMATION FROM THE CLIENT/DETAINEE THAT HE/SHE HAS SUICIDAL THOUGHTS OR IDEATIONS THAT THE SEXUAL ASSAULT CENTER ANY REPRESENTATIVE WILL REPORT THAT TO THE JAIL MEDICAL STAFF. PUTNAM COUNTY SHERIFFS OFFICE HAS MEDICAL STAFF AVAILABLE 24/7.

THE SEXUAL ASSAULT CENTER AGREES AND COVENANTS THAT DEFEND, HOLD HARMLESS AND INDEMNIFY PUTNAM COUNTY, ITS OFFICIALS, OFFICERS, AGENTS, SERVANTS, EMPLOYEES, VOLUNTEERS, AND OTHERS WORKING ON BEHALF OF PUTNAM COUNTY, FROM LIABILITY OF ANY NATURE OR KIND CONNECTED WITH THE SERVICES TO BE PROVIDED HERE UNDER ARISING OUT OF ANY ACT OR OMISSION OF THE SEXUAL ASSAULT CENTER OR OF ANY EMPLOYEE OR AGENT OF THE SEXUAL ASSAULT CENTER.

THE SEXUAL ASSAULT CENTER AGREES AND COVENANTS THAT IT MAINTAINS INSURANCE OF THE TYPES AND IN THE AMOUNTS TYPICALLY MAINTAINED BY ENTITIES

OF THE SAME TYPE AS THE SEXUAL ASSAULT CENTER WITH INSURANCE COMPANIES PROPERLY LICENSED TO DO BUSINESS IN TENNESSEE.

THE SEXUAL ASSAULT CENTER MAINTAINS STATUS AS A NON-PROFIT ORGANIZATION AND THEREFORE AGREES TO PROVIDE SERVICES PURSUANT TO THIS AGREEMENT AT NO COST TO THE VICTIM OR PUTNAM COUNTY.

MOU (Genesis House):

PUTNAM COUNTY AGREES TO:

MAKE INVOLVMENT OF CERTIFIED RAPE CRISIT ADVOCATES A COMPONENT OF THE STANDARD RESPONSETOA REPORT OF SEXUALASSAULTAND/OR A REQUEST FOR HELP FROM A SURVIVOR OF SEXUAL ASSAULT.

HAVE A QUALIFIED MEDICAL PRACTITIONER ASSESS ANY ACUTE MEDICAL NEEDS OF THE VICTIM AND TRANSPORT TO HOSPITAL EMERGENCY ROOM AS NEEDED.

PROVIDE SECURE "TRANSPORT OF VICTIM BY APPROPRIATE PUTNAM COUNTY STAFF TO CRMC DOH-CERTIFIED SEXUAL ASSAULT FORENSIC EXAMINER (SAFE) FOR A FORENSIC EXAM AND COUNSELING.

PROVIDE FOR LOGISTICAL NEEDS, SUCH AS PRIVATE MEETING SPACE FOR COUNSELING SESSIONS AND SECURITY CLEARANCE FOR GENESIS HOUSE.

RESPECT THE NATURE OF PRIVILEGED COMMUNICATION BETWEEN A RAPE CRISIS COUNSELORAND CLIENT.

PROVIDE LOGISTICAL SPACE FOR THE RECOVERY OF EVIDENCE FROM "THE Perpetrator.

FACILITATE FOLLOW -UP AND ON-GOING CONTACT BETWEEN CLIENT AND A CERTIFIED RAPE CRISIS ADVOCATE WITHOUT REGARD TO THE PRESENCE OR STATUS OF AN INVESTIGATION.

COMMUNICATE ANY Questions OR CONCERNS TO GENESIS HOUSE.

PROHIBIT ENTRY TO ANY GENESIS HOUSE REPRESENTATIVE OR HAVE REMOVED FROM THE FACILITY A GENESIS-HOUSE REPRESENTATVE WHO VIOLATES THE FACILITIES SECURITY RULES AND PROCEDURES OR WHO DOES NOT PERFORM HIS/HER DUTIES IN A PROFESSIONAL MANNER

GENESIS HOUSE AGREES TO:

MAINTAIN CONFIDENTIALITY OF SERVICES OF SEXUAL VIOLENCE WHO ARE HOUSED AT PUTNAM COUN1Y JAIL

MAINTAIN AVAILABLE CRISIS COUNSELING THROUGH ORGANIZATIONS CRISIS HOTLINE (1-800-707-5197) AT ANY TIME AND/OR 24 HRS A DAY.

WORK WITH DESIGNATED PUTNAM COUNTY OFFICIALS TO OBTAIN SECURITY

	<p>CLEARANCE AND FOLLOW ALL GUIDELINES FOR SAFETY AND SECURITY. ANYONE SEEKING GENESIS HOUSE SERVICES IS SUBJECT TO VICTIM -ADVOCATE PRIVILEGES.</p> <p>COMMUNICATE ANY QUESTIONS OR CONCERNS TO THE PREA COORDINATOR, PREA MANAGER OR JAIL ADMINISTRATOR.</p> <p>GENESIS HOUSE WILL ASSIST THE VICTIM OF SEXUAL ASSAULT TO ACCESS LEGAL ADVOCACY SERVICES. GENESIS HOUSE CURRENTLY WORKS WITH THE TENNESSEE COALITION TO END DOMESTIC AND SEXUAL VIOLENCE (TLEDV) SEXUAL ASSAULT LEGAL CLINIC FOR THESE SERVICES.</p> <p>GENESIS HOUSE WILL PROVIDE A REFERRAL FOR A SEXUAL ASSAULT ASSESSMENT ADDITIONAL SECONDARY VICTIMIZATION EMOTIONAL SUPPORT SERVICES SUCH AS INDIVIDUAL COUNSELING AND SUPPORT GROUPS IF NEEDED.</p> <p>Corrective Actions:</p> <p>N/A. There are no corrective actions for this provision.</p> <p>Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach by connecting PREA documentation, policies, on-site observation, site review of the facility, facility practices, interviewed staff and confined persons, local advocates, and online PREA Audit: Pre-Audit Questionnaire to corroborate findings determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.54	Third-party reporting
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>Evidence Relied upon in Making Compliance Determination:</p> <p>Documentation:</p> <ul style="list-style-type: none"> <li>PCSO Policy 350.9.3 Reporting, P.R.E.A (Prison Rape Elimination Act), p.10</li> <li>PCSO Policy 350.9.4 Exhaustion of Administrative Remedies, P.R.E.A (Prison Rape Elimination Act), p.11: Third parties such as fellow inmates, family members, attorneys, or outside advocates, requests, they shall be permitted to assist inmates in filing for administrative remedies relating to allegations of sexual abuse and shall also be permitted to file such requests on behalf of inmates.</li> </ul>



· Website: The Prison Rape Elimination Act (PREA) - Putnam County Sheriff's Department

Site Review:

(Review Auditor's PREA Audit Site Review Checklist/Notes for evidence.)

Compliance Determination by Provision and Corrective Actions:

115.54 (a): The agency shall establish a method to receive third-party reports of sexual abuse and sexual harassment and shall distribute publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate.

Documentation:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, the agency or facility provides a method to receive third-party reports of inmate sexual abuse or sexual harassment. The agency or facility publicly distributes information on how to report inmate sexual abuse or sexual harassment on behalf of inmates.

PCSO Policy 350.9.3 Reporting, P.R.E.A (Prison Rape Elimination Act), p.10: Jail Staff shall accept reports of sexual abuse or sexual harassment from inmates in any form to include, verbally, in writing, anonymously, and from third parties. All reports shall be documented and immediately forwarded to the P.R.E.A. Coordinator, P.R.E.A. Manager, or a supervisor.

PCSO Policy 350.9.4 Exhaustion of Administrative Remedies, P.R.E.A (Prison Rape Elimination Act), p.11: Third parties such as fellow inmates, family members, attorneys, or outside advocates, requests, they shall be permitted to assist inmates in filing for administrative remedies relating to allegations of sexual abuse and shall also be permitted to file such requests on behalf of inmates.

The Putnam County Sheriff's Office shall accept third-party reports of sexual abuse and sexual harassment both verbally and in writing. All third-party reports of sexual abuse or sexual harassment will be received and investigated in accordance with this policy.

PCSO Policy 350.9.5 Official Response Following an Inmate Report, P.R.E.A (Prison Rape Elimination Act), p.12: All sexual abuse or sexual harassment complaints or incidents, including those submitted by a third party or anonymously, shall be thoroughly investigated.

PCSO Policy 350.11 INVESTIGATIONS (Criminal and Administrative), P.R.E.A (Prison Rape Elimination Act), p.16: When notified of any allegation of sexual abuse or sexual harassment, including third party and anonymous reports, the Putnam County Sheriff's Office shall conduct a prompt, thorough and objective administrative investigation

PREA Poster: Putnam County Jail offers multiple ways to report sexual abuse and

sexual harassment.

- Report to any staff, volunteer, contractor, or medical or mental health staff.
- Submit a grievance or a sick call on the Vend Engine kiosk.
- Report to the PREA coordinator, PREA compliance manager and Jail Administrator thru the PREA alert on the Vend Engine kiosk.
- Tell a family member, friend, legal counsel, or anyone else outside the facility. They can report on your behalf by calling (931)528-8484 Or writing 421 East Spring Street, Cookeville TN 38501. Call the Crisis Hotline at (1-800-707-5197) for external reporting
- Call the Crisis Hotline at (1-800-707-5197) for external reporting
- You also can submit a report on someone's behalf, or someone at the facility can report for you using the ways listed here.

Website: The Prison Rape Elimination Act (PREA) - Putnam County Sheriff's Department. The website provides documentation on the various ways to make a report.

During the site review, PREA-related signage was observed throughout the facility in housing units, intake, program areas, medical, and visitation areas. The signage included information on how to report sexual abuse or harassment, access external victim advocacy services, and contact information for PREA-related support, including the current audit notice.

Signage was posted at an appropriate height and was legible to individuals standing or seated.

Most signage was available in both English and Spanish, reflecting the language needs of the population.

Contact information and reporting instructions were accurate, consistent, and not obscured or damaged.

Signage was posted near phones in living areas, increasing accessibility for reporting purposes.

Informal interviews with staff and persons confined in the facility confirmed that signage is a permanent fixture and not posted solely for the audit. Confined persons reported the signage was easy to read and helpful in understanding their reporting options.

INTERNAL REPORTING METHODS

Written Reporting:

The facility offers written reporting via grievance forms and general request slips. Secure drop boxes were present in all housing units, appropriately labeled and accessible. Drop boxes were locked and only accessible by designated staff. Writing supplies and PREA-related forms were readily available to confined persons without the need to request them from staff. Staff confirmed accommodations are made for

individuals in restricted housing.

Electronic Reporting:

Kiosks located on housing units allow for electronic PREA reports. The auditor submitted a test report and confirmed facility staff received it. Reports can be submitted without login credentials, allowing for anonymity. Kiosks were operational, placed in accessible and semi-private locations, and available to all individuals, with alternative access provided in restricted housing areas.

Verbal Reporting:

Informal interviews confirmed that both staff and confined persons are aware verbal reports can be made to any staff member, including security, medical, and mental health. Staff understood their obligation to document and report verbal disclosures immediately in accordance with facility policy.

MAIL SYSTEM

Mail drop boxes were secure and located in each housing area. Confined persons had access to writing instruments, envelopes, and forms. Drop boxes were positioned to support confidential and anonymous submissions. Mail designated as legal or PREA-related was processed separately and securely. Staff described the mail system procedures in detail and confirmed that confined persons in restricted housing receive the same access and accommodations as those in general population.

RECORD STORAGE

Physical Records:

PREA-related hard copy documents were stored in a locked administrative office with limited access. Only designated staff (e.g., PREA Coordinator) had physical access to these records.

Electronic Records:

Electronic PREA documentation is maintained in secure case management and records systems. Access is restricted based on staff roles and secured by individual password protection. The auditor confirmed with personnel that access to sensitive records is monitored, and permissions are revoked immediately when staff separate from employment.

The Putnam County Sheriff's Office demonstrated a strong commitment to PREA compliance through clear signage, accessible and confidential reporting options, and secure handling of sensitive documentation. The facility provides an environment where persons confined are informed of their rights, and staff are trained and responsive to PREA-related concerns.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of

	<p>relevant policies corroborate that the facility is complying with the provisions of this standard.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach by connecting PREA documentation, policies, on-site observation, site review of the facility, facility practices, interviewed staff and confined persons, local advocates, and online PREA Audit: Pre-Audit Questionnaire to corroborate findings determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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<b>115.61</b>	<b>Staff and agency reporting duties</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>Evidence Relied Upon in Making Compliance Determination:</p> <p>Documentation:</p> <ul style="list-style-type: none"> <li>PCSO Policy 3.50.9.5 Official Response Following an Inmate Report. P.R.E.A (Prison Rape Elimination Act), p.12</li> </ul> <p>Interview Guide:</p> <p>Random Sample Staff (12)</p> <p>Medical and Mental Health Staff (2)</p> <p>Warden/Designee/Jail Administrator</p> <p>PREA Coordinator</p> <p>Compliance Determination by Provisions and Corrective Actions:</p> <p>115.61 (a): The agency shall require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; retaliation against inmates or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.</p> <p>Compliance Determination:</p> <p>The facility has demonstrated compliance with this provision of the standard because:</p> <p>As reported in the PAQ, the agency requires all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive</p>

regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency. The agency requires all staff to report immediately and according to agency policy any retaliation against inmates or staff who reported such an incident. The agency requires all staff to report immediately and according to agency policy any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

PCSO Policy 3.50.9.5 Official Response Following an Inmate Report, P.R.E.A (Prison Rape Elimination Act), p.12: All Putnam County Sheriff's Office employees, contractor, and volunteers shall immediately report any and all knowledge, suspicion, or information regarding the following: 1. An incident of sexual abuse or sexual harassment that occurred in the Jail Facility or while the inmate was in custody at the Putnam County Sheriff's Office Jail Facility. 2. Retaliation against inmates or staff who reported such an incident. 3. Any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

Interviews:

Random Sample of Staff - Twelve staff interviewed indicated a clear understanding that the agency requires all staff to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurs in the facility. All twelve staff also reported that they understand they are prohibited from retaliating against resident or staff that reported sexual abuse or sexual harassment. The various ways staff indicated that they would report included, but was not limited to:

- Report to supervisor
- PREA Coordinator/ Hotline
- Contact Medical
- Contact HR

PREA Site Review Summary – Putnam County Sheriff's Office  
Focus Area: Testing Staff Reporting

TESTING STAFF REPORTING

During the site review, the auditor tested the staff reporting process by asking staff members across various shifts and departments to walk through their reporting methods for incidents or allegations of sexual abuse, sexual harassment, retaliation, or staff misconduct.

Staff consistently demonstrated knowledge of the facility's reporting procedures and clearly articulated multiple options available to them, including:

- Making verbal or written reports to a supervisor;
- Reporting directly to the facility's PREA Coordinator;
- Submitting reports through the agency's internal incident reporting system;
- Calling the external reporting hotline provided by the agency.

In all cases, staff stated they are not limited to reporting solely to their direct supervisor and may report to any supervisory-level staff member, the PREA Coordinator, or an external agency representative.

The auditor confirmed that staff reporting methods are readily available and accessible on demand. Procedures are outlined in policy, displayed in staff work areas, and reinforced through annual PREA training.

Informal discussions with line staff and supervisors verified that reporting expectations are clearly understood, taken seriously, and not subject to retaliation. Staff acknowledged the facility's zero-tolerance stance and affirmed their obligation to report immediately and accurately.

The staff at the Putnam County Sheriff's Office demonstrated a strong understanding of their duty to report, the mechanisms available for doing so, and the facility's clear and supportive procedures for staff reporting. The reporting system is accessible, supported by policy, and understood across various staff levels.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.61 (b): Apart from reporting to designated supervisors or officials, staff shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, apart from reporting to designated supervisors or officials and designated state or local services agencies, agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions.

PCSO Policy 3.50.9.5 Official Response Following an Inmate Report, P.R.E.A (Prison Rape Elimination Act), p.12: Apart from reporting to designated supervisors, staff shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in policy, to make treatment, investigation, and other security and management decisions. Any staff member may report to a

supervisor either verbally or in writing. If the staff member desires to report information privately, they may contact the Supervisor or Designee directly. Supervisors upon receiving such reports shall ensure the information contained in the sexual abuse report is disseminated and communicated through the Chain of Command. All sexual abuse or sexual harassment complaints or incidents, including those submitted by a third party or anonymously, shall be thoroughly investigated.

#### Interviews:

Random Sample of Staff - Twelve staff interviewed indicated a clear understanding that the agency requires all staff to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurs in the facility. All twelve staff also reported that they understand they are prohibited from retaliating against resident or staff that reported sexual abuse or sexual harassment. The various ways staff indicated that they would report included, but was not limited to:

- Report to supervisor
- PREA Coordinator/ Hotline
- Contact Medical
- Contact HR

#### Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this stan

115.61 (c): Unless otherwise precluded by Federal, State, or local law, medical and mental health practitioners shall be required to report sexual abuse pursuant to paragraph (a) of this section and to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services.

#### Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

PCSO Policy 3.50.9.5 Official Response Following an Inmate Report, P.R.E.A (Prison Rape Elimination Act), p.12: Unless precluded by Federal, State, or local law, medical and mental health practitioners shall report sexual abuse or sexual harassment complaints or incidents, informing inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services to be rendered.

