

PREA AUDIT REPORT Interim Final
ADULT PRISONS & JAILS

Date of report: 10/31/2016

Auditor Information			
Auditor name: Jeff Rogers			
Address: P.O. Box 1628, Frankfort, Kentucky 40602			
Email: jamraat02@gmail.com			
Telephone number: 502-320-4769			
Date of facility visit: October 20, 2016			
Facility Information			
Facility name: Sullivan County Department of Corrections			
Facility physical address: 103 County Farm Road, Unity, New Hampshire 03743			
Facility mailing address: (if different from above)			
Facility telephone number: 603-542-8717			
The facility is:	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input checked="" type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input type="checkbox"/> Prison	<input checked="" type="checkbox"/> Jail	
Name of facility's Chief Executive Officer: Dave Berry Jr.			
Number of staff assigned to the facility in the last 12 months: 63			
Designed facility capacity: 168			
Current population of facility: 72			
Facility security levels/inmate custody levels: Minimum to Maximum Secure			
Age range of the population: 18-73			
Name of PREA Compliance Manager: Douglass Roberts		Title: Assistant Superintendent	
Email address: droberts@sullivancountynh.gov		Telephone number: 603-542-8717	
Agency Information			
Name of agency: Sullivan County Department of Corrections			
Governing authority or parent agency: (if applicable)			
Physical address: 103 County Farm Road, Unity, New Hampshire 03743			
Mailing address: (if different from above)			
Telephone number: 603-542-8717			
Agency Chief Executive Officer			
Name: Dave Berry Jr.		Title: Superintendent	
Email address: dberry@sullivancountynh.gov		Telephone number: 603-542-8717	
Agency-Wide PREA Coordinator			
Name: Douglass Roberts		Title: Assistant Superintendent	
Email address: droberts@sullivancountynh.gov		Telephone number: 603-542-8717	

AUDIT FINDINGS

NARRATIVE

The Prison Rape Elimination Act (PREA) on-site audit of the Sullivan County Jail in Unity, New Hampshire was conducted on October 20, 2016 by Jeff Rogers from Frankfort, Kentucky, a U.S. Department of Justice Certified PREA Auditor for adult prisons and jails. Pre-audit preparation included a thorough review of all documentation and materials submitted by the facility along with the data included in the completed Pre-Audit Questionnaire. The documentation reviewed included agency policies, procedures, forms, education materials, training curriculum, organizational charts, posters, brochures and other PREA related materials that were provided to demonstrate compliance with the PREA standards. This review prompted a series of questions that were reduced to writing and submitted to the PREA Coordinator for review. Answers to the questions were submitted by the the PREA Coordinator and reviewed by the auditor prior to the on-site audit. All issues found during the pre-audit review were corrected to the satisfaction of the auditor. During the on-site audit, the auditor was provided a private, key only accessible office in the facility from which to work and conduct confidential interviews. Formal personal interviews were conducted with facility staff and inmates. The auditor interviewed five (5) random inmates from various housing units. Five (5) random staff members were interviewed representing all three shifts. Also interviewed were 14 specialty staff using the DOJ Questionnaires assigned to the following specialty staff:

- Medical and Mental Health Staff (2)
- PREA Coordinator
- PREA Compliance Manager
- Warden/Jailer
- Staff Person who Monitors Retaliation
- Investigator
- Human Resources
- Incident Review Team
- Intake Staff
- Person Who Conducts Screening/Risk Assessments
- Intermediate or Higher Level Staff who Conduct Unannounced Rounds (2)
- Staff Who Supervise Inmates in Segregation