#### Interviews:

Medical and Mental Health Staff - The interviewed staff reported that informed

consent is covered upon inmate arrival and the initiation of services. Mental health staff reported that an officer is always with them when providing services. It was also stated that there was one incident of disclosure that was reported.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this stan

115.61 (d): If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, the agency shall report the allegation to the designated State or local services agency under applicable mandatory reporting laws.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

Interviews:

Warden/Designee/Jail Administrator – The interviewed staff reported that all allegations are followed up immediately.

PREA Coordinator – The interviewed staff reported that there is a MOU contact with the Genesis House. The sexual assault center contacted at any time by phone.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.61 (e): The facility shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

PCSO Policy 3.50.9.5 Official Response Following an Inmate Report, P.R.E.A (Prison Rape Elimination Act), p.12: All sexual abuse or sexual harassment complaints or incidents, including those submitted by a third party or anonymously, shall be thoroughly investigated.



	<p>Interviews:</p> <p>Warden/Designee/Jail Administrator – The interviewed staff reported that all allegations should be reported to the designated staff and investigated immediately.</p> <p>Corrective Actions:</p> <p>N/A. There are no corrective actions for this provision.</p> <p>Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach by connecting PREA documentation, policies, on-site observation, site review of the facility, facility practices, interviewed staff and confined persons, local advocates, and online PREA Audit: Pre-Audit Questionnaire to corroborate findings determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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<b>115.62</b>	<b>Agency protection duties</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>Evidence Relied Upon in Making Compliance Determination:</p> <p>Documentation:</p> <ul style="list-style-type: none"> <li>PCSO Policy 3.50.9.5 Official Response Following an Inmate Report, P.R.E.A (Prison Rape Elimination Act), p.12</li> </ul> <p>Interview Guide:</p> <p>Agency Head (Designee)</p> <p>Warden/Designee/Jail Administrator</p> <p>Random Sample Staff (12)</p> <p>Compliance Determination by Provisions and Corrective Actions:</p> <p>115.62 (a): When an agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the inmate.</p> <p>Compliance Determination:</p>

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, When the agency or facility learns that an inmate is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the inmate (i.e., it takes some action to assess and implement appropriate protective measures without unreasonable delay). In the past 12 months, the number of times the agency or facility determined that an inmate was subject to a substantial risk of imminent sexual abuse: 0. If the agency or facility made such determinations in the past 12 months, the average amount of time (in hours) that passed before taking action: Immediate. The longest time passed (in hours or days) before taking action (please note if response is in hours or days).

PCSO Policy 3.50.9.5 Official Response Following an Inmate Report, P.R.E.A (Prison Rape Elimination Act), p.12: The Putnam County Sheriff's Office will take immediate action when it becomes aware of an imminent substantiated risk of sexual abuse to an inmate.

#### Interviews:

Agency Head (Designee) - The interviewed staff stated that if an inmate is subject to risk of imminent sexual abuse, the protective measures taken are; placed in protective custody and classification will monitor to determine if the inmate is still at risk.

Warden/Designee/Jail Administrator - The interviewed staff reported that protective measures taken are to separate the involved parties, notify supervisors, keep the inmate safe, document, and provide follow up services.

Random Sample of Staff - Twelve staff members were interviewed. Eleven staff members indicated that if a resident is determined to be at imminent risk of sexual abuse, they would promptly separate the individual from others, notify their supervisor, and initiate these actions immediately. One staff member stated they would speak with the resident before notifying the supervisor.

#### Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

#### Overall Findings:

The auditor uses a triangulation approach by connecting PREA documentation, policies, on-site observation, site review of the facility, facility practices, interviewed staff and confined persons, local advocates, and online PREA Audit: Pre-Audit Questionnaire to corroborate findings determinations. Based on analysis, the facility is compliant with all provisions in this standard.

<b>115.63</b>	<b>Reporting to other confinement facilities</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Relied Upon in Making Compliance Determination:</p> <p>Documentation:</p> <ul style="list-style-type: none"> <li>PCSO Policy 350.9.6 Reporting to other Confinement Facilities, P.R.E.A (Prison Rape Elimination Act), pp.12-13</li> </ul> <p>Interview Guide:</p> <p>Agency Head (Designee)</p> <p>Warden/Designee/Jail Administrator</p> <p>Compliance Determination by Provisions and Corrective Actions:</p> <p>115.63 (a): Upon receiving an allegation that an inmate was sexually abused while confined at another facility, the head of the facility that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred.</p> <p>Compliance Determination:</p> <p>The facility has demonstrated compliance with this provision of the standard because:</p> <p>As reported in the PAQ, the agency has a policy requiring that, upon receiving an allegation that an inmate was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred. In the past 12 months, the number of allegations the facility received that an inmate was abused while confined at another facility: 0. Please describe your facility's response to these allegations: Upon receiving an allegation that an inmate was sexually abused while confined at another correctional or jail facility, the Putnam County Sheriff's Office Jail Administrator shall notify the Jail Administrator from the facility from where the inmate was brought, as to the allegation of abuse that took place at their facility.</p> <p>These notifications shall be provided as soon as possible, but no later than 72 hours after receiving the allegation.</p> <p>The Putnam County Sheriff's Office shall document in writing that it has provided such information.</p> <p>PCSO Policy 350.9.6 Reporting to other Confinement Facilities, P.R.E.A (Prison Rape Elimination Act), p.13: Upon receiving an allegation that an inmate was sexually abused while confined at another correctional or jail facility, the Putnam County Sheriff's Office Jail Administrator shall notify the Jail Administrator from the facility</p>

from where the inmate was brought, as to the allegation of abuse that took place at their facility.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.63 (b): Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, Agency policy requires that the facility head provide such notification as soon as possible, but no later than 72 hours after receiving the allegation.

PCSO Policy 350.9.6 Reporting to other Confinement Facilities, P.R.E.A (Prison Rape Elimination Act), p.13: These notifications shall be provided as soon as possible, but no later than 72 hours after receiving the allegation.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.63 (c): The agency shall document that it has provided such notification.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, the agency or facility documents that it has provided such notification within 72 hours of receiving the allegation.

PCSO Policy 350.9.6 Reporting to other Confinement Facilities, P.R.E.A (Prison Rape Elimination Act), p.13: The Putnam County Sheriff's Office shall document in writing that it has provided such information.

The facility uses the Warden-to-Warden PREA Notification as documentation. There was no warden-to-warden notification for the past 12 months.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.63 (d): The facility head or agency office that receives such notification shall ensure that the allegation is investigated in accordance with these standards.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, the agency or facility policy does not require that allegations received from other facilities and agencies are investigated in accordance with the PREA standards.

PCSO Policy: GA-06.11B, Applying the Prison Rape Elimination Act (PREA), 6 Coordinated Response Following an Inmate's Report section 6.5: Upon notification of an allegation of sexual abuse that occurred while an inmate was housed at an institution outside the authority of PCSO, the PCSO institutional Warden will contact the institution head of the institution where the alleged abuse occurred and will notify PCSO OIG. This notification will be provided within seventy-two (72) hours of receiving the report and will be documented and provided to the institution's PREA Compliance Manager and the Agency's PREA Coordinator.

According to the Pre-Audit Questionnaire, in the past 12 months, the number of allegations the facility received that a confined person was abused while confined at another facility was 0.

Interviews:

Agency Head (Designee) – The interviewed staff reported that if another agency or a facility within another agency refers allegations of sexual abuse or sexual harassment that occurred with our facility, the jail administrator will notify the agency head asap no less than 72 hours and document that such information was provided. All allegations would be investigated. The agency has not received such reports.

Warden/Designee/Jail Administrator – The interviewed staff reported that upon receipt of an allegation it shall be reported immediately and no later than 72 hours to the agency head.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of

	<p>relevant policies corroborate that the facility is complying with the provisions of this standard.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach by connecting PREA documentation, policies, on-site observation, site review of the facility, facility practices, interviewed staff and confined persons, local advocates, and online PREA Audit: Pre-Audit Questionnaire to corroborate findings determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.64 Staff first responder duties	
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>Evidence Relied Upon in Making Compliance Determination:</p> <p>Documentation:</p> <p>PCSO Policy 350.10 FIRST RESPONDER DUTIES AND PROCEDURES, P.R.E.A (Prison Rape Elimination Act), p.13</p> <p>Investigation Report (19)</p> <p>Interview Guide:</p> <p>Inmate who Reported Sexual Abuse (3)</p> <p>Random Sample of Staff/Security Staff (12)</p> <p>Non-Security Staff (1)</p> <p>Compliance Determination by Provisions and Corrective Actions:</p> <p>115.64 (a): Upon learning of an allegation that an inmate was sexually abused, the first security staff member to respond to the report shall be required to: (1) Separate the alleged victim and abuser; (2) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; (3) If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and (4) If the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating,</p>

smoking, drinking, or eating.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, the policy requires that, upon learning of an allegation that an inmate was sexually abused, the first security staff member to respond to the report to separate the alleged victim and abuser. The policy requires that, upon learning of an allegation that an inmate was sexually abused, the first security staff member to respond to the report to preserve and protect any crime scene until appropriate steps can be taken to collect any evidence. The policy requires that, if the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. The policy requires that, if the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.

In the past 12 months, the number of allegations that an inmate was sexually abused: 15. Of these allegations of sexual abuse in the past 12 months, the number of times the first security staff member to respond to the report separated the alleged victim and abuser: 15.

In the past 12 months, the number of allegations where staff were notified within a time period that still allowed for the collection of physical evidence: 13. Of these allegations in the past 12 months where staff were notified within a time period that still allowed for the collection of physical evidence, the number of times the first security staff member to respond to the report preserved and protected any crime scene until appropriate steps could be taken to collect any evidence: 13. Of these allegations in the past 12 months where staff were notified within a time period that still allowed for the collection of physical evidence, the number of times the first security staff member to respond to the report requested that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating: 13. Of these allegations in the past 12 months where staff were notified within a time period that still allowed for the collection of physical evidence, the number of times the first security staff member to respond to the report ensured that the alleged abuser not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating: 13.

PCSO Policy 350.10 FIRST RESPONDER DUTIES AND PROCEDURES, P.R.E.A (Prison Rape Elimination Act), p.13: Upon learning of an allegation that an inmate has been sexually abused, the first staff member to respond shall: 1. Separate the alleged victim and abuser. 2. Protect and preserve any crime scene until appropriate steps

can be taken for the collection of physical evidence. 3. If the abuse occurred within a time period that still allows for the collection of physical evidence, staff should request the alleged victim not take any actions that could destroy any physical evidence, including as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, drinking, or eating. 4. If the abuse occurred within a period of time that still allows for the collection of physical evidence, staff shall ensure that the abuser does not take any action that could destroy any physical evidence. This includes as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, drinking, or eating.

Documentation of responses to allegations: while onsite the auditor reviewed all of the PREA related allegations. There was one allegation of sexual abuse, and the file included the first responder checklist and response. The site had a thorough investigation documented.

#### Interviews:

Random Sample of Staff/Security Staff- All twelve staff confirmed that if they were the first to be notified of alleged sexual abuse, they would immediately inform their supervisor, PREA Coordinator, separate the residents and wait for further instructions. They also stated that they would not share the information with other residents or staff members who were not directly involved in handling the incident. One non security staff interviewed was able to articulate the agency first responder protocol along with their responsibilities to immediately report any allegation of sexual abuse or sexual harassment.

Inmates who Reported a Sexual Abuse – Three inmates were interviewed. It was determined that two of the three had reported sexual harassment. All of the interviewed inmates stated that staff responded immediately after a allegation was made. Upon notification the inmate was removed from the interview, and staff discussed with them the nature of the allegations.

#### Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.64 (b): If the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence and then notify security staff.

#### Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, Agency policy requires that if the first staff responder is not a



security staff member, that responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence. Agency policy requires that if the first staff responder is not a security staff member, that responder shall be required to notify security staff. Of the allegations that an inmate was sexually abused made in the past 12 months, the number of times a non-security staff member was the first responder: 0. Of those allegations responded to first by a non-security staff member, the number of times that staff member requested that the alleged victim not take any actions that could destroy physical evidence: 0. Of those allegations responded to first by a non-security staff member, the number of times that staff member notified security staff: 0.

PCSO Policy 350.10 FIRST RESPONDER DUTIES AND PROCEDURES, P.R.E.A (Prison Rape Elimination Act), p.13: 5. If the first responder is not a Putnam County Sheriff's Office Corrections Deputy, they shall be required to request that the alleged victim not take any actions that could destroy physical evidence and then notify Corrections Personnel.

Documentation of responses to allegations: while onsite the auditor reviewed all of the PREA related allegations. There was one allegation of sexual abuse, and the file included the first responder checklist and response. The site had a thorough investigation documented.

Interviews:

Random Sample of Staff/Security Staff- All twelve staff confirmed that if they were the first to be notified of alleged sexual abuse, they would immediately inform their supervisor, PREA Coordinator, separate the residents and wait for further instructions. They also stated that they would not share the information with other residents or staff members who were not directly involved in handling the incident. One non security staff interviewed was able to articulate the agency first responder protocol along with their responsibilities to immediately report any allegation of sexual abuse or sexual harassment.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

Overall Findings:

The auditor uses a triangulation approach by connecting PREA documentation, policies, on-site observation, site review of the facility, facility practices, interviewed staff and confined persons, local advocates, and online PREA Audit: Pre-Audit Questionnaire

<b>115.65</b>	<b>Coordinated response</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Relied Upon in Making Compliance Determination:</p> <p>Compliance Determination:</p> <p>PCSO Policy 350.10.1 Coordinated Response, P.R.E.A (Prison Rape Elimination Act), p.13</p> <p>PCSO PREA incident checklist sheet</p> <p>Interview Guide:</p> <p>Warden/Designee/Jail Administrator</p> <p>Compliance Determination by Provisions and Corrective Actions:</p> <p>115.65 (a): 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 and mental health practitioners, investigators, and facility leadership.</p> <p>Compliance Determination:</p> <p>The facility has demonstrated compliance with this provision of the standard because:</p> <p>As reported in the PAQ, the facility has developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership.</p> <p>PCSO Policy 350.10.1 Coordinated Response, P.R.E.A (Prison Rape Elimination Act), p.13: The Putnam County Sheriff's Office Correctional Staff have a written plan and have been trained on the actions to be taken to an incident of sexual abuse. This written plan includes medical and mental health practitioners, investigators, and facility leadership.</p> <p>The facility has a PCSO PREA incident checklist sheet which provides the PREA Prevention and Response. The checklist sheet provides information on the date, time, badge # and required actions taken.</p> <p>Interviews:</p> <p>Warden/Designee/Jail Administrator – The interviewed staff reported that there is a written plan to respond to incidents of sexual abuse. The plan includes separating and protecting the victim, preserve evidence, and notify supervisors.</p> <p>Corrective Actions:</p>

	<p>N/A. There are no corrective actions for this provision.</p> <p>Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach by connecting PREA documentation, policies, on-site observation, site review of the facility, facility practices, interviewed staff and confined persons, local advocates, and online PREA Audit: Pre-Audit Questionnaire to corroborate findings determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.66	Preservation of ability to protect inmates from contact with abusers
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>Evidence Relied Upon in Making Compliance Determination:</p> <p>Documentation:</p> <ul style="list-style-type: none"> <li>PCSO Policy 350.10.2 Preservation of Ability to Protect Inmates from Contact with Abusers, P.R.E.A (Prison Rape Elimination Act), pp.13-14</li> </ul> <p>Interview Guide:</p> <p>Agency Head (Designee)</p> <p>Compliance Determination by Provisions and Corrective Actions:</p> <p>115.66 (a): Neither the agency nor any other governmental entity responsible for collective bargaining on the agency's behalf shall enter into or renew any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.</p> <p>Compliance Determination:</p> <p>The facility has demonstrated compliance with this provision of the standard because:</p> <p>As reported in the PAQ, the agency, facility, or any other governmental entity is not responsible for collective bargaining on the agency's behalf has entered into or renewed any collective bargaining agreement or other agreement since August 20,</p>

2012, or since the last PREA audit, whichever is later.

PCSO Policy 350.10.2 Preservation of Ability to Protect Inmates from Contact with Abusers, P.R.E.A (Prison Rape Elimination Act), pp.13-14: The Putnam County Sheriff's Office shall not enter into any collective bargaining agreement or other agreement that limits the office's ability to remove any alleged staff member(s) from contact with any inmates pending the outcome of an investigation or determination of whether and to what extent discipline is warranted.

Interviews:

Agency Head (Designee) – The interviewed staff reported that the agency does not participate in any collective bargaining.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.66 (b): Nothing in this standard shall restrict the entering into or renewal of agreements that govern: (1) The conduct of the disciplinary process, as long as such agreements are not inconsistent with the provisions of §§ 115.72 and 115.76; or (2) Whether a no-contact assignment that is imposed pending the outcome of an investigation shall be expunged from or retained in the staff member's personnel file following a determination that the allegation of sexual abuse is not substantiated.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

PCSO Policy 350.10.2 Preservation of Ability to Protect Inmates from Contact with Abusers, P.R.E.A (Prison Rape Elimination Act), p.14: Nothing in this policy shall restrict the entering into or renewal of agreements that govern the disciplinary process, as long as they are consistent with this policy. Whether a no-contact assignment that is imposed pending the outcome of an investigation, shall be expunged from, or retained in the staff members personnel file following a determination the allegation of sexual abuse is not substantiated.

Auditor is not required to audit this provision.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this

	<p>standard.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach by connecting PREA documentation, policies, on-site observation, site review of the facility, facility practices, interviewed staff and confined persons, local advocates, and online PREA Audit: Pre-Audit Questionnaire to corroborate findings determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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<b>115.67</b>	<b>Agency protection against retaliation</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>Evidence Relied Upon in Making Compliance Determination:</p> <p>Documentation:</p> <p>PCSO Policy 350.10.3 Facility Protection Against Retaliation, P.R.E.A (Prison Rape Elimination Act), p.14</p> <p>Retaliation Monitoring (1)</p> <p>Site Review:</p> <p>(Review Auditor's PREA Audit Site Review Checklist/Notes for evidence.)</p> <p>Interview Guide:</p> <p>Agency Head (Designee)</p> <p>Warden/Designee/Jail Administrator</p> <p>Designated Staff Member Charged with Monitoring Retaliation (Warden if non-Available)</p> <p>Inmates in Segregated Housing (for risk of sexual victimization/who allege to have suffered sexual abuse) (2)</p> <p>Inmate who Reported Sexual Abuse (3)</p> <p>Compliance Determination by Provisions and Corrective Actions:</p> <p>115.67 (a): The agency shall establish a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff and shall</p>

designate which staff members or departments are charged with monitoring retaliation.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, the agency has a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff. The agency designates staff member(s) or charges department(s) with monitoring for possible retaliation. Responsible party is the PREA Coordinator.

PCSO Policy 350.10.3 Facility Protection Against Retaliation, P.R.E.A (Prison Rape Elimination Act), p.14: The Putnam County Sheriff's Office shall protect all staff and inmates who report sexual abuse or sexual harassment investigations from retaliation by other inmates or staff. The P.R.E.A. Coordinator is responsible for monitoring any retaliation.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.67 (b): The agency shall employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

PCSO Policy 350.10.3 Facility Protection Against Retaliation, P.R.E.A (Prison Rape Elimination Act), p.14: The Office shall employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for staff and inmates that fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigators.

Documentation of Protective Measures Taken: The reviewed monitoring for retaliation form showed how the facility took protective measures in housing, monitoring disciplinary reports, checking on the inmate and offering follow up services.

Interviews:

Agency Head (Designee) – The interviewed staff reported that the agency protects inmates and staff from retaliation of sexual abuse or sexual harassment allegations, by prohibiting any contact between the victim and the perpetrator. The PREA Coordinator will monitor for 90 days to ensure no retaliation.

Warden/Designee/Jail Administrator – The interviewed staff reported that monitoring for retaliation may include housing changes or transfers, removal, or reassignment of alleged abusers, conducting monitoring checks, and follow up services.

Designated Staff Member Charged with Monitoring – The interviewed staff reported that if the allegation is substantiated, they will monitor for retaliation. The monitoring measures include face to face visits, reviewing grievances and monitoring for disciplinary issues. In monitoring, we will review to make sure there is no extra disciplinary and that disciplinary is legit. We will also look to see if the person is having issues with anyone and that they are not being moved around by staff. Being treated fairly

Inmates in Segregated Housing (for risk of sexual victimization/who allege to have suffered sexual abuse) - Two residents in custody were in special housing during the audit period. Both residents stated that they feel safe at the facility and felt staff were willing to assist at any time needed help

Inmates who Reported a Sexual Abuse – Three inmates were interviewed. Two of the three reported sexual harassment. The interviewed inmates reported that they did feel protected from possible revenge. However, one inmate stated that they were put in segregation for twenty days and another felt like a separation allegation was not responded to. The auditor looked into the allegations, and it was determined that the documented segregation was not related to the allegation and the additional allegation was not PREA related.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.67 (c): For at least 90 days following a report of sexual abuse, the agency shall monitor the conduct and treatment of inmates or staff who reported the sexual abuse and of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff, and shall act promptly to remedy any such retaliation. Items the agency should monitor include any inmate disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The agency shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, the agency/facility monitors the conduct or treatment of inmates or staff who reported sexual abuse and of inmates who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by inmates or staff. The length of time that the agency/facility monitors the conduct or treatment: 90 days. The agency/facility acts promptly to remedy any such retaliation. The number of times an incident of retaliation occurred in the past 12 months: 0.

PCSO Policy 350.10.3 Facility Protection Against Retaliation, P.R.E.A (Prison Rape Elimination Act), p.14: For at least 90 days following the report of sexual abuse, the P.R.E.A. Coordinator or their designee as assigned shall monitor the conduct and treatment of staff and/or inmates who reported the sexual abuse and of inmates who were reported to have suffered sexual abuse to see if any changes that may reflect possible retaliation by inmates or staff and shall immediately notify a Supervisor of any suspected retaliation.

The P.R.E.A. Coordinator or their designee shall monitor any inmate disciplinary reports, housing, or other program changes. Corrections command shall monitor any negative staff performance reviews or reassignments. Supervisors shall continue such monitoring beyond 90 days if the initial monitoring indicates the need to continue.

Documentation of Protective Measures Taken: The reviewed monitoring for retaliation form showed how the facility took protective measures in housing, monitoring disciplinary reports, checking on the inmate and offering follow up services.

Interviews:

Warden/Designee/Jail Administrator – The interviewed staff stated that immediate safety interventions will be taking to protect the inmate. Safety interventions include separating the involved parties, investigating any retaliation, disciplinary actions, enhanced monitoring, and protective transfers as a last resort.

Designated Staff Member Charged with Monitoring Retaliation (or Warden if nonavailable) – Monitoring will be consistent in face-to-face visits, reviewing grievance logs and disciplinary reports. We will look to verify that individuals are not having problems with anyone and whether there is unnecessary disciplinary infractions. Monitoring will occur for 90 days and extended if necessary.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.67 (d): In the case of inmates, such monitoring shall also include periodic status



checks.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

PCSO Policy 350.10.3 Facility Protection Against Retaliation, P.R.E.A (Prison Rape Elimination

Act), p.14: In the case of inmates, such monitoring shall include periodic personal interviews.

Documentation of Protective Measures Taken: The reviewed monitoring for retaliation form showed how the facility took protective measures in housing, monitoring disciplinary reports, checking on the inmate and offering follow up services. Monitoring included periodic status checks.

Interviews:

Designated Staff Member Charged with Monitoring Retaliation (or Warden if nonavailable) - Designated Staff Member Charged with Monitoring Retaliation (or Warden if nonavailable) - Monitoring will be consistent in face-to-face visits, reviewing grievance logs and disciplinary reports. We will look to verify that individuals are not having problems with anyone and whether there is unnecessary disciplinary infractions.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.67 (e): 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.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

PCSO Policy 350.10.3 Facility Protection Against Retaliation, P.R.E.A (Prison Rape Elimination Act), p.14: If any other individual who has cooperated with an investigation, expresses a fear of retaliation, a Supervisor shall take appropriate measures to protect that individual from retaliation.

Interviews:

Agency Head (Designee) - The interviewed staff reported that if there is fear of

	<p>retaliation, we will take specific actions to protect the inmate. If the inmate is placed in protective custody, classification will monitor every 30 days by doing a housing assessment. The PREA Coordinator will monitor for 90 days.</p> <p>Warden/Designee/Jail Administrator- As previously discussed, the interviewed staff reported that safety measures will be taken to protect against retaliation.</p> <p>Corrective Actions:</p> <p>N/A. There are no corrective actions for this provision.</p> <p>Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.</p> <p>115.67 (f): An agency's obligation to monitor shall terminate if the agency determines that the allegation is unfounded.</p> <p>Compliance Determination:</p> <p>The facility has demonstrated compliance with this provision of the standard because:</p> <p>PCSO Policy 350.10.3 Facility Protection Against Retaliation, P.R.E.A (Prison Rape Elimination Act), p.14: The Putnam County Sheriff's Office's obligation to monitor shall terminate if the investigation reveals the allegations are unfounded.</p> <p>The auditor is not required to audit this provision.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach by connecting PREA documentation, policies, on-site observation, site review of the facility, facility practices, interviewed staff and confined persons, local advocates, and online PREA Audit: Pre-Audit Questionnaire to corroborate findings determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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<b>115.68</b>	<b>Post-allegation protective custody</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Relied Upon in Making Compliance Determination:</p> <p>Documentation:</p> <ul style="list-style-type: none"> <li>PCSO Policy 350.10.3 Facility Protection Against Retaliation, P.R.E.A (Prison Rape Elimination Act), p.14</li> </ul>

· Investigations File Reviewed Notes

Interview Guide:

Warden/Designee/Jail Administrator

Staff who Supervise Inmates in Segregated Housing

Inmates in Segregated Housing (for risk of sexual victimization/who allege to have suffered sexual abuse (2)

Compliance Determination by Provisions and Corrective Actions:

115.68 (a): Any use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse shall be subject to the requirements of § 115.43.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, the agency has a policy prohibiting the placement of inmates who allege to have suffered sexual abuse in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers. The number of inmates who allege to have suffered sexual abuse who were held in involuntary segregated housing in the past 12 months for one to 24 hours awaiting completion of assessment: 0. The number of inmates who allege to have suffered sexual abuse who were assigned to involuntary segregated housing in the past 12 months for longer than 30 days while awaiting alternative placement: 0. From a review of case files of inmates who allege to have suffered sexual abuse who were held in involuntary segregated housing in the past 12 months, the number of case files that include BOTH (a) a statement of the basis for facility's concern for the inmate's safety, and (b) the reason or reasons why alternative means of separation could not be arranged: 0. If an involuntary segregated housing assignment is made, the facility affords each such inmate a review every 30 days to determine whether there is a continuing need for separation from the general population.

PCSO Policy 350.10.3 Facility Protection Against Retaliation, P.R.E.A (Prison Rape Elimination Act), p.14: Any use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse shall be subject to the requirements of procedures outlined in this policy.

The facility has demonstrated compliance with PREA requirements regarding the documentation and review of protective custody (PC) housing assignments for individuals who have alleged sexual abuse.

The auditor reviewed case files and classification records for inmates placed in involuntary segregated housing as a result of alleged sexual abuse within the past 12 months. Documentation included detailed housing assignment records, case notes,

and logs reflecting in-cell and out-of-cell activities. The records indicated that the facility ensures access to programs, privileges, education, and work opportunities is maintained for inmates in protective custody unless documented and justified otherwise.

In cases where access was restricted, the facility provided clear documentation specifying:

1. The nature of the limited opportunity,
2. The duration of the restriction, and
3. The rationale for the limitation, including safety and security concerns.

The facility also maintained appropriate records verifying that involuntary segregation was only used as a temporary protective measure. Documentation confirmed that such placements did not exceed 30 days unless alternative housing options were not feasible, and the extended placement was thoroughly documented with justification.

Interviews with staff responsible for classification, as well as the review of housing logs and PC assessments, support the conclusion that the facility has policies and practices in place that align with the intent of the PREA standards, ensuring that involuntary segregation is used only as necessary and with proper oversight.

Interviews:

Warden/Designee/Jail Administrator – The interviewed staff reported that inmates at high risk for sexual victimization cannot be placed in involuntary segregated housing as a default or without cause. Segregated housing should be the last resort to protect the inmate.

Staff who Supervise Inmates in Segregated Housing – One staff member was interviewed that provided supervision to inmates in segregated housing. Staff confirmed that yes residents can still have access to programs, education and recreation. The staff interviewed stated that facility does not restrict access and residents in segregated housing have access to kiosk and tablets as well as get the same amount of outside cell as other residents; segregation housing can be temporary for resident; if resident is in segregation they are normally there at least 71 hours to determine if they can return to normal housing areas; and the facility conduct review of the residents circumstances every 30 days to determine if continued placement in segregated housing is required.

Inmates in Segregated Housing (for risk of sexual victimization/who allege to have suffered sexual abuse) – Two residents stated they have limited access to programs, work and other privileges since being in segregated housing area. One resident stated that only been allowed to participate in recreation once in three weeks. Other resident requested to be allowed work detail because being in the room was causing mental health issues. During the audit period the resident was given work detail. One resident has been in segregated housing for one week and the other has been in housing for five months. The resident that has been in segregated housing for five

	<p>months has participated in therapist session one time since arriving at the facility.</p> <p>Corrective Actions:</p> <p>N/A. There are no corrective actions for this provision.</p> <p>Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach by connecting PREA documentation, policies, on-site observation, site review of the facility, facility practices, interviewed staff and confined persons, local advocates, and online PREA Audit: Pre-Audit Questionnaire to corroborate findings determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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<b>115.71</b>	<b>Criminal and administrative agency investigations</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>Evidence Relied Upon in Making Compliance Determination:</p> <p>Documentation:</p> <ul style="list-style-type: none"> <li>· PCSO Policy 350.11 INVESTIGATIONS (Criminal and Administrative), P.R.E.A (Prison Rape Elimination Act), pp.14-15</li> <li>· PCSO Policy 350.11.1 Administrative Investigations, P.R.E.A (Prison Rape Elimination Act), pp.15-16</li> <li>· Investigations (19)</li> </ul> <p>Site Review:</p> <p>(Review Auditor's PREA Audit Site Review Checklist/Notes for evidence.)</p> <p>Interview Guide:</p> <p>Inmates who Reported Sexual Abuse (3)</p> <p>PREA Coordinator</p> <p>PREA Compliance Manager)</p>

Warden/Designee/Jail Administrator

Compliance Determination by Provisions and Corrective Actions:

115.71 (a): When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

PCSO Policy 350.11 INVESTIGATIONS (Criminal and Administrative), P.R.E.A (Prison Rape Elimination Act), p.14-15: When notified of any allegation of sexual abuse or sexual harassment, including third party and anonymous reports, the Putnam County Sheriff's Office shall conduct a prompt, thorough and objective administrative investigation.

Interview:

Investigative Staff – The interviewed staff reported that investigations are completed immediately upon notification.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.71 (b): Where sexual abuse is alleged, the agency shall use investigators who have received special training in sexual abuse investigations pursuant to § 115.34.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

PCSO Policy 350.11 INVESTIGATIONS (Criminal and Administrative), P.R.E.A (Prison Rape Elimination Act), p.14-15: Where sexual abuse is alleged, specially trained C.I.D. personnel, who conduct sexual abuse investigations shall be assigned.

Interviews:

Investigative Staff – The interviewed staff reported that they received specialized training in conducting sexual abuse and harassment in a confinement setting. The training was conducted by NIC and taken online.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.71 (c): Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

PCSO Policy 350.11 INVESTIGATIONS (Criminal and Administrative), P.R.E.A (Prison Rape Elimination Act), p.15: Investigators shall gather and preserve direct and circumstantial evidence, including any physical and DNA type of evidence, along with any electronic monitoring data. Investigators shall conduct interviews of alleged victims, suspected perpetrators, and witnesses. A review shall be made of any prior complaints and any reports of sexual abuse involving the suspected abuser:

The facility has demonstrated compliance with PREA requirements related to the documentation, investigation, and retention of records concerning allegations of sexual abuse and sexual harassment. During the onsite audit, the auditor reviewed all available investigative case files from the past 12 months, including allegations of both sexual abuse and sexual harassment. The facility provided comprehensive and well-organized documentation for each case, including incident reports, investigative notes, evidence logs, witness statements, and final outcomes.

The facility maintains a clear record retention schedule in accordance with PREA Standard 115.71(j), which requires that all administrative and criminal sexual abuse investigation records be retained for as long as the alleged abuser is incarcerated or employed by the facility, plus five years. Documentation reviewed confirmed adherence to this schedule.

The case records provided also demonstrated compliance with investigative protocols, including prompt initiation of investigations, documentation of findings, and appropriate classification of substantiated, unsubstantiated, or unfounded cases. Additionally, the records reflected notification to involved parties, consistent with PREA requirements. Based on the thoroughness of the documentation reviewed and staff interviews, the auditor finds the facility maintains appropriate systems for the retention and management of investigative records.

Interviews:

Investigative Staff – Upon notification of an allegation, an investigation will begin. If needed, investigators will interview all parties, including at the hospital if necessary. It is preferred to visit the scene first to gather evidence and assess the situation.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.71 (d): When the quality of evidence appears to support criminal prosecution, the agency shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

PCSO Policy 350.11 INVESTIGATIONS (Criminal and Administrative), P.R.E.A (Prison Rape Elimination Act), p.15:

When there is quality of evidence to support criminal prosecution, C.I.D. shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.

The facility has demonstrated compliance with PREA requirements related to the documentation, investigation, and retention of records concerning allegations of sexual abuse and sexual harassment. During the onsite audit, the auditor reviewed all available investigative case files from the past 12 months, including allegations of both sexual abuse and sexual harassment. The facility provided comprehensive and well-organized documentation for each case, including incident reports, investigative notes, evidence logs, witness statements, and final outcomes.

The facility maintains a clear record retention schedule in accordance with PREA Standard 115.71(j), which requires that all administrative and criminal sexual abuse investigation records be retained for as long as the alleged abuser is incarcerated or employed by the facility, plus five years. Documentation reviewed confirmed adherence to this schedule.

The case records provided also demonstrated compliance with investigative protocols, including prompt initiation of investigations, documentation of findings, and appropriate classification of substantiated, unsubstantiated, or unfounded cases. Additionally, the records reflected notification to involved parties, consistent with PREA requirements. Based on the thoroughness of the documentation reviewed and staff interviews, the auditor finds the facility maintains appropriate systems for the retention and management of investigative records.

Interviews:

Investigative Staff – The interviewed investigator is also a criminal investigator. If



there is evidence of a criminal nature the investigator will issue a warrant.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.71 (e): The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as inmate or staff. No agency shall require an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.

Compliance Determination:

The facility demonstrated compliance with this provision of the standard because:

Interviews:

Investigative Staff – The interviewed staff reported that inmates will not be subjected to a polygraph test. However, we will judge the credibility based on past behavior, attitude, conflicting stories, and behaviors.