Random Inmates were interviewed using the recommended DOJ protocols that question their knowledge of a variety of PREA protections generally and specifically their knowledge of reporting mechanisms available to inmates to report abuse or harassment. Specialty Staff and Random Staff were questioned using the DOJ protocols that question their PREA training and overall knowledge of the agency's zero tolerance policy, reporting mechanisms available to inmates and staff, the response protocols when an inmate alleges abuse, and first responder duties. The auditor reviewed personnel records for five staff members to determine compliance with training mandates and background check procedures. Records for five inmates in the facility were reviewed to evaluate screening and intake procedures and inmate education. The jail maintains a memorandum of understanding with the West Central Behavior Health to provide emotional support services to victims of sexual abuse and training to staff. If an inmate needs to report a sexual abuse/harassment complaint he/she does so by dialing 741 on the inmate phone system. This number is linked to the Charlestown Police Department who in turn notifies the Sullivan County Jail Superintendent. The auditor toured the facility escorted by the PREA Coordinator and the PREA Compliance Manager and observed among other things the facility configuration, location of cameras and mirrors, staff supervision of inmates, dorm layout including shower/toilet areas, placement of posters and PREA informational resources, and security monitoring. The auditor noted that shower areas allow inmates to shower separately. Notices of the PREA audit were posted on August 5, 2016 throughout the facility in common areas. During the course of the audit, staff members and inmates were interviewed in the administrative part of the jail. The interview room had glass windows and a camera to allow the inmates to be seen by control room staff. On the day of the onsite audit there were 72 inmates at the jail.

DESCRIPTION OF FACILITY CHARACTERISTICS

The Sullivan County Jail is located at 103 County Farm Road in Unity, New Hampshire in Sullivan County. The jail is in a complex of other county operations including a home for the aged and infirmed. It is in a rural setting approximately 5 miles from Claremont, New Hampshire. The jail has been renovated in recent years adding a new lobby/community corrections center at the jail. At the same time the jail built new multi bed cells housing four inmates each and having ample day room space. During the past 12 months 749 inmates were admitted to the facility. The jail was extremely clean and there were no offensive odors anywhere at the jail. The jail has administrative offices, kitchen and dining facilities, meeting room space, a laundry, a multipurpose meeting room on the first floor and another similar room on the second level of the administrative office area where training is conducted for both new hires and annual training events. There are two (2) control centers; one off the lobby area and another in an older part of the jail. The Jail has a total of 168 beds in ten (10) separate housing units. There are 19 showers, 34 toilets and four (4) outside recreation areas. The building is comprised of 35,379 square feet and sits on three (acres). It is surrounded by security fencing and has cameras monitoring the outside as well as inside the Jail. The original jail was opened in 1978 and had 44 beds for males and females. The jail was expanded in 2010 to its current 168 bed configuration. There are 35 volunteers currently serving at the Jail. These volunteers provide programs to inmates including religious offerings, money management, GED preparation, a parenting class and AA and NA meetings.

The Sullivan County Department of Corrections' TRAILS Program [Transitional Re-entry and Inmate Life Skills] is a residential minimum security treatment center for men and women. The TRAILS program is cognitive behavioral treatment which addresses:

- Criminal & Addictive Behaviors
- Healthy Relationships
- Substance & Alcohol Abuse
- Education
- Parenting
- Mental Health & Wellness
- Problem Solving
- Decision Making

An aftercare component is incorporated into this intensive treatment track. TRAILS offers the offender the tools for sustained recovery after release from the Sullivan County Department of Corrections. The TRAILS program utilizes 16 beds for men and 8 beds for women. The housing units utilized for this program are very spacious and allows each inmate his/her own space with a common area in each of the housing units.

The Sullivan County Department of Correction's Mission statement is: "to execute the court orders while providing the highest level of safety and security for our community, staff, and offenders; to provide a humane environment that promotes growth and rehabilitation for the offender to reduce recidivism; consistently striving to have a strong sense of duty and promote integrity, respect, loyalty, and teamwork in our daily actions setting a positive example for others to follow; .to conduct ourselves in a professional manner and treat all offenders with respect; to offer all the opportunity to better themselves through programming, education and counseling; and.to encourage and empower them to take responsibility for their actions. We will strive to do our best to never act in a manner that diminishes the integrity of our community, ourselves, fellow officers or our facility. We will never seek personal favors or advantage in the performance of our duties".