Inmates who Reported a Sexual Abuse – Three inmates were interviewed. All of the interviewed inmates reported that they were not required to take a polygraph test.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this stan

115.71 (f): Administrative investigations: (1) Shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and (2) Shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

PCSO Policy 350.11.1 Administrative Investigations, P.R.E.A (Prison Rape Elimination Act), pp.15-16: Administrative Investigations shall include an effort to determine

whether staff actions or failures to act, contributed to the abuse. This shall be documented in a written report that includes a description of the physical and testimonial evidence, the reasoning behind the credibility assessments and the investigative facts and findings.

The facility has demonstrated compliance with PREA requirements related to the documentation, investigation, and retention of records concerning allegations of sexual abuse and sexual harassment. During the onsite audit, the auditor reviewed all available investigative case files from the past 12 months, including allegations of both sexual abuse and sexual harassment. The facility provided comprehensive and well-organized documentation for each case, including incident reports, investigative notes, evidence logs, witness statements, and final outcomes.

The facility maintains a clear record retention schedule in accordance with PREA Standard 115.71(j), which requires that all administrative and criminal sexual abuse investigation records be retained for as long as the alleged abuser is incarcerated or employed by the facility, plus five years. Documentation reviewed confirmed adherence to this schedule.

The case records provided also demonstrated compliance with investigative protocols, including prompt initiation of investigations, documentation of findings, and appropriate classification of substantiated, unsubstantiated, or unfounded cases. Additionally, the records reflected notification to involved parties, consistent with PREA requirements. Based on the thoroughness of the documentation reviewed and staff interviews, the auditor finds the facility maintains appropriate systems for the retention and management of investigative records.

There was one allegation referred for prosecution.

#### Interviews:

Investigative Staff : The interviewed staff reported that they complete administrative and criminal investigations. The process for conducting the investigations will look similar.

#### Observation of Records Storage Practices

During the site review at the Putnam County Sheriff's Office, the auditor observed both physical and electronic records storage procedures to assess compliance with PREA Standards related to the confidentiality and security of sensitive documentation. This included records such as PREA risk screening forms, medical and mental health files, and documentation related to sexual abuse or harassment allegations.

#### Physical Records Storage

The auditor was escorted to the records storage area where hard copy documentation related to PREA compliance is maintained. These records included completed PREA risk screening forms, investigation files, incident reports, and other supporting documentation.

The physical storage area is located in a restricted-access office within the administrative suite of the facility. The room is secured with a keyed lock and is only accessible to authorized personnel, which includes the PREA Coordinator, administrative staff, and select supervisory personnel. The door remained locked when not in use, and files are stored in locked filing cabinets within the secured room. The auditor confirmed that access to this room is monitored and limited to staff with a business need to review confidential records.

#### Electronic Records Storage and Safeguards

The facility maintains portions of its PREA-related documentation electronically, including risk screening results, grievance submissions, medical/mental health records, and incident tracking data. The auditor observed that all electronic records are accessed through the facility's secured jail management system (JMS) and, in some cases, the electronic health records system.

Access to these electronic systems is:

#### Password-protected

Role-based, ensuring only specific personnel (e.g., medical, mental health, investigators, PREA Coordinator) can access sensitive PREA-related records.

Time-stamped, with access logs available for review if needed.

The auditor met informally with the facility's IT administrator, who confirmed that system permissions are regularly audited, and accounts are deactivated immediately upon staff separation. Staff are prohibited from sharing login credentials, and routine access checks are conducted.

#### Informal Conversations with Staff

In conversations with supervisory and intake staff, the auditor confirmed that employees are trained on the importance of maintaining confidentiality regarding all PREA-related information. Staff demonstrated awareness of the sensitivity of medical and mental health records and knew who was authorized to access physical files or view electronic documentation.

Medical and mental health staff also confirmed that their records are maintained separately within their secured offices and in electronic health record systems accessible only to licensed professionals.

#### Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.71 (g): Criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence

and attaches copies of all documentary evidence where feasible.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

PCSO Policy 350.11.1 Administrative Investigations, P.R.E.A (Prison Rape Elimination Act), p.15: Any and all Criminal Investigations shall be documented in a written report that contains a thorough description of physical testimonial and documentary evidence and attaches a copy of all documentary evidence where feasible.

Investigations: The auditor reviewed the investigations file to determine the evidence that is used is maintained in the file.

Interviews:

Investigative Staff - The interviewed staff reported that all investigations are documented in a written report.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this stan

115.71 (h): Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, Substantiated allegations of conduct that appear to be criminal are referred for prosecution. The number of substantiated allegations of conduct that appear to be criminal that were referred for prosecution since August 20, 2012, or since the last PREA audit, whichever is later: 1.

PCSO Policy 350.11.1 Administrative Investigations, P.R.E.A (Prison Rape Elimination Act), p.15: The Putnam County Sheriff's Office has zero tolerance for sexual abuse or sexual harassment and any substantiated allegations of conduct that appears to be criminal in nature shall be referred for prosecution.

The facility has demonstrated compliance with PREA requirements related to the documentation, investigation, and retention of records concerning allegations of sexual abuse and sexual harassment. During the onsite audit, the auditor reviewed all available investigative case files from the past 12 months, including allegations of both sexual abuse and sexual harassment. The facility provided comprehensive and well-organized documentation for each case, including incident reports, investigative

notes, evidence logs, witness statements, and final outcomes.

The facility maintains a clear record retention schedule in accordance with PREA Standard 115.71(j), which requires that all administrative and criminal sexual abuse investigation records be retained for as long as the alleged abuser is incarcerated or employed by the facility, plus five years. Documentation reviewed confirmed adherence to this schedule.

The case records provided also demonstrated compliance with investigative protocols, including prompt initiation of investigations, documentation of findings, and appropriate classification of substantiated, unsubstantiated, or unfounded cases. Additionally, the records reflected notification to involved parties, consistent with PREA requirements. Based on the thoroughness of the documentation reviewed and staff interviews, the auditor finds the facility maintains appropriate systems for the retention and management of investigative records.

There was one allegation of sexual abuse referred for prosecution

Interviews:

Investigative Staff – The interviewed staff reported that if there are allegations that are criminal in nature, they will discuss with prosecution and seek a warrant.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff and residents, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.71 (i): The agency shall retain all written reports referenced in paragraphs (f) and (g) of this section for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, the agency retains all written reports pertaining to the administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

PCSO Policy 350.11.1 Administrative Investigations, P.R.E.A (Prison Rape Elimination Act), p.15: Any written reports concerning the above, shall be retained by the Putnam County Sheriff's Office for as long as the abuser is incarcerated or employed by this office, plus five years.

The facility has demonstrated compliance with PREA requirements related to the documentation, investigation, and retention of records concerning allegations of

sexual abuse and sexual harassment. During the onsite audit, the auditor reviewed all available investigative case files from the past 12 months, including allegations of both sexual abuse and sexual harassment. The facility provided comprehensive and well-organized documentation for each case, including incident reports, investigative notes, evidence logs, witness statements, and final outcomes.

The facility maintains a clear record retention schedule in accordance with PREA Standard 115.71(j), which requires that all administrative and criminal sexual abuse investigation records be retained for as long as the alleged abuser is incarcerated or employed by the facility, plus five years. Documentation reviewed confirmed adherence to this schedule.

The case records provided also demonstrated compliance with investigative protocols, including prompt initiation of investigations, documentation of findings, and appropriate classification of substantiated, unsubstantiated, or unfounded cases. Additionally, the records reflected notification to involved parties, consistent with PREA requirements. Based on the thoroughness of the documentation reviewed and staff interviews, the auditor finds the facility maintains appropriate systems for the retention and management of investigative records.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.71 (j): The departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

PCSO Policy 350.11.1 Administrative Investigations, P.R.E.A (Prison Rape Elimination Act), p.15: The termination of the alleged abuser or victim from the employment or control of the Putnam County Sheriff's Office shall not provide a basis for terminating the investigation.

Interviews:

Investigative Staff – The interviewed staff reported that all allegations will be investigated to see whether or not the person's employment terminates prior to the investigation process.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.71 (k): Any State entity or Department of Justice component that conducts such investigations shall do so pursuant to the above requirements.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

PCSO Policy 350.11.1 Administrative Investigations, P.R.E.A (Prison Rape Elimination Act), p.15: Any state entity or Department of Justice component that concludes such investigations shall do so pursuant to the above requirements.

Auditor is not required to audit this provision.

115.71 (l): When outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

PCSO Policy 350.11.1 Administrative Investigations, P.R.E.A (Prison Rape Elimination Act), p.16: When outside agencies investigate sexual abuse, the Putnam County Sheriff's Office will fully cooperate with their investigation and shall endeavor to remain informed about the progress of the investigation.

Interviews:

Warden/Designee/Jail Administrator – The interviewed staff reported that the agency conducts its own investigations. The PREA Coordinators communicates with the investigators on the results or status of the investigation.

PREA Coordinator – The interviewed staff reported that an outside agency does not conduct investigations.

PREA Compliance Manager - The staff interviewed reported that an outside agency does not conduct investigations.

Investigative Staff – The interviewed staff reported that an outside agency will investigate only if the DA deems there is a conflict of interest.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of

	<p>relevant policies corroborate that the facility is complying with the provisions of this standard.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach by connecting PREA documentation, policies, on-site observation, site review of the facility, facility practices, interviewed staff and confined persons, local advocates, and online PREA Audit: Pre-Audit Questionnaire to corroborate findings determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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<b>115.72</b>	<b>Evidentiary standard for administrative investigations</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>Evidence Relied Upon in Making Compliance Determination:</p> <p>Documentation:</p> <ul style="list-style-type: none"> <li>· PCSO Policy 350.11.1 Administrative Investigations, P.R.E.A (Prison Rape Elimination Act), p.16</li> <li>· Investigations</li> </ul> <p>Interview Guide:</p> <p>Investigative Staff (1)</p> <p>Compliance Determination by Provisions and Corrective Actions:</p> <p>115.72 (a): The agency shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p>Compliance Determination:</p> <p>The facility has demonstrated compliance with this provision of the standard because:</p> <p>As reported in the PAQ, the agency imposes a standard of a preponderance of the evidence or a lower standard of proof when determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p>PCSO Policy 350.11.1 Administrative Investigations, P.R.E.A (Prison Rape Elimination Act), p.16: The Evidentiary Standard for Administrative Investigations shall not impose a higher standard than a preponderance of evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.</p>



	<p>Investigations: The facility has demonstrated compliance with PREA Standard §115.72, which requires that no standard higher than a preponderance of the evidence be imposed when determining whether allegations of sexual abuse or sexual harassment are substantiated. Through documentation review and staff interviews, the auditor confirmed that the facility’s investigative process adheres to the appropriate evidentiary threshold. Investigative staff consistently apply the “preponderance of the evidence” standard—meaning it is more likely than not that the alleged incident occurred—when making final determinations regarding the substantiation of allegations. The facility’s policies and training materials also reflect this standard, reinforcing the expectation that no higher burden of proof (such as “beyond a reasonable doubt”) is used in administrative investigations of sexual abuse or sexual harassment.</p> <p>Based on evidence reviewed and staff understanding of investigative requirements, the facility is found to be in full compliance with this standard.</p> <p>Interviews:</p> <p>Investigative Staff – The interviewed staff reported that a preponderance of evidence would be used to determine whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p>Corrective Actions:</p> <p>N/A. There are no corrective actions for this provision.</p> <p>Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this stan</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach by connecting PREA documentation, policies, on-site observation, site review of the facility, facility practices, interviewed staff and confined persons, local advocates, and online PREA Audit: Pre-Audit Questionnaire to corroborate findings determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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<b>115.73</b>	<b>Reporting to inmates</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Relied Upon in Making Compliance:</p> <p>Documentation:</p>

· PCSO Policy 350.11.2 Reporting to Inmates, P.R.E.A (Prison Rape Elimination Act), p.16

· Inmate PREA Allegation Status Notification (9)

Interview Guide:

Investigative Staff (1)

Warden/Designee/Jail Administrator

Inmate who Reported Sexual Abuse (3)

Compliance Determination by Provisions and Corrective Actions:

115.73 (a): Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, the agency shall inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, The agency has a policy requiring that any inmate who makes an allegation that he or she suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency. The number of criminal and/or administrative investigations of alleged inmate sexual abuse that were completed by the agency/facility in the past 12 months: 13. Of the alleged sexual abuse investigations that were completed in the past 12 months, the number of inmates who were notified, verbally or in writing, of the results of the investigation: 13.

PCSO Policy 350.11.2 Reporting to Inmates, P.R.E.A (Prison Rape Elimination Act), p.16: Following an investigation into an inmate's allegation of sexual abuse while in the custody of the Putnam County Sheriff's Office, a Supervisor or their designee shall inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.

Inmate PREA Allegation Status Notification: The auditor verified facility compliance with PREA Standard §115.73 through a review of documentation related to nine resident PREA allegations. In each case, the facility provided written notification to the resident regarding the outcome of the investigation, as required by the standard.

The notifications included whether the allegation was substantiated, unsubstantiated, or unfounded, and, where applicable, additional information regarding disciplinary or criminal charges against the abuser. Documentation demonstrated that residents were asked to sign acknowledgment forms confirming receipt of the notification. In instances where a resident refused to sign, the facility properly documented the refusal, maintaining compliance with the standard's requirements.

Interviews:

Warden/Designee/Jail Administrator – The interviewed staff reported that the facility is required to notify the inmate the results of the outcome of the investigation.

Investigative Staff – The interviewed staff reported that the outcome of the investigation will be reported to the inmate.

Inmates who Reported a Sexual Abuse – Three inmates were interviewed. Two of the three reported that they were aware and were notified the results of the allegation.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.73 (b): If the agency did not conduct the investigation, it shall request the relevant information from the investigative agency in order to inform the inmate.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, The number of investigations of alleged inmate sexual abuse in the facility that were completed by an outside agency in the past 12 months: 0. Of the outside agency investigations of alleged sexual abuse that were completed in the past 12 months, the number of inmates alleging sexual abuse in the facility who were notified verbally or in writing of the results of the investigation: 0.

PCSO Policy 350.11.2 Reporting to Inmates, P.R.E.A (Prison Rape Elimination Act), p.16: If the Putnam County Sheriff's Office did not conduct the investigation, it shall request the relevant information from the investigatory agency in order to inform the inmate.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.73 (c): Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, the agency shall subsequently inform the inmate (unless the agency has determined that the allegation is unfounded) whenever: (1) The staff member is no longer posted within the inmate's unit; (2) The staff member

is no longer employed at the facility; (3) The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or (4) The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, the agency/facility subsequently informs the inmate (unless the agency has determined that the allegation is unfounded) whenever:

- The staff member is no longer posted within the inmate's unit;
- The staff member is no longer employed at the facility;
- The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or
- The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

PCSO Policy 350.11.2 Reporting to Inmates, P.R.E.A (Prison Rape Elimination Act), p.16: Following the inmate's allegation that a staff member has committed sexual abuse against the inmate, the Putnam County Sheriff's Office shall subsequently inform the inmate (unless determined to be unfounded) whenever: 1. The staff member is no longer posted within the inmates housing unit. 2. The staff member is no longer employed at the Jail Facility. 3. The investigative agency learns that the staff member has been indicted/arrested on a charge related to sexual abuse within the Jail Facility. 4. The investigative agency learns that the staff member has been convicted on a charge related to sexual abuse within the Jail Facility.

Investigations: Upon review it was determined that the allegations did not involve staff.

Interviews:

Inmates who Reported a Sexual Abuse – One of the three inmates interviewed reported sexual abuse. The inmate stated that the allegation did not involve staff.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.73 (d): Following an inmate's allegation that he or she has been sexually abused by another inmate, the agency shall subsequently inform the alleged victim whenever: (1) The agency learns that the alleged abuser has been indicted on a

charge related to sexual abuse within the facility; or (2) The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, following an inmate's allegation that he or she has been sexually abused by another inmate in an agency facility, the agency subsequently informs the alleged victim whenever:

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

The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

PCSO Policy 350.11.2 Reporting to Inmates, P.R.E.A (Prison Rape Elimination Act), p.16: Following the inmate's allegation that they have been sexually abused by another inmate, the Putnam County Sheriff's Office shall subsequently inform the alleged victim whenever: 1. The Putnam County Sheriff's Office learns that the alleged abuser has been indicted on a charge related to sexual abuse within the Jail Facility. 2. The Putnam County Sheriff's Office learns that the alleged abuser has been convicted on a charge related to sexual abuse within the Jail Facility.

The facility reported that they have not had any substantiated PREA cases that resulted in charges in 2024-2025.

Notification: The auditor reviewed notifications that were made to inmates, showing the facility process to notify inmates of the results of the investigation.

Interviews:

Inmates who Reported a Sexual Abuse – One of the three inmates interviewed reported sexual abuse. The inmate reported that he was made aware that the inmate was removed from the housing area.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.73 (e): All such notifications or attempted notifications shall be documented.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, the agency has a policy that all notifications to inmates described under this standard are documented. In the past 12 months, the number of notifications to inmates that were provided pursuant to this standard: 11. Of those notifications made in the past 12 months, the number that were documented: 11.

PCSO Policy 350.11.2 Reporting to Inmates, P.R.E.A (Prison Rape Elimination Act), p.16: All such notifications or attempted notifications shall be documented in the inmate's Jail Records.

Notification: The auditor reviewed notifications that were made to inmates, showing the facility process to notify inmates of the results of the investigation.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.73 (f): An agency's obligation to report under this standard shall terminate if the inmate is released from the agency's custody.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

PCSO Policy 350.11.2 Reporting to Inmates, P.R.E.A (Prison Rape Elimination Act), p.16: The Putnam County Sheriff's Office is not obligated to report their findings once an inmate has been released from the Jail Facility.

Auditor is not required to audit this provision.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

Overall Findings:

The auditor uses a triangulation approach by connecting PREA documentation, policies, on-site observation, site review of the facility, facility practices, interviewed staff and confined persons, local advocates, and online PREA Audit: Pre-Audit Questionnaire to corroborate findings determinations. Based on analysis, the facility is

	compliant with all provisions in this standard.
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<b>115.76</b>	<b>Disciplinary sanctions for staff</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Relied Upon in Making Compliance Determination:</p> <p>Documentation:</p> <ul style="list-style-type: none"> <li>· PCSO Policy 350.12 Discipline, P.R.E.A (Prison Rape Elimination Act), pp.16-18</li> <li>· General Order 1010.6</li> <li>· Administrative Investigations General Order 1010.9</li> <li>· Criminal Investigations General Order</li> <li>· General Order 1010 – Disciplinary Process and Personnel Complaints</li> </ul> <p>Compliance Determination by Provisions and Corrective Actions:</p> <p>115.76 (a): Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.</p> <p>Compliance Determination:</p> <p>The facility has demonstrated compliance with this provision of the standard because:</p> <p>PCSO Policy 350.12 Discipline, P.R.E.A (Prison Rape Elimination Act), p.17: The Putnam County Sheriff's Office has zero tolerance for sexual abuse or sexual harassment from an employee, a contractor, a volunteer, or an inmate, and those who violate such rules or laws are subject to prosecution and/or discipline. Putnam County Sheriff's Office Employees are governed by written policies such as General Order 1010-Disciplinary Process and Personnel Complaints, concerning employee discipline and the ramifications for violations of this policy. General Order 1010.6 Administrative Investigations General Order 1010.9 Criminal Investigations General Order 1010.12 Disciplinary Process. Putnam County Sheriff's Office employees shall be subject to discipline up to and including Termination for violations of sexual abuse or sexual harassment. Any employee found to be in violation of policy and laws concerning sexual abuse shall be terminated.</p> <p>Corrective Actions:</p> <p>N/A. There are no corrective actions for this provision.</p>

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.76 (b): Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse.

Compliance Determination:

The facility has demonstrated compliance with this provision of the I because:

As reported in the PAQ,

In the past 12 months, the number of staff from the facility who have violated agency sexual abuse or sexual harassment policies: 0. In the past 12 months, the number of those staff from the facility who have been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies: 0.

PCSO Policy 350.12 Discipline, P.R.E.A (Prison Rape Elimination Act), p.17: The Putnam County Sheriff's Office has zero tolerance for sexual abuse or sexual harassment from an employee, a contractor, a volunteer, or an inmate, and those who violate such rules or laws are subject to prosecution and/or discipline. Putnam County Sheriff's Office Employees are governed by written policies such as General Order 1010-Disciplinary Process and Personnel Complaints, concerning employee discipline and the ramifications for violations of this policy. General Order 1010.6 Administrative Investigations General Order 1010.9 Criminal Investigations General Order 1010.12 Disciplinary Process.

There were no sample records of terminations, resignations, or other sanctions for violation of sexual abuse or sexual harassment policies.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.76 (c): Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, the disciplinary sanctions for violations of agency policies



relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. In the past 12 months, the number of staff from the facility who have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies (other than actually engaging in sexual abuse):0.

PCSO Policy 350.12 Discipline, P.R.E.A (Prison Rape Elimination Act), p.17: The Putnam County Sheriff's Office has zero tolerance for sexual abuse or sexual harassment from an employee, a contractor, a volunteer, or an inmate, and those who violate such rules or laws are subject to prosecution and/or discipline. Putnam County Sheriff's Office Employees are governed by written policies such as General Order 1010-Disciplinary Process and Personnel Complaints, concerning employee discipline and the ramifications for violations of this policy. General Order 1010.6 Administrative Investigations General Order 1010.9 Criminal Investigations General Order 1010.12 Disciplinary Process.

The facility has not had substantiated PREA cases that resulted in disciplinary sanctions taken against staff for violations of the agency sexual abuse or sexual harassment policies in the past 12 months.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.76 (d): All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are reported to law enforcement agencies (unless the activity was clearly not criminal) and to any relevant licensing bodies. In the past 12 months, the number of staff from the facility that have been reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies: 0.

PCSO Policy 350.12 Discipline, P.R.E.A (Prison Rape Elimination Act), p.17: The Putnam County Sheriff's Office has zero tolerance for sexual abuse or sexual harassment from

	<p>an employee, a contractor, a volunteer, or an inmate, and those who violate such rules or laws are subject to prosecution and/or discipline. Putnam County Sheriff's Office Employees are governed by written policies such as General Order 1010-Disciplinary Process and Personnel Complaints, concerning employee discipline and the ramifications for violations of this policy. General Order 1010.6 Administrative Investigations General Order 1010.9 Criminal Investigations General Order 1010.12 Disciplinary Process.</p> <p>Corrective Actions:</p> <p>N/A. There are no corrective actions for this provision.</p> <p>Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach by connecting PREA documentation, policies, on-site observation, site review of the facility, facility practices, interviewed staff and confined persons, local advocates, and online PREA Audit: Pre-Audit Questionnaire to corroborate findings determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.77 Corrective action for contractors and volunteers	
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Relied Upon in Making Compliance Determination:</p> <p>Documentation:</p> <ul style="list-style-type: none"> <li>PCSO Policy 350.12 Discipline, P.R.E.A (Prison Rape Elimination Act), pp.16-18</li> <li>General Order 1010.6</li> <li>Administrative Investigations General Order 1010.9</li> <li>Criminal Investigations General Order</li> <li>General Order 1010 – Disciplinary Process and Personnel Complaints</li> <li>Investigations</li> </ul> <p>Interviews:</p>

Warden/Designee/Jail Administrator

Compliance Determination by Provisions and Corrective Actions:

115.77 (a): Any contractor or volunteer who engages in sexual abuse is prohibited from contact with inmates and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, Agency policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies (unless the activity was clearly not criminal) and to relevant licensing bodies. Agency policy requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with inmates. In the past 12 months, the number of contractors or volunteers reported to law enforcement for engaging in sexual abuse of inmates: 0.

PCSO Policy 350.12 Discipline, P.R.E.A (Prison Rape Elimination Act), p.17: Any contractor or volunteer who engages in sexual abuse or sexual harassment shall be prohibited from contact with inmates and shall have any security clearance revoked immediately. Any sexual abuse or harassment by a contractor or volunteer shall be reported to law enforcement and relevant licensing bodies unless the activity was clearly not criminal.

Upon review of the investigations that were no PREA-related allegations involving contracted or volunteer staff.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.77 (b): The facility takes appropriate remedial measures, and considers whether to prohibit further contact with inmates, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, the facility does not take appropriate remedial measures and considers whether to prohibit further contact with inmates in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.

	<p>PCSO Policy 350.12 Discipline, P.R.E.A (Prison Rape Elimination Act), p.17: Any contractor or volunteer who engages in sexual abuse or sexual harassment shall be prohibited from contact with inmates and shall have any security clearance revoked immediately. Any sexual abuse or harassment by a contractor or volunteer shall be reported to law enforcement and relevant licensing bodies unless the activity was clearly not criminal.</p> <p>Upon review of the investigations that were no PREA-related allegations involving contracted or volunteer staff.</p> <p>Interview:</p> <p>Warden/Designee/Jail Administrator – The interviewed staff reported that if a contractor or volunteer engages in sexual abuse or sexual harassment they will be immediately removed from the facility.</p> <p>Corrective Actions:</p> <p>N/A. There are no corrective actions for this provision.</p> <p>Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach by connecting PREA documentation, policies, on-site observation, site review of the facility, facility practices, interviewed staff and confined persons, local advocates, and online PREA Audit: Pre-Audit Questionnaire to corroborate findings determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.78	Disciplinary sanctions for inmates
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>Evidence Relied Upon in Making Compliance Determination:</p> <p>Documentation:</p> <ul style="list-style-type: none"> <li>· PCSO Policy 350.12 Discipline, P.R.E.A (Prison Rape Elimination Act), pp.16-18</li> <li>· General Order 1010.6</li> <li>· Administrative Investigations General Order 1010.9</li> </ul>

- Criminal Investigations General Order
- General Order 1010 – Disciplinary Process and Personnel Complaints
- Investigations

Interview Guide

Warden/Designee/Jail Administrator

Medical and Mental Health Staff (2)

Compliance Determination by Provisions and Corrective Actions:

115.78 (a): Inmates shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse or following a criminal finding of guilt for inmate-on-inmate sexual abuse.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, Inmates are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse. Inmates are subject to disciplinary sanctions only pursuant to a formal disciplinary process following a criminal finding of guilt for inmate-on-inmate sexual abuse. In the past 12 months, the number of administrative findings of inmate-on-inmate sexual abuse that have occurred at the facility: 1. In the past 12 months, the number of criminal findings of guilt for inmate-on-inmate sexual abuse that have occurred at the facility: 1.

PCSO Policy 350.12 Discipline, P.R.E.A (Prison Rape Elimination Act), p.17: Inmates shall be subject to disciplinary action pursuant to a formal disciplinary process following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse or following a criminal finding of guilt for inmate-on-inmate sexual abuse.

Investigation Report: the auditor reviewed the investigation report for the inmate-on-inmate allegation. The perpetrator was removed from the facility.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.78 (b): Sanctions shall be commensurate with the nature and circumstances of

the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

PCSO Policy 350.12 Discipline, P.R.E.A (Prison Rape Elimination Act), p.17: Sanctions shall be commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories.

Investigation Report: the auditor reviewed the investigation report for the inmate-on-inmate allegation. The perpetrator was removed from the facility.

Interview:

Warden/Designee/Jail Administrator – The interviewed staff reported that depending on the severity of the misconduct disciplinary sanctions may include loss of privileges, disciplinary segregation, housing reassignment, referral to law enforcement, and mandatory treatment services.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.78 (c): The disciplinary process shall consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

PCSO Policy 350.12 Discipline, P.R.E.A (Prison Rape Elimination Act), p.17: The disciplinary process shall consider whether an inmate's mental disabilities or mental illness contributed to their behavior when determining what type of discipline, if any, should be imposed.

Investigation Report: the auditor reviewed the investigation report for the inmate-on-inmate allegation. The perpetrator was removed from the facility.

Interview:

Warden/Designee/Jail Administrator – The interviewed staff reported that depending on the severity of the misconduct disciplinary sanctions may include loss of

privileges, disciplinary segregation, housing reassignment, referral to law enforcement, and mandatory treatment services.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.78 (d): If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to require the offending inmate to participate in such interventions as a condition of access to programming or other benefits.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, the facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse. If the facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse, the facility considers whether to require the offending inmate to participate in such interventions as a condition of access to programming or other benefits.

PCSO Policy 350.12 Discipline, P.R.E.A (Prison Rape Elimination Act), p.17: The Jail Facility at the Putnam County Sheriff's Office has mental health providers available for those inmates in need. If it is determined by the mental health staff the inmate involved may need therapy or counseling or other interventions to address any underlying reasons or motivations for the abuse, the Jail Facility shall consider whether to require the offending inmate to participate in such interventions as a condition of access to programs or other benefits.

Interview:

Medical and Mental Health Staff – The interviewed staff reported that they offer onsite mental health services. Inmates will not be disciplined for participation in services.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.78 (e): The agency may discipline an inmate for sexual contact with staff only

upon a finding that the staff member did not consent to such contact.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, the agency disciplines inmates for sexual conduct with staff only upon finding that the staff member did not consent to such contact.

PCSO Policy 350.12 Discipline, P.R.E.A (Prison Rape Elimination Act), p.17: The Putnam County Sheriff's Office may discipline an inmate for sexual contact with staff only upon finding that the staff member did not consent to such contact.

There were identified allegations involving staff and inmates.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.78 (f): For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, the agency prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation.

PCSO Policy 350.12 Discipline, P.R.E.A (Prison Rape Elimination Act), p.17: For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying even if the investigation does not establish evidence sufficient to substantiate the allegation.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this



	<p>standard.</p> <p>115.78 (g): An agency may, in its discretion, prohibit all sexual activity between inmates and may discipline inmates for such activity. An agency may not, however, deem such activity to constitute sexual abuse if it determines that the activity is not coerced.</p> <p>Compliance Determination:</p> <p>The facility has demonstrated compliance with this provision of the standard because:</p> <p>As reported in the PAQ, the agency prohibits all sexual activity between inmates. If the agency prohibits all sexual activity between inmates and disciplines inmates for such activity, the agency deems such activity to constitute sexual abuse only if it determines that the activity is coerced. Check N/A if the agency does not prohibit all sexual activity between inmates.</p> <p>PCSO Policy 350.12 Discipline, P.R.E.A (Prison Rape Elimination Act), p.18: Consensual sexual activity between inmates is prohibited and inmates engaging in consensual sexual activity will be disciplined for such acts. The Jail facility staff may not deem such activity to constitute sexual abuse, if it is determined that the activity was consensual and not coerced.</p> <p>Corrective Actions:</p> <p>N/A. There are no corrective actions for this provision.</p> <p>Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach by connecting PREA documentation, policies, on-site observation, site review of the facility, facility practices, interviewed staff and confined persons, local advocates, and online PREA Audit: Pre-Audit Questionnaire to corroborate findings determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.81	Medical and mental health screenings; history of sexual abuse
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>Evidence Relied Upon in Making Compliance Determination:</p> <p>Documentation:</p>

- PCSO Policy 350.13 MEDICAL AND MENTAL CARE, P.R.E.A (Prison Rape Elimination Act), p.18
- List of Residents who Reported Prior Sexual Victimization and Perpetration
- Referral to medical and mental health

Site Review:

(Review Auditor's PREA Audit Site Review Checklist/Notes for evidence.)

Interview Guide:

Inmates who Disclose Sexual Victimization at Risk Screening (3)

Staff Responsible for Risk Screening

Medical and Mental Health Staff (2)

Compliance Determination by Provisions and Corrective Actions:

115.81 (a): If the screening pursuant to § 115.41 indicates that a prison/jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff shall ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, all inmates at this facility who have disclosed any prior sexual victimization during a screening pursuant to §115.41 are offered a follow-up meeting with a medical or mental health practitioner. A follow-up meeting was offered within 14 days of the intake screening. In the past 12 months, the percent of inmates who disclosed prior victimization during screening were offered a follow-up meeting with a medical or mental health practitioner: 100. Medical and mental health staff maintain secondary materials (e.g., form, log) documenting compliance with the above required services.

PCSO Policy 350.13 MEDICAL AND MENTAL CARE, P.R.E.A (Prison Rape Elimination Act), p.18: If the screening for the risk of victimization and abusiveness completed at intake indicates that an inmate has experienced prior sexual victimization or has previously perpetrated sexual abuse, staff shall ensure that the inmate is immediately referred for a Mental Health Assessment by qualified mental health provider. The inmate's meeting with medical or mental health providers shall occur within 14 days of intake screening. Inmates with a history of sexually assaultive behavior and inmates at risk for sexual victimization are identified, monitored, and counseled.

List of residents who reported prior sexual victimization was reviewed to determine file review.

Follow Up Services: the auditor reviewed a sample of follow services for inmates who reported prior sexual victimization.

Interviews:

Inmates who Disclose Sexual Victimization at Risk Screening - During the audit period, three residents in custody disclosed past sexual victimization. Two of these individuals confirmed that staff offered to connect them with medical or mental health services following their disclosure. One resident indicated that mental health services were not offered after disclosure but is currently seeing a therapist.

Staff Responsible for Risk Screening - The interviewed staff reported that if a inmate was screened for prior sexual victimization or perpetration the information would be sent to the PREA Coordinator to determine the next steps and referral to medical and mental health.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.81 (b): If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening.

Compliance Determination:

The facility has demonstrated compliance with the provision of the standard because:

As reported in the PAQ,

In the past 12 months, the percent of inmates who have previously perpetrated sexual abuse, as indicated during the screening, who were offered a follow-up meeting with a mental health practitioner: 100.

PCSO Policy 350.13 MEDICAL AND MENTAL CARE, P.R.E.A (Prison Rape Elimination Act), p.18: If the screening for the risk of victimization and abusiveness completed at intake indicates that an inmate has experienced prior sexual victimization or has previously perpetrated sexual abuse, staff shall ensure that the inmate is immediately referred for a Mental Health Assessment by qualified mental health provider. The inmate's meeting with medical or mental health providers shall occur within 14 days of intake screening. Inmates with a history of sexually assaultive behavior and inmates at risk for sexual victimization are identified, monitored, and counseled.

List of residents who reported prior sexual perpetration was reviewed to determine file review.

Follow Up Services: the auditor reviewed a sample of follow services for inmates who reported a history of sexual perpetration.

Interviews:

Staff Responsible for Risk Screening – The interviewed staff reported that once the information is sent to the PREA Coordinator they are unaware of what happens next.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.81 (c): See 115.81(a)

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

PCSO Policy 350.13 MEDICAL AND MENTAL CARE, P.R.E.A (Prison Rape Elimination Act), p.18: If the screening for the risk of victimization and abusiveness completed at intake indicates that an inmate has experienced prior sexual victimization or has previously perpetrated sexual abuse, staff shall ensure that the inmate is immediately referred for a Mental Health Assessment by qualified mental health provider. The inmate's meeting with medical or mental health providers shall occur within 14 days of intake screening. Inmates with a history of sexually assaultive behavior and inmates at risk for sexual victimization are identified, monitored, and counseled.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.81 (d): Any information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, Information related to sexual victimization or abusiveness that occurred in an institutional setting is not strictly limited to medical and mental health practitioners. The information shared with other staff is strictly limited to informing security and management decisions, including treatment plans, housing, bed, work, education, and program assignments, or as otherwise required by federal, state, or local law.