Another program operating at the Jail is the Work Search/Release Program which is an earned incentive and only those offenders that demonstrate good work habits and meritorious behavior will be granted access to the program.

The Work Search/Release Program is designed to instill personal responsibility, provide supervision and discipline, and opportunities for the rehabilitation and transition for the offenders. Through this program, offenders will be able to gain employment while being incarcerated. This will allow the transition from incarceration to the community to be a successful one for the offenders.

- Contact with our Department is available 24 hours a day, 7 days a week.
- The staff conducts site checks, via phone conversation or personal contact with the Supervisor at the employment to monitor the offender's progress.
- A portion of the offender's income is displaced back to the county and towards the program costs.
- All offenders are tested on a regular basis for substance abuse. Also, all offenders are required to attend Alcoholics Anonymous and Narcotics Anonymous.
- All offenders are required to have reliable transportation.
- All offenders are required to report to work, everyday, unless an extreme emergency will prevent them from doing so.
- All offenders can work up to 6 days a week with no more than 50 hours per week.

There is a tax write-off for hiring felons. It is 40% of all wages paid up to \$6,000 for offenders working 400 hours or more. Or the employer can claim 25% of all wages paid if the offender works for the minimum of 120 hours. Maximum credit is \$2,400 per offender.

The jail currently has 47 security staff and 14 non-security staff members with two (2) vacancies.

SUMMARY OF AUDIT FINDINGS

Overall, the interviews of inmates reflected that they were aware of and understood the PREA protections and the agency's zero tolerance policy. Inmates receive written materials at intake that provide detailed information about PREA protections, the multiple ways to report sexual abuse or harassment and ways to protect themselves from abuse. Subsequent to intake, inmates are provided more comprehensive education on PREA that includes personal instruction in addition to a video that addresses PREA that is shown on the inmates closed circuit television station.

There are also PREA posters in English and Spanish to assist in educating inmates about PREA.

Inmates indicated they understand the various ways to report abuse and discussed the posters throughout the facility with the telephone number to call to report sexual abuse or harassment. Inmates were able to articulate to the auditor what they would do and who they would tell if they were sexually abused or harassed. Inmates reported they could tell a trusted staff member, friend or family member, file a request for help form, or call the sexual abuse hotline telephone number at the West Central Behavior Health Center in Lebanon, New Hampshire. Inmates indicated to the auditor that they felt safe in the facility. Inmates were also aware that outside services were available including counseling for sexual abuse and harassment.

There have been 11 sexual abuse/harassment allegations that were PREA related in the past 12 months. Four (4) were substantiated, five (5) were unfounded, and two (2) were unsubstantiated. As a result of the substantiated allegations, two staff members were terminated from employment but the County Attorney did not bring criminal charges as the two staff engaged in sexual misconduct and not abuse or harassment.

All facility staff interviewed indicated they had received detailed PREA training and could articulate the meaning of the agency's zero tolerance policy. Staff was knowledgeable about their roles and responsibilities in the prevention, reporting and response to sexual abuse and sexual harassment. Staff consistently articulated the variety of reporting mechanisms for inmates and staff to use to report sexual abuse or sexual harassment. Additionally, staff were well trained on the PREA first responder's protocol for any PREA related allegation and could clearly articulate exactly the steps they would follow if they were the first responder to an incident. There were no incidents where a first responder was utilized.

In summary, after reviewing all pertinent information and after conducting inmate and staff interviews, the auditor found that jail leadership have clearly made PREA compliance a high priority and have devoted a significant amount of time and resources to policy development, training of staff and education of residents on all the key aspects of PREA

Number of standards exceeded: 0

Number of standards met: 40

Number of standards not met: 0

Number of standards not applicable: 3

Standard 115.11 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator

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

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.