PCSO Policy 350.13 MEDICAL AND MENTAL CARE, P.R.E.A (Prison Rape Elimination Act), p.18: Any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, work, bed assignments, work, education, and program assignments, or as otherwise required by Federal, state, or local law.

The PREA Coordinator reported that the information is limited to staff, medical and mental health practitioners and necessary staff who make decisions about housing, programs, treatment, security and other that is required by federal, state, and local law.

#### Observation of Records Storage Practices

During the site review at the Putnam County Sheriff's Office, the auditor observed both physical and electronic records storage procedures to assess compliance with PREA Standards related to the confidentiality and security of sensitive documentation. This included records such as PREA risk screening forms, medical and mental health files, and documentation related to sexual abuse or harassment allegations.

#### Physical Records Storage

The auditor was escorted to the records storage area where hard copy documentation related to PREA compliance is maintained. These records included completed PREA risk screening forms, investigation files, incident reports, and other supporting documentation.

The physical storage area is located in a restricted-access office within the administrative suite of the facility. The room is secured with a keyed lock and is only accessible to authorized personnel, which includes the PREA Coordinator, administrative staff, and select supervisory personnel. The door remained locked when not in use, and files are stored in locked filing cabinets within the secured room. The auditor confirmed that access to this room is monitored and limited to staff with a business need to review confidential records.

#### Electronic Records Storage and Safeguards

The facility maintains portions of its PREA-related documentation electronically, including risk screening results, grievance submissions, medical/mental health records, and incident tracking data. The auditor observed that all electronic records are accessed through the facility's secured jail management system (JMS) and, in

some cases, the electronic health records system.

Access to these electronic systems is:

Password-protected

Role-based, ensuring only specific personnel (e.g., medical, mental health, investigators, PREA Coordinator) can access sensitive PREA-related records.

Time-stamped, with access logs available for review if needed.

The auditor met informally with the facility's IT administrator, who confirmed that system permissions are regularly audited, and accounts are deactivated immediately upon staff separation. Staff are prohibited from sharing login credentials, and routine access checks are conducted.

Informal Conversations with Staff

In conversations with supervisory and intake staff, the auditor confirmed that employees are trained on the importance of maintaining confidentiality regarding all PREA-related information. Staff demonstrated awareness of the sensitivity of medical and mental health records and knew who was authorized to access physical files or view electronic documentation.

Medical and mental health staff also confirmed that their records are maintained separately within their secured offices and in electronic health record systems accessible only to licensed professionals.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.81 (e): Medical and mental health practitioners shall obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, Medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18.

PCSO Policy 350.13 MEDICAL AND MENTAL CARE, P.R.E.A (Prison Rape Elimination Act), p.18: Medical and mental health practitioners shall obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur an institutional setting, unless the inmate is under the age of 18.

	<p>Interviews:</p> <p>Medical and Mental Health Staff – The interviewed staff reported that there are no residents onsite under the age of 18. One staff stated that all reports are typically done only on incidents at the facility.</p> <p>Corrective Actions:</p> <p>N/A. There are no corrective actions for this provision.</p> <p>Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach by connecting PREA documentation, policies, on-site observation, site review of the facility, facility practices, interviewed staff and confined persons, local advocates, and online PREA Audit: Pre-Audit Questionnaire to corroborate findings determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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<b>115.82</b>	<b>Access to emergency medical and mental health services</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>Evidence Relied Upon in Making Compliance Determination:</p> <p>Documentation:</p> <ul style="list-style-type: none"> <li>PCSO Policy 350.13.1 Access to Emergency Medical and Mental Health Services, P.R.E.A (Prison Rape Elimination Act), pp.18-19.</li> </ul> <p>Corrective Action Memo: Confidential Mental Health Services</p> <p>Interview Guide:</p> <ul style="list-style-type: none"> <li>Medical and Mental Health Staff (2)</li> <li>Inmates who Reported Sexual Abuse (3)</li> <li>Security Staff (12) and Non-Security Staff First Responders (1)</li> </ul> <p>Compliance Determination by Provisions and Corrective Actions:</p> <p>115.82 (a): Inmate victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope</p>

of which are determined by medical and mental health practitioners according to their professional judgment.

#### Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, Inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The nature and scope of such services are determined by medical and mental health practitioners according to their professional judgment. Medical and mental health staff maintain secondary materials (e.g., form, log) documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis. (Such documentation is not required by the Standard but may be helpful to review during the audit.)

PCSO Policy 350.13.1 Access to Emergency Medical and Mental Health Services, P.R.E.A (Prison Rape Elimination Act), p.18: Inmate victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgement.

Follow Up on what was uploaded. The auditor reviewed the record of an inmate involved in a sexual abuse allegation. The inmate record indicated that the inmate was seen offsite by the hospital for immediate emergency treatment and crisis intervention services.

#### Interviews:

Medical and Mental Health Staff – The medical interviewed staff reported that inmates receive immediate access to services and the nature and scope of services are based on clinical judgment. The mental health staff reported that treatment services are sometimes restricted due to security staff availability. She also reported that security staff sit in on all sessions.

Inmates who Reported a Sexual Abuse – Two of the three interviewed inmates reported that they were seen by medical and mental health. It should also be noted that only one of the interviewed inmates reported sexual abuse.

#### Corrective Actions:

Confidentiality: The facility implemented a corrective action plan to ensure that inmates have confidential communication with the inmates during clinical sessions.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this



standard.

115.82 (b): If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, security staff first responders shall take preliminary steps to protect the victim pursuant to § 115.62 and shall immediately notify the appropriate medical and mental health practitioners.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

PCSO Policy 350.13.1 Access to Emergency Medical and Mental Health Services, P.R.E.A (Prison Rape Elimination Act), p.18: If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, staff first responders shall take preliminary steps to protect the victim pursuant to policy and shall immediately notify the appropriate medical and mental health practitioners.

Interviews:

Random Sample of Staff/Security Staff- All twelve staff confirmed that if they were the first to be notified of alleged sexual abuse, they would immediately inform their supervisor, PREA Coordinator, separate the residents and wait for further instructions. They also stated that they would not share the information with other residents or staff members who were not directly involved in handling the incident. One non security staff interviewed was able to articulate the agency first responder protocol along with their responsibilities to immediately report any allegation of sexual abuse or sexual harassment.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard,

115.82 (c): Inmate victims of sexual abuse while incarcerated shall be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, Inmate victims of sexual abuse while incarcerated are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.

PCSO Policy 350.13.1 Access to Emergency Medical and Mental Health Services, P.R.E.A (Prison Rape Elimination Act), p.18: Inmate victims of sexual abuse while incarcerated shall be offered information about access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professional accepted standards of care, where medically appropriate.

Interviews:

Medical and Mental Health Staff – The interviewed staff reported that victims are offered timely access information to emergency contraception and sexually transmitted infection prophylaxis.

Inmates who Reported a Sexual Abuse – Two of the three inmates interviewed reported sexual abuse. None of the inmates reported receiving STI information.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

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

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, Treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

PCSO Policy 350.13.1 Access to Emergency Medical and Mental Health Services, P.R.E.A (Prison Rape Elimination Act), p.19: Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard,

Overall Findings:

	The auditor uses a triangulation approach by connecting PREA documentation, policies, on-site observation, site review of the facility, facility practices, interviewed staff and confined persons, local advocates, and online PREA Audit: Pre-Audit Questionnaire to corroborate findings determinations. Based on analysis, the facility is compliant with all provisions in this standard.
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<b>115.83</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Relied Upon in Making Compliance Determination:</p> <p>Documentation:</p> <ul style="list-style-type: none"> <li>· PCSO Policy 350.13.1 Access to Emergency Medical and Mental Health Services, P.R.E.A (Prison Rape Elimination Act), pp.18-19</li> <li>· Follow Up Care</li> </ul> <p>Site Review:</p> <p>(Review Auditor's PREA Audit Site Review Checklist/Notes for evidence.)</p> <p>Interview Guide:</p> <ul style="list-style-type: none"> <li>· Medical and Mental Health Staff (2)</li> <li>· Inmate who Reported Sexual Abuse (3)</li> </ul> <p>Compliance Determination by Provisions and Corrective Actions:</p> <p>115.83 (a): The facility shall offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.</p> <p>Compliance Determination:</p> <p>The facility has demonstrated compliance with this provision of the standard because:</p> <p>As reported in the PAQ, the facility offers medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.</p> <p>PCSO Policy 350.13.1 Access to Emergency Medical and Mental Health Services, P.R.E.A (Prison Rape Elimination Act), p.19: The Putnam County Sheriff's Office shall offer medical and mental health evaluation and, as appropriate, treatment to all</p>

inmates who have been victimized by sexual abuse in any prison, detention center, jail, or juvenile facility.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.83 (b): The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

PCSO Policy 350.13.1 Access to Emergency Medical and Mental Health Services, P.R.E.A (Prison Rape Elimination Act), p.19: The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or upon their release from custody.

Sample of medical records or secondary documentation demonstrated victims receive follow-up services and appropriate treatment plans and, when necessary, continued care occurred onsite.

Interviews:

Medical and Mental Health Staff – The interviewed staff reported that the evaluation and treatment of inmates who have been victimized includes an initial assessment, referrals for care, and referrals for continued care.

Inmates who Reported a Sexual Abuse – One of the three interviewed inmates reported sexual abuse. The interviewed inmate reported that he was taken to the hospital to be seen shortly after the incident.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.83 (c): The facility shall provide such victims with medical and mental health

services consistent with the community level of care.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

PCSO Policy 350.13.1 Access to Emergency Medical and Mental Health Services, P.R.E.A (Prison Rape Elimination Act), p.19: The Putnam County Sheriff's Office Jail Facility shall provide such victims with medical and mental health services consistent with the community level of care.

Sample of medical records or secondary documentation that demonstrate victims receive medical and mental health services consistent with community level of care. The auditor reviewed records of the inmate who reported sexual abuse and confirmed services offered.

Interviews:

Medical and Mental Health Staff – The interviewed staff reported that services are consistent and/or above the community level of care.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.83 (d): Inmate victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, Female victims of sexual abusive vaginal penetration while incarcerated are offered pregnancy tests.

PCSO Policy 350.13.1 Access to Emergency Medical and Mental Health Services, P.R.E.A (Prison Rape Elimination Act), p.19: Inmate of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests.

Sample of medical records or secondary documentation that demonstrate victims receive medical and mental health services consistent with community level of care. The auditor reviewed records of the inmate who reported sexual abuse and confirmed services offered.

Interviews

Inmates who Reported a Sexual Abuse – The interviewed inmates were not female.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.83 (e): If pregnancy results from the conduct described in paragraph (d) of this section, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, if pregnancy results from sexual abuse while incarcerated, victims receive timely and comprehensive information about, and timely access to, all lawful pregnancy-related medical services.

PCSO Policy 350.13.1 Access to Emergency Medical and Mental Health Services, P.R.E.A (Prison Rape Elimination Act), p.19: If pregnancy results from the conduct described in this section, such victims shall receive timely and comprehensive information about timely access to all lawful pregnancy related medical services.

Interviews:

Medical and Mental Health Staff – The interviewed staff reported they will coordinate pregnancy related services as needed.

Inmates who Reported a Sexual Abuse – The interviewed inmates were not female.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.83 (f): Inmate victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, Inmate victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate.

PCSO Policy 350.13.1 Access to Emergency Medical and Mental Health Services, P.R.E.A (Prison Rape Elimination Act), p.19: Inmate victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate.

Interviews:

Inmates who Reported a Sexual Abuse – One of the three interviewed inmates reported sexual abuse. The interviewed inmate reported they were taken to the hospital and had a SANE examination. The inmate was not fully aware of what all the services were included in the examination.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

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

Compliance Determination:

The facility has demonstrated compliance with this standard because:

As reported in the PAQ, Treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

PCSO Policy 350.13.1 Access to Emergency Medical and Mental Health Services, P.R.E.A (Prison Rape Elimination Act), p.19: Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

Interviews:

Inmates who Reported a Sexual Abuse – One of the interviewed inmates reported that they were required to pay for the medical treatment. Upon review, the auditor reviewed the inmate records, and the record just showed the cost for service but did not require a payment from the inmate. While onsite staff reviewed the record with the inmate.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ,

	<p>interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.</p> <p>115.83 (h): All prisons attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners.</p> <p>Compliance Determination:</p> <p>The facility has demonstrated compliance with this provision of the standard because:</p> <p>N/A the facility is not a prison.</p> <p>Interviews:</p> <p>Medical and Mental Health Staff – The interviewed staff reported that they conduct a mental health evaluation on all known inmate on inmate abusers.</p> <p>Corrective Actions:</p> <p>N/A. There are no corrective actions for this provision.</p> <p>Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach by connecting PREA documentation, policies, on-site observation, site review of the facility, facility practices, interviewed staff and confined persons, local advocates, and online PREA Audit: Pre-Audit Questionnaire to corroborate findings determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.86	Sexual abuse incident reviews
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>Evidence Relied Upon in Making Compliance Determination:</p> <p>Documentation:</p> <ul style="list-style-type: none"> <li>PCSO Policy 350.14 SEXUAL ABUSE INCIDENT REVIEWS, P.R.E.A (Prison Rape Elimination Act), pp.19-20</li> </ul>



· Incident Review (1)

Interview Guide:

Warden/Designee/Jail Administrator

PREA Compliance Manager

Incident Review Team (1)

Compliance Determination by Provisions and Corrective Actions:

115.86 (a): The facility shall conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, the facility conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded. In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility, excluding only "unfounded" incidents: 1.

PCSO Policy 350.14 SEXUAL ABUSE INCIDENT REVIEWS, P.R.E.A (Prison Rape Elimination Act), p.19: The Putnam County Sheriff's Office shall conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined as unfounded.

Additional documentation of completed criminal or administrative investigations of sexual abuse.

Incident Review

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.86 (b): Such review shall ordinarily occur within 30 days of the conclusion of the investigation.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, the facility ordinarily conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation. In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility were followed by a sexual abuse incident review within 30 days, excluding only "unfounded" incidents: 1.

PCSO Policy 350.14 SEXUAL ABUSE INCIDENT REVIEWS, P.R.E.A (Prison Rape Elimination Act), p.19: Such reviews shall occur within 30 days of the conclusion of the investigation.

Sexual Abuse Incident Review determined that the allegation of sexual abuse was immediately reviewed upon the completion of the investigation.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.86 (c): The review team shall include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, the sexual abuse incident review team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners.

PCSO Policy 350.14 SEXUAL ABUSE INCIDENT REVIEWS, P.R.E.A (Prison Rape Elimination Act), p.19: The review team shall include an upper-level management representative, the P.R.E.A. Coordinator, a representative from the medical and mental health staff, as well as input from supervisors and investigators.

Incident Review team Report: The facility has demonstrated compliance with this provision of the standard as follows:

- As reported in the PAQ, the sexual abuse incident review team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners.

Interviews:

Warden/Designee/Jail Administrator – The interviewed staff reported that the review team will include upper-level management. The team will assess the facts of the incident, review policies and procedures, identify any weaknesses and, and make

recommendations for improvement.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.86 (d): The review team shall: (1) Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; (2) Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility; (3) Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; (4) Assess the adequacy of staffing levels in that area during different shifts; (5) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and (6) Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section, and any recommendations for improvement and submit such report to the facility head and PREA compliance manager.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, The facility prepares a report of its findings from sexual abuse incident reviews including, but not necessarily limited to, determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section and any recommendations for improvement, and submits such report to the facility head and PREA Compliance Manager.

PCSO Policy 350.14 SEXUAL ABUSE INCIDENT REVIEWS, P.R.E.A (Prison Rape Elimination Act), pp.19-20: The review team shall: 1. Consider whether the allegation or investigation indicates a need for policy change, or ways to prevent, detect or respond to sexual abuse incidents. 2. Consider whether the incident or allegation was motivated by race, ethnicity, gender identity, status or perceived status, gang affiliated or was motivated or caused by other group dynamics in the Jail Facility. 3. Examine the area in the Jail Facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse. 4. Assess the adequacy of staffing levels in the area during different shift. 5. Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff. 6. Prepare a report documenting its findings and any recommendations for improvement, the report shall be sent to the Sheriff for final review.

Incident Review team Report: The facility adheres to the requirements set forth by PREA Standard 115.86 (d), ensuring comprehensive reviews of all sexual abuse allegations and incidents. These reviews are conducted by a designated team, which follows a thorough process:

- Consideration of Policy Changes: The team evaluates whether the incident or investigation necessitates alterations to policies or practices to enhance the prevention, detection, and response to sexual abuse.
- Motivation Assessment: Investigations consider if the incident was motivated by factors such as race, ethnicity, gender identity, sexual orientation, gang affiliation, or other group dynamics within the facility.
- Examination of Physical Barriers: The location of the alleged incident is reviewed to determine if physical barriers could facilitate abuse.
- Staffing Level Assessment: Adequate staffing levels during various shifts in the area where the incident occurred are evaluated.
- Monitoring Technology: The need for deploying or augmenting monitoring technology to aid staff supervision is assessed.
- Report Preparation: A report documenting the findings and any recommendations for improvement is prepared and submitted to the facility head and PREA compliance manager.

The facility's adherence to these steps demonstrates its commitment to maintaining a safe environment and ensuring compliance with PREA standards.

#### Interviews:

Warden/Designee/Jail Administrator – The interviewed staff reported that the review team will include upper-level management. The team will assess the facts of the incident, review policies and procedures, identify any weaknesses and, and make recommendations for improvement.

PREA Compliance Manager – The incident review team will conduct sexual abuse incident reviews. The team will look at trends and coordinate with the PREA Coordinator.

Incident Review Team – The incident review team member reported that all of the above is considered when reviewing an allegation of sexual abuse. When reviewing camera footage, we are looking to see where blind spots are located; where camera coverage is not located. The review will also look to see where staff are deployed. For example, are they where they are supposed to be located. Is there adequate staff on duty.

#### Corrective Actions:

N/A. There are no corrective actions for this provision.

	<p>Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.</p> <p>115.86 (e): The facility shall implement the recommendations for improvement or shall document its reasons for not doing so.</p> <p>Compliance Determination:</p> <p>The facility has demonstrated compliance with this provision of the standard because:</p> <p>PCSO Policy 350.14 SEXUAL ABUSE INCIDENT REVIEWS, P.R.E.A (Prison Rape Elimination Act), p.20: The Jail Facility shall implement any recommendations for improvement or shall document its reasoning for not making changes as suggested.</p> <p>Corrective Actions:</p> <p>N/A. There are no corrective actions for this provision.</p> <p>Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach by connecting PREA documentation, policies, on-site observation, site review of the facility, facility practices, interviewed staff and confined persons, local advocates, and online PREA Audit: Pre-Audit Questionnaire to corroborate findings determinations. Based on analysis, the facility went beyond this standard requirement.</p>
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<b>115.87</b>	<b>Data collection</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Relied Upon in Making Compliance Determination:</p> <p>Documentation:</p> <p>PCSO Policy 350.14.1 Data Collection, P.R.E.A (Prison Rape Elimination Act), p.20</p> <p>Annual Report</p> <p>Interview Guide:</p>

Compliance Determination by Provisions and Corrective Actions:

115.87 (a): The agency shall collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, the agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions.

PCSO Policy 350.14.1 Data Collection, P.R.E.A (Prison Rape Elimination Act), p.20: The Putnam County Sheriff's Office shall collect accurate, uniform data for every allegation of sexual abuse using a standardized instrument and set of definitions.

Annual Report: The provision requires that the agency aggregate the incident-based sexual abuse data at least annually.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.87 (b): The agency shall aggregate the incident-based sexual abuse data at least annually.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, the agency aggregates the incident-based sexual abuse data at least annually.

PCSO Policy 350.14.1 Data Collection, P.R.E.A (Prison Rape Elimination Act), p.20: The Jail Facility shall aggregate the incident-based sexual abuse data at least annually.

The agency/facility aggregates the incident-based sexual abuse data at least annually as a part of the agency PREA annual report.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff and residents, and a review of relevant policies

corroborate that the facility is complying with the provisions of this standard.

115.87 (c): The incident-based data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, the standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice.

PCSO Policy 350.14.1 Data Collection, P.R.E.A (Prison Rape Elimination Act), p.20: The incident-based data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.87 (d): The agency shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, the agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

PCSO Policy 350.14.1 Data Collection, P.R.E.A (Prison Rape Elimination Act), p.20: The Putnam County Sheriff's Office shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigations files and sexual abuse incident reviews.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ,

interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.87 (e): The agency also shall obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, the agency does not contract for the confinement of its inmates.

PCSO Policy 350.14.1 Data Collection, P.R.E.A (Prison Rape Elimination Act), p.20: The Office shall also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.87 (f): Upon request, the agency shall provide all such data from the previous calendar year to the Department of Justice no later than June 30.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, N/A if DOJ has not requested agency data.

PCSO Policy 350.14.1 Data Collection, P.R.E.A (Prison Rape Elimination Act), p.20: Upon request, the Putnam County Sheriff's Office shall provide all such data from the previous calendar year to the Department of Justice no later than June 30.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

Overall Findings:

The auditor uses a triangulation approach by connecting PREA documentation, policies, on-site observation, site review of the facility, facility practices, interviewed



	staff and confined persons, local advocates, and online PREA Audit: Pre-Audit Questionnaire to corroborate findings determinations. Based on analysis, the facility is compliant with all provisions in this standard.
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<b>115.88</b>	<b>Data review for corrective action</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Relied Upon in Making Compliance Determination:</p> <p>Documentation:</p> <p>PCSO Policy 350.14.2 Data Review for Corrective Action, P.R.E.A (Prison Rape Elimination Act), pp.20-21</p> <p>Annual PREA Report</p> <p>Interview Guide:</p> <p>PREA Compliance Manager</p> <p>Agency Head (Designee)</p> <p>PREA Coordinator</p> <p>Compliance Determination by Provisions and Corrective Actions:</p> <p>115.88 (a): The agency shall review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: (1) Identifying problem areas; (2) Taking corrective action on an ongoing basis; and (3) Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole.</p> <p>Compliance Determination:</p> <p>The facility has demonstrated compliance with this provision of the standard because:</p> <p>As reported in the PAQ, The agency reviews data collected and aggregated pursuant to §115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, response policies, and training, including:</p> <ul style="list-style-type: none"> <li>• Identifying problem areas;</li> <li>• Taking corrective action on an ongoing basis; and</li> <li>• Preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole.</li> </ul> <p>PCSO Policy 350.14.2 Data Review for Corrective Action, P.R.E.A (Prison Rape</p>

Elimination Act), pp.20-21: The Putnam County Sheriff's Office shall review data collected in order to assess and improve the effectiveness of its sexual abuse prevention, detection, response policies, practices, and training including by: 1. Identifying problem areas 2. Taking corrective action on an ongoing basis 3. Preparing an annual report of its findings and corrective actions.

Annual Report: The facility has demonstrated compliance with PREA Standard 115.88(a), which requires the agency to prepare an annual report that assesses and documents efforts to prevent, detect, and respond to sexual abuse within its facilities. The auditor reviewed the facility's most recent annual PREA report and verified that it includes a comprehensive analysis of reported incidents, identifies problem areas, and outlines corrective actions taken. The report also reflects a commitment to transparency and continuous improvement, as it evaluates progress made in addressing prior deficiencies and includes plans for ongoing prevention strategies. The annual report is approved by the agency head and made publicly available on the agency's website, with any redactions clearly noted in accordance with confidentiality requirements. This serves as the first PREA audit for the facility however its juvenile facility was previously audited and have multiple annual reports for review.

#### Interviews:

Agency Head (Designee) – The interviewed staff reported that the PCSO will review data from the incidents documents, sexual assault incident reviews, reports from investigations to determine if there needs to be any policy changes, physical changes that could enable abuse. Additional PCSO will look at staffing levels and supervision.

PREA Coordinator – The interviewed staff reported the victim/predator list is shared with classification and programs. The facility provides at least one way for inmates to report abuse or harassment to a public or private entity. A free phone call to the crisis hotline is available on all PODS.

PREA Compliance Manager – The interviewed staff reported that, if necessary, the agency will create and review any corrective action plans.

#### Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.88 (b): Such report shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of the agency's progress in addressing sexual abuse.

#### Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, the annual report includes a comparison of the current year's data and corrective actions with those from prior years. The annual report provides an assessment of the agency's progress in addressing sexual abuse.

PCSO Policy 350.14.2 Data Review for Corrective Action, P.R.E.A (Prison Rape Elimination Act), p.21: Such report shall include a comparison of the current years data and corrective actions taken, with those from previous years and shall provide an assessment of the Jail Facilities progress in addressing sexual abuse.

Annual Report: The facility has demonstrated compliance with this provision of the standard because the annual report includes a comparison of the current year's data and corrective actions with those from prior years. The annual report provides an assessment of the agency's progress in addressing sexual abuse. The report was generalized as the agency just entered into contract to implement PREA in 2024. The juvenile site associated with the agency has an annual report of previous years posted to the website.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.88 (c): The agency's report shall be approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, the agency does not make its annual report readily available to the public, at least annually through its website. The agency makes it available by an entity submitting a request to the jail administrator. The annual reports are approved by the agency head.

PCSO Policy 350.14.2 Data Review for Corrective Action, P.R.E.A (Prison Rape Elimination Act), p.21: The report shall be reviewed and approved by the Sheriff and will be available to the public through the office P.I.O.

Interviews:

Agency Head (Designee) - The interviewed staff reported that the Sheriff approves the reports.

Corrective Actions:

N/A. There are no corrective actions for this provision.

	<p>Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.</p> <p>115.88 (d): The agency may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility but must indicate the nature of the material redacted.</p> <p>Compliance Determination:</p> <p>The facility has demonstrated compliance with this provision of the standard because:</p> <p>As reported in the PAQ, When the agency redacts material from an annual report for publication, the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility. The agency does not indicate the nature of material redacted.</p> <p>PCSO Policy 350.14.2 Data Review for Corrective Action, P.R.E.A (Prison Rape Elimination Act), p.21: Some information may be redacted for the safety and security of the Jail Facility.</p> <p>Interviews:</p> <p>PREA Coordinator – The interviewed staff reported that when allegations are made innate reports are submitted to agency officials immediately.</p> <p>Corrective Actions:</p> <p>N/A. There are no corrective actions for this provision.</p> <p>Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach by connecting PREA documentation, policies, on-site observation, site review of the facility, facility practices, interviewed staff and confined persons, local advocates, and online PREA Audit: Pre-Audit Questionnaire to corroborate findings determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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<b>115.89</b>	<b>Data storage, publication, and destruction</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

Evidence Relied Upon in Making Compliance Determination:

Documentation:

- PCSO Policy 350.14.3 Data Storage, Publication, and Destruction, P.R.E.A (Prison Rape Elimination Act), p.21

Interview Guide:

PREA Coordinator

Compliance Determination by Provisions and Corrective Actions:

115.89 (a): The agency shall ensure that data collected pursuant to § 115.87 are securely retained.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, the agency ensures that incident-based and aggregate data are securely retained.

PCSO Policy 350.14.3 Data Storage, Publication, and Destruction, P.R.E.A (Prison Rape Elimination Act), p.21: The Putnam County Sheriff's Office shall ensure that data collected is securely retained.

Interviews:

PREA Coordinator – The interviewed staff reported that the victim/predator list is shared with classification and programming staff.

Observation of Records Storage Practices

During the site review at the Putnam County Sheriff's Office, the auditor observed both physical and electronic records storage procedures to assess compliance with PREA Standards related to the confidentiality and security of sensitive documentation. This included records such as PREA risk screening forms, medical and mental health files, and documentation related to sexual abuse or harassment allegations.

Physical Records Storage

The auditor was escorted to the records storage area where hard copy documentation related to PREA compliance is maintained. These records included completed PREA risk screening forms, investigation files, incident reports, and other supporting documentation.

The physical storage area is located in a restricted-access office within the administrative suite of the facility. The room is secured with a keyed lock and is only accessible to authorized personnel, which includes the PREA Coordinator, administrative staff, and select supervisory personnel. The door remained locked when not in use, and files are stored in locked filing cabinets within the secured room.

The auditor confirmed that access to this room is monitored and limited to staff with a business need to review confidential records.

#### Electronic Records Storage and Safeguards

The facility maintains portions of its PREA-related documentation electronically, including risk screening results, grievance submissions, medical/mental health records, and incident tracking data. The auditor observed that all electronic records are accessed through the facility's secured jail management system (JMS) and, in some cases, the electronic health records system.

Access to these electronic systems is:

Password-protected

Role-based, ensuring only specific personnel (e.g., medical, mental health, investigators, PREA Coordinator) can access sensitive PREA-related records.

Time-stamped, with access logs available for review if needed.

The auditor met informally with the facility's IT administrator, who confirmed that system permissions are regularly audited, and accounts are deactivated immediately upon staff separation. Staff are prohibited from sharing login credentials, and routine access checks are conducted.

#### Informal Conversations with Staff

In conversations with supervisory and intake staff, the auditor confirmed that employees are trained on the importance of maintaining confidentiality regarding all PREA-related information. Staff demonstrated awareness of the sensitivity of medical and mental health records and knew who was authorized to access physical files or view electronic documentation.

Medical and mental health staff also confirmed that their records are maintained separately within their secured offices and in electronic health record systems accessible only to licensed professionals.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.89 (b): The agency shall make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard

because:

As reported in the PAQ, Agency policy does not require that aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts be made readily available to the public at least annually through its website. Agency makes it available by request.

PCSO Policy 350.14.3 Data Storage, Publication, and Destruction, P.R.E.A (Prison Rape Elimination Act), p.21: The Public Information Officer, upon the Sheriff's approval, shall make aggregated sexual abuse data available to the public.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.89 (c): Before making aggregated sexual abuse data publicly available, the agency shall remove all personal identifiers.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers. The agency maintains sexual abuse data collected pursuant to §115.87 for at least 10 years after the date of initial collection, unless federal, state, or local law requires otherwise.

PCSO Policy 350.14.3 Data Storage, Publication, and Destruction, P.R.E.A (Prison Rape Elimination Act), p.21: Prior to making information publicly available, the P.I.O. shall remove all personal identifiers.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.89 (d): The agency shall maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection unless Federal, State, or local law requires otherwise.

Compliance Determination:

	<p>The facility has demonstrated compliance with this standard because:</p> <p>PCSO Policy 350.14.3 Data Storage, Publication, and Destruction, P.R.E.A (Prison Rape Elimination Act), p.21: The Office shall maintain sexual abuse data for at least 10 years after the date of the initial collection unless Federal, State, or local laws require otherwise.</p> <p>It should be noted that these are the facilities first PREA audit.</p> <p>Corrective Actions:</p> <p>N/A. There are no corrective actions for this provision.</p> <p>Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach by connecting PREA documentation, policies, on-site observation, site review of the facility, facility practices, interviewed staff and confined persons, local advocates, and online PREA Audit: Pre-Audit Questionnaire to corroborate findings determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.401	Frequency and scope of audits
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>Evidence Relied Upon in Making Compliance Determination:</p> <p>Documentation:</p> <p>PCSO Policy 350.14.3 Data Storage, Publication, and Destruction, P.R.E.A (Prison Rape Elimination Act), p.21</p> <p>Facility Past Final Audit Report (On Website)</p> <p>Audit Posted Notice</p> <p>Agency PREA Website</p> <p>Agency Annual PREA Report</p>



Interview Guide:

PREA Coordinator

PREA Compliance Manager

Compliance Determination by Provisions and Corrective Actions:

115.401 (a)

The provision requires that during the three-year period starting on August 20, 2013, and during each three-year period thereafter, the agency shall ensure that each facility operated by the agency, or a private organization on behalf of the agency, is audited at least once.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

PCSO Policy 350.14.3 Data Storage, Publication, and Destruction, P.R.E.A (Prison Rape Elimination Act), p.21: The Putnam County Sheriff's Office shall submit to any audits as required and shall meet all standards as set forth.

The auditor confirmed that during the three-year period and each three-year period thereafter, the agency ensures that each facility operated by the agency, or a private organization on behalf of the agency is audited. A review of the agency website PREA section listed all final PREA audits to include private facility.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.401 (b)

The provision requires that during each one-year period starting on August 20, 2013, the agency shall ensure that at least one third of each facility type operated by the agency, or by a private organization on behalf of the agency, is audited.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

PCSO Policy 350.14.3 Data Storage, Publication, and Destruction, P.R.E.A (Prison Rape Elimination Act), p.21: The Putnam County Sheriff's Office shall submit to any audits as required and shall meet all standards as set forth.

The auditor confirmed during each one-year period the agency ensured that at least one third of each facility type operated by the agency, or by a private organization on behalf of the agency is audited. The auditor reviews the agency website, and the Final Audit Reports are listed by audit cycles. While this is the facilities first audit, its juvenile site has been audited every three years.

It should be noted that while the agency juvenile sites were audited, this audit serves as the first audit for the jail.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.401 (h)

The provision requires that the auditor has access to, and shall observe, all areas of the audited facilities.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

On the first day of the audit after the entrance conference, the auditor conducted a comprehensive site review of the facility. It was requested that when the auditor pauses to speak to a confined person or staff, that staff on the site review please step away so the informal conversation might remain private. This request was well respected.

During the site review, the auditor reviewed PREA related documentation and materials located on bulletin boards and walls. The auditor observed camera surveillance, physical supervision, and electronic monitoring capabilities. Other areas of focus during the tour included, but were not limited to, levels of staff supervision, and limits to cross-gender viewing. Housing units, medical area, visitation, intake area, gatehouse, administrative areas, mail room. Kitchen, dining, storage, work areas were toured. During the site review that facility gives full access to the auditor.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.401 (i)

The provision requires that the auditor be permitted to request and receive copies of any relevant documents (including electronically stored information).

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

The PREA Coordinator and the facility provided the auditor with all relevant documents to include electronically stored information through the agency system.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.401 (m)

The provision requires that the auditor be permitted to conduct private interviews with confined people.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

During the pre-audit period, the facility received instructions to post the required PREA Audit Notice of the upcoming audit prior to the on-site visit for confidential communications. The facility posted the notices in English and Spanish. The auditor received email and pictures confirming the posted notices and observed the posted notices on-site.