The following information was utilized to verify compliance with this standard:

Policy 3.3.4 titled PREA page 1-11

Facility Organization Chart

Interview with PREA Coordinator/Compliance Manager

The agency/facility has adopted a Zero Tolerance Policy toward sexual abuse, harassment, and sexual misconduct. The policy outlines the facility's approach to protecting inmates and staff from sexual abuse and harassment. PREA Coordinator/Compliance Manager said in an interview that he has sufficient time to perform his duties. He serves as both the PREA Coordinator and Compliance Manager. There is only one facility thus the positions of PREA Coordinator and Compliance Manager are the same person. The facility organization chart shows his position and he reports directly to the Agency Head/Superintendent.

Standard 115.12 Contracting with other entities for the confinement of inmates

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

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.

The Sullivan County Jail does not contract for additional beds. It is a stand alone operation. Therefore it is Non Applicable.

Standard 115.13 Supervision and monitoring

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

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.

The following information was utilized to verify compliance with this standard:

- Policy 3.1.1 titled Security #5 page 4
- Daily Round Sheets
- Shift Logs
- Staffing Schedule/Plan
- Staff Summary Sheet
- Interviews with Superintendent
- Interviews with Upper Level Staff who Conduct Unannounced Rounds

The interview with the Superintendent and PREA Coordinator confirmed that when developing the staffing plan all factors listed in this regulation (1-11) are utilized although there have been no findings of inadequacy from any federal investigative agencies nor any other oversight body. According to the Superintendent there has not been any incident where the staffing plan was not met. The PREA Coordinator also said he was involved with staffing plan development as needed but no less than every 12 months. The county has ample resources to ensure the staffing plan is met. Unannounced rounds are conducted on every shift by the shift supervisor and recorded in the shift report. Both upper level staff interviewed said that they do not announce unannounced rounds and make these rounds as part of their shift assignments. The facility maintains 139 cameras. The recordings from these cameras are maintained for at least 30-40 days. In the control centers the staff at those locations can also monitor surveillance screens.

Standard 115.14 Youthful inmates

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

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.

The Sullivan County Jail does not house youthful offenders under the age of 18. Therefore this standard is Non-Applicable.

Standard 115.15 Limits to cross-gender viewing and searches

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

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.

The following information was utilized to verify compliance with this standard.

Policy 3.1.9 titled Searches pages 4-6
Policy titled LGBTIQ pages 1-3
Policy 3.3.4 titled PREA page 1
Interviews with Random Staff
Interview with Superintendent
Inmate Interviews
Staff Training Records

The facility policy outlines the search procedures very thoroughly. All security staff have been trained in cross gender pat-down searches and searches of transgendered or intersex inmates according to training records reviewed. This training was also confirmed by facility staff during interviews. While touring the facility, the auditor heard staff of the opposite gender from themselves announce their presence when entering a part of the facility where opposite (from themselves) gender was present or might be present. There has not been any time where a cross gender pat down or body cavity search was conducted. If necessary, there is front office administrative female staff that can assist with searches in exigent circumstances (no female correctional officers in the facility) according to the Superintendent. Facility policy also includes language that transgender or intersex inmates can shower separately. According to random staff there has not been any transgender or intersex inmates housed at the jail in the last several years. Random staff were also aware of the policy prohibiting them from physically examining an inmate to determine that inmate's genital status. Random inmate interviews confirmed that the opposite gender announcements are made and that members of the opposite gender do not observe them in any stage of undress, showering, or using the toilet.

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

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

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.

The following information was utilized to verify compliance with this standard:

Interview with PREA Coordinator
Random Staff Interviews
Interview with Mental Health Staff
Language Translation Services

According to the random staff interviewed, inmate interpreters are not used at the jail. There are several multilingual staff including one staff who can speak seven (7) languages and another who can translate four (4) languages. According to the PREA Coordinator there is a local college, Colby -Sawyer College that also provides translation services including sign language. The facility also has access to a translation services via a telephone resource. According to random staff and the PREA Coordinator there has not been an issue requiring translation services to be administered related to the PREA. The mental health clinician also indicated she could assist with any inmate who had mental health issues that would require her interpretive services for that type of disability. She also said she has not had to do this in the past 12 months.