During the onsite visit, the auditor requested and received areas to interview confined persons in private.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.401 (n)

	<p>The provision requires that confined people be permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel.</p> <p>Compliance Determination:</p> <p>The facility has demonstrated compliance with this provision of the standard because:</p> <p>During the pre-audit period, the facility received instructions to post the required PREA Audit Notice of the upcoming audit prior to the on-site visit for confidential communications. The facility posted the notices in English and Spanish. The auditor received email and pictures confirming the posted notices and observed the posted notices on-site.</p> <p>There was one confidential communication from confined person and none from staff. Staff interviews indicated that confined people are permitted to send confidential information or correspondence in the same manner as if they were communicating with legal counsel. The auditor provided information to the facility regarding an allegation made in the letter and the facility responded by investigating the allegation. The allegation did not appear PREA in nature, and it was unfounded. It should also be noted that the auditor interviewed the respective inmate who wrote the letter.</p> <p>Corrective Actions:</p> <p>N/A. There are no corrective actions for this provision.</p> <p>Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach by connecting PREA documentation, policies, on-site observation, site review of the facility, facility practices, interviewed staff and confined persons, local advocates, and online PREA Audit: Pre-Audit Questionnaire to corroborate findings determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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<b>115.403</b>	<b>Audit contents and findings</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	Evidence Relied Upon in Making Compliance Determination:

Documentation:

Facility Past Final Audit Report (On Website)

Audit Posted Notice

Agency PREA Website

Agency Annual PREA Report

Interviews:

PREA Coordinator

PREA Compliance Manager

Compliance Determination by Provisions and Corrective Actions:

115.403 (f)

The provision requires that the agency ensures that the auditor's final report is published on the agency's website if it has one or is otherwise made readily available to the public.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

The auditor reviewed the agency website and confirmed that the agency's final PREA reports are published on the website. The is the facilities first audit, however their juvenile site has prior audits that occurred every three years and is posted on the website.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

Overall Findings:

The auditor uses a triangulation approach by connecting PREA documentation, policies, on-site observation, site review of the facility, facility practices, interviewed staff and confined persons, local advocates, and online PREA Audit: Pre-Audit Questionnaire to corroborate findings determinations. Based on analysis, the facility is compliant with all provisions in this standard.

<b>Appendix: Provision Findings</b>		
<b>115.11 (a)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
<b>115.11 (b)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes
<b>115.11 (c)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	yes
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	yes
<b>115.12 (a)</b>	<b>Contracting with other entities for the confinement of inmates</b>	
	If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	na
<b>115.12 (b)</b>	<b>Contracting with other entities for the confinement of inmates</b>	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure	na

	that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	
<b>115.13 (a)</b>	<b>Supervision and monitoring</b>	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into	yes

	consideration: Any applicable State or local laws, regulations, or standards?	
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
<b>115.13 (b)</b>	<b>Supervision and monitoring</b>	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)	na
<b>115.13 (c)</b>	<b>Supervision and monitoring</b>	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes
<b>115.13 (d)</b>	<b>Supervision and monitoring</b>	
	Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment?	yes
	Is this policy and practice implemented for night shifts as well as day shifts?	yes
	Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility?	yes



<b>115.14 (a)</b>	<b>Youthful inmates</b>	
	Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
<b>115.14 (b)</b>	<b>Youthful inmates</b>	
	In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
<b>115.14 (c)</b>	<b>Youthful inmates</b>	
	Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
<b>115.15 (a)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
<b>115.15 (b)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)	yes
	Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the	yes

	facility does not have female inmates.)	
<b>115.15 (c)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)?	yes
<b>115.15 (d)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?	yes
<b>115.15 (e)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status?	yes
	If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
<b>115.15 (f)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

115.16 (a)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing?	yes
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication	yes

	with inmates with disabilities including inmates who: Have intellectual disabilities?	
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: are blind or have low vision?	yes
<b>115.16 (b)</b>	<b>Inmates with disabilities and inmates who are limited English proficient</b>	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
<b>115.16 (c)</b>	<b>Inmates with disabilities and inmates who are limited English proficient</b>	
	Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations?	yes
<b>115.17 (a)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who	yes

	may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
<b>115.17 (b)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates?	yes
	Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates?	yes
<b>115.17 (c)</b>	<b>Hiring and promotion decisions</b>	
	Before hiring new employees who may have contact with inmates, does the agency perform a criminal background records check?	yes
	Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
<b>115.17 (d)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?	yes

<b>115.17 (e)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees?	yes
<b>115.17 (f)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
<b>115.17 (g)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
<b>115.17 (h)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
<b>115.18 (a)</b>	<b>Upgrades to facilities and technologies</b>	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	yes
<b>115.18 (b)</b>	<b>Upgrades to facilities and technologies</b>	

	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	yes
<b>115.21 (a)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	na
<b>115.21 (b)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	na
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	na
<b>115.21 (c)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes

	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
<b>115.21 (d)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency always makes a victim advocate from a rape crisis center available to victims.)	na
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
<b>115.21 (e)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
<b>115.21 (f)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	na
<b>115.21 (h)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency always makes a victim advocate from a rape crisis center available to victims.)	na
<b>115.22 (a)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	



	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
<b>115.22 (b)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
<b>115.22 (c)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).)	na
<b>115.31 (a)</b>	<b>Employee training</b>	
	Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?	yes

	Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
<b>115.31 (b)</b>	<b>Employee training</b>	
	Is such training tailored to the gender of the inmates at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa?	yes
<b>115.31 (c)</b>	<b>Employee training</b>	
	Have all current employees who may have contact with inmates received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
<b>115.31 (d)</b>	<b>Employee training</b>	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
<b>115.32 (a)</b>	<b>Volunteer and contractor training</b>	

	Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
<b>115.32 (b)</b>	<b>Volunteer and contractor training</b>	
	Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)?	yes
<b>115.32 (c)</b>	<b>Volunteer and contractor training</b>	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
<b>115.33 (a)</b>	<b>Inmate education</b>	
	During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
<b>115.33 (b)</b>	<b>Inmate education</b>	
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
<b>115.33 (c)</b>	<b>Inmate education</b>	
	Have all inmates received the comprehensive education referenced in 115.33(b)?	yes

	Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?	yes
<b>115.33 (d)</b>	<b>Inmate education</b>	
	Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills?	yes
<b>115.33 (e)</b>	<b>Inmate education</b>	
	Does the agency maintain documentation of inmate participation in these education sessions?	yes
<b>115.33 (f)</b>	<b>Inmate education</b>	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats?	yes
<b>115.34 (a)</b>	<b>Specialized training: Investigations</b>	
	In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
<b>115.34 (b)</b>	<b>Specialized training: Investigations</b>	
	Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include proper use of Miranda and	yes

	Garrrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	
	Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
<b>115.34 (c)</b>	<b>Specialized training: Investigations</b>	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
<b>115.35 (a)</b>	<b>Specialized training: Medical and mental health care</b>	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or	yes

	suspicious of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	
<b>115.35 (b)</b>	<b>Specialized training: Medical and mental health care</b>	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	na
<b>115.35 (c)</b>	<b>Specialized training: Medical and mental health care</b>	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
<b>115.35 (d)</b>	<b>Specialized training: Medical and mental health care</b>	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)	yes
	Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
<b>115.41 (a)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
	Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
<b>115.41 (b)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
<b>115.41 (c)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Are all PREA screening assessments conducted using an objective	yes

	screening instrument?	
<b>115.41 (d)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10)	yes

	Whether the inmate is detained solely for civil immigration purposes?	
<b>115.41 (e)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior acts of sexual abuse?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior convictions for violent offenses?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: history of prior institutional violence or sexual abuse?	yes
<b>115.41 (f)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes
<b>115.41 (g)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Does the facility reassess an inmate's risk level when warranted due to a referral?	yes
	Does the facility reassess an inmate's risk level when warranted due to a request?	yes
	Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse?	yes
	Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?	yes
<b>115.41 (h)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes
<b>115.41 (i)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive	yes



	information is not exploited to the inmate's detriment by staff or other inmates?	
<b>115.42 (a)</b>	<b>Use of screening information</b>	
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
<b>115.42 (b)</b>	<b>Use of screening information</b>	
	Does the agency make individualized determinations about how to ensure the safety of each inmate?	yes
<b>115.42 (c)</b>	<b>Use of screening information</b>	
	When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would	yes

	present management or security problems?	
<b>115.42 (d)</b>	<b>Use of screening information</b>	
	Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate?	yes
<b>115.42 (e)</b>	<b>Use of screening information</b>	
	Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
<b>115.42 (f)</b>	<b>Use of screening information</b>	
	Are transgender and intersex inmates given the opportunity to shower separately from other inmates?	yes
<b>115.42 (g)</b>	<b>Use of screening information</b>	
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing	yes

	solely for the placement of LGBT or I inmates pursuant to a consent degree, legal settlement, or legal judgement.)	
<b>115.43 (a)</b>	<b>Protective Custody</b>	
	Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers?	yes
	If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment?	yes
<b>115.43 (b)</b>	<b>Protective Custody</b>	
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible?	yes
	If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
<b>115.43 (c)</b>	<b>Protective Custody</b>	

	Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged?	yes
	Does such an assignment not ordinarily exceed a period of 30 days?	yes
<b>115.43 (d) Protective Custody</b>		
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety?	yes
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged?	yes
<b>115.43 (e) Protective Custody</b>		
	In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes
<b>115.51 (a) Inmate reporting</b>		
	Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
<b>115.51 (b) Inmate reporting</b>		
	Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the inmate to remain	yes

	anonymous upon request?	
	Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility never houses inmates detained solely for civil immigration purposes.)	yes
<b>115.51 (c)</b>	<b>Inmate reporting</b>	
	Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Does staff promptly document any verbal reports of sexual abuse and sexual harassment?	yes
<b>115.51 (d)</b>	<b>Inmate reporting</b>	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	yes
<b>115.52 (a)</b>	<b>Exhaustion of administrative remedies</b>	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes
<b>115.52 (b)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes
<b>115.52 (c)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from	yes

	this standard.)	
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
<b>115.52 (d)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
<b>115.52 (e)</b>	<b>Exhaustion of administrative remedies</b>	
	Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of inmates? (If a third party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)	yes
<b>115.52 (f)</b>	<b>Exhaustion of administrative remedies</b>	

	Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.).	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
<b>115.52 (g)</b>	<b>Exhaustion of administrative remedies</b>	
	If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes
<b>115.53 (a)</b>	<b>Inmate access to outside confidential support services</b>	
	Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers,	yes

	including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility never has persons detained solely for civil immigration purposes.)	
	Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?	yes
<b>115.53 (b)</b>	<b>Inmate access to outside confidential support services</b>	
	Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
<b>115.53 (c)</b>	<b>Inmate access to outside confidential support services</b>	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
<b>115.54 (a)</b>	<b>Third-party reporting</b>	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?	yes
<b>115.61 (a)</b>	<b>Staff and agency reporting duties</b>	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual	yes



	abuse or sexual harassment or retaliation?	
<b>115.61 (b)</b>	<b>Staff and agency reporting duties</b>	
	Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
<b>115.61 (c)</b>	<b>Staff and agency reporting duties</b>	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
<b>115.61 (d)</b>	<b>Staff and agency reporting duties</b>	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
<b>115.61 (e)</b>	<b>Staff and agency reporting duties</b>	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
<b>115.62 (a)</b>	<b>Agency protection duties</b>	
	When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate?	yes
<b>115.63 (a)</b>	<b>Reporting to other confinement facilities</b>	
	Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
<b>115.63 (b)</b>	<b>Reporting to other confinement facilities</b>	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes

<b>115.63 (c)</b>	<b>Reporting to other confinement facilities</b>	
	Does the agency document that it has provided such notification?	yes
<b>115.63 (d)</b>	<b>Reporting to other confinement facilities</b>	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
<b>115.64 (a)</b>	<b>Staff first responder duties</b>	
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
<b>115.64 (b)</b>	<b>Staff first responder duties</b>	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
<b>115.65 (a)</b>	<b>Coordinated response</b>	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in	yes

	response to an incident of sexual abuse?	
<b>115.66 (a)</b>	<b>Preservation of ability to protect inmates from contact with abusers</b>	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limit the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
<b>115.67 (a)</b>	<b>Agency protection against retaliation</b>	
	Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
<b>115.67 (b)</b>	<b>Agency protection against retaliation</b>	
	Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes
<b>115.67 (c)</b>	<b>Agency protection against retaliation</b>	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of	yes

	sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
<b>115.67 (d)</b>	<b>Agency protection against retaliation</b>	
	In the case of inmates, does such monitoring also include periodic status checks?	yes
<b>115.67 (e)</b>	<b>Agency protection against retaliation</b>	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
<b>115.68 (a)</b>	<b>Post-allegation protective custody</b>	
	Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43?	yes
<b>115.71 (a)</b>	<b>Criminal and administrative agency investigations</b>	
	When the agency conducts its own investigations into allegations	yes

	of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	yes
<b>115.71 (b)</b>	<b>Criminal and administrative agency investigations</b>	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?	yes
<b>115.71 (c)</b>	<b>Criminal and administrative agency investigations</b>	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
<b>115.71 (d)</b>	<b>Criminal and administrative agency investigations</b>	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
<b>115.71 (e)</b>	<b>Criminal and administrative agency investigations</b>	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
<b>115.71 (f)</b>	<b>Criminal and administrative agency investigations</b>	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes

	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
<b>115.71 (g)</b>	<b>Criminal and administrative agency investigations</b>	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
<b>115.71 (h)</b>	<b>Criminal and administrative agency investigations</b>	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
<b>115.71 (i)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
<b>115.71 (j)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?	yes
<b>115.71 (l)</b>	<b>Criminal and administrative agency investigations</b>	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).)	na
<b>115.72 (a)</b>	<b>Evidentiary standard for administrative investigations</b>	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
<b>115.73 (a)</b>	<b>Reporting to inmates</b>	
	Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes

<b>115.73 (b)</b>	<b>Reporting to inmates</b>	
	If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	na
<b>115.73 (c)</b>	<b>Reporting to inmates</b>	
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
<b>115.73 (d)</b>	<b>Reporting to inmates</b>	
	Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following an inmate's allegation that he or she has been sexually	yes

	abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	
<b>115.73 (e)</b>	<b>Reporting to inmates</b>	
	Does the agency document all such notifications or attempted notifications?	yes
<b>115.76 (a)</b>	<b>Disciplinary sanctions for staff</b>	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
<b>115.76 (b)</b>	<b>Disciplinary sanctions for staff</b>	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
<b>115.76 (c)</b>	<b>Disciplinary sanctions for staff</b>	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
<b>115.76 (d)</b>	<b>Disciplinary sanctions for staff</b>	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies(unless the activity was clearly not criminal)?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
<b>115.77 (a)</b>	<b>Corrective action for contractors and volunteers</b>	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes



	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
<b>115.77 (b)</b>	<b>Corrective action for contractors and volunteers</b>	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates?	yes
<b>115.78 (a)</b>	<b>Disciplinary sanctions for inmates</b>	
	Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
<b>115.78 (b)</b>	<b>Disciplinary sanctions for inmates</b>	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories?	yes
<b>115.78 (c)</b>	<b>Disciplinary sanctions for inmates</b>	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior?	yes
<b>115.78 (d)</b>	<b>Disciplinary sanctions for inmates</b>	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits?	yes
<b>115.78 (e)</b>	<b>Disciplinary sanctions for inmates</b>	
	Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
<b>115.78 (f)</b>	<b>Disciplinary sanctions for inmates</b>	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish	yes

	evidence sufficient to substantiate the allegation?	
<b>115.78 (g)</b>	<b>Disciplinary sanctions for inmates</b>	
	If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)	yes
<b>115.81 (a)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison).	yes
<b>115.81 (b)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)	yes
<b>115.81 (c)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a jail).	yes
<b>115.81 (d)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
<b>115.81 (e)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior	yes

	sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?	
<b>115.82 (a)</b>	<b>Access to emergency medical and mental health services</b>	
	Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
<b>115.82 (b)</b>	<b>Access to emergency medical and mental health services</b>	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
<b>115.82 (c)</b>	<b>Access to emergency medical and mental health services</b>	
	Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
<b>115.82 (d)</b>	<b>Access to emergency medical and mental health services</b>	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
<b>115.83 (a)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
<b>115.83 (b)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
<b>115.83 (c)</b>	<b>Ongoing medical and mental health care for sexual abuse</b>	

	<b>victims and abusers</b>	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
<b>115.83 (d)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes
<b>115.83 (e)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes
<b>115.83 (f)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
<b>115.83 (g)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
<b>115.83 (h)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)	na

<b>115.86 (a)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
<b>115.86 (b)</b>	<b>Sexual abuse incident reviews</b>	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
<b>115.86 (c)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
<b>115.86 (d)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
<b>115.86 (e)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes

<b>115.87 (a)</b>	<b>Data collection</b>	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
<b>115.87 (b)</b>	<b>Data collection</b>	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
<b>115.87 (c)</b>	<b>Data collection</b>	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
<b>115.87 (d)</b>	<b>Data collection</b>	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
<b>115.87 (e)</b>	<b>Data collection</b>	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.)	na
<b>115.87 (f)</b>	<b>Data collection</b>	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	na
<b>115.88 (a)</b>	<b>Data review for corrective action</b>	
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant	yes

	to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	
<b>115.88 (b)</b>	<b>Data review for corrective action</b>	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
<b>115.88 (c)</b>	<b>Data review for corrective action</b>	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
<b>115.88 (d)</b>	<b>Data review for corrective action</b>	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
<b>115.89 (a)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes
<b>115.89 (b)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
<b>115.89 (c)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
<b>115.89 (d)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
<b>115.401 (a)</b>	<b>Frequency and scope of audits</b>	

	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
<b>115.401 (b)</b>	<b>Frequency and scope of audits</b>	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	no
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	yes
<b>115.401 (h)</b>	<b>Frequency and scope of audits</b>	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
<b>115.401 (i)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
<b>115.401 (m)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
<b>115.401 (n)</b>	<b>Frequency and scope of audits</b>	
	Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
<b>115.403</b>	<b>Audit contents and findings</b>	



(f)			
	<table><tr><td data-bbox="316 174 1289 568"><p>The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)</p></td><td data-bbox="1289 174 1490 568">yes</td></tr></table>	<p>The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)</p>	yes
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