Standard 115.17 Hiring and promotion decisions

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

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.

The following information was utilized to verify compliance with this standard:

- Policy 1.4.6 titled Personnel pages 1-2
- Policy 4.1.5 titled Contractor Access page 1
- Interview with Superintendent
- Staff Background Check Examples
- Interview with PREA Coordinator

A sampling of staff background checks was reviewed as part of the audit prior to the start of the audit. Examples were emailed to the auditor prior to his arrival. According to the Superintendent, no applicant would be hired if he/she had engaged in unlawful sexual activity or sexual harassment in any type of correctional setting or the community. He also said staff have a responsibility to inform the jail if any type of sexual abuse/harassment charges (or other felony type offenses) are brought against that staff. The Superintendent said the same procedure holds true for any contractor being considered for a position at the jail. The PREA Coordinator said New Hampshire law provides that any person charged with a sexual abuse crime, that person's name goes on a list maintained by law enforcement. Thus, when a background check is performed on an individual when applying for a job at any correctional type facility that person's name would appear on that list. The PREA Coordinator also said that each applicant is asked in the interview about any sexual abuse/harassment prior to applying for a job.

Standard 115.18 Upgrades to facilities and technologies

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

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.

The following information was utilized to verify compliance with this standard:

- Interview with Superintendent
- Interview with PREA Coordinator

Since August of 2012 there has not been any major renovation or additions to the jail. However, the Superintendent did say that if any new renovation or expansion is planned the agency would consider the effect the design has on its ability to protect inmates from sexual abuse. The Superintendent and PREA Coordinator said that there has been no major camera update but that when new surveillance equipment is needed, consideration is given by the agency's about how it will enhance the agency's ability to protect inmates from sexual abuse. The facility currently has 139 cameras both inside and outside the jail. These cameras have the ability to keep camera footage for 6-8 weeks according to the Superintendent.

Standard 115.21 Evidence protocol and forensic medical examinations

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

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.

The following information was utilized to verify compliance with this standard:

Policy 3.3.4 titled PREA Attachment 1
Certification of Victim Advocate
Interview with Medical and Mental Health Staff
Interview with Superintendent
Interview with Facility Investigator
Interviews with Random Staff

The facility utilizes the Valley Regional Hospital in Claremont, New Hampshire for SANE services. It has been utilized once in the past 12 months but it was for a sexual assault that occurred prior to the inmate's incarceration at the Sullivan County Jail. The incident occurred the day before by the victim's husband. The inmate told the jail staff about the incident during the intake process. She was transported directly to the Hospital for a rape kit. The jail made available victim advocate staff and other resources for the victim. The jail has entered into an MOU with the West Central Behavior Health System associated with the Geisel School of Medicine at Dartmouth for the provision of mental health services should an inmate need them. The facility policy on investigation of sexual abuse and harassment meets this standard's provision as outlined (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. (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. The agency's investigation policy adheres to all aspects of this standard. The facility investigator is a sworn police officer who helped develop this policy. He is qualified to conduct administrative as well as criminal investigations and has over 34 years of experience as a police officer and investigator. Random staff said they had been trained in evidence protocols for the collection of any evidence at a crime scene. Each correctional office also carries a wallet size card outlining the first responder's responsibilities such as evidence collection.

Standard 115.22 Policies to ensure referrals of allegations for investigations

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

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.

The following information was utilized to verify compliance with this standard:

Policy 3.3.5 titled Investigations pages 1-9
Policy 3.3.4 titled PREA pages 2, 3, 5, and Attachment 1
Examples of Investigations
Interview with the Superintendent
Interview with Investigator

The agency policy requires that all sexual abuse and harassment allegations be investigated. The Warden and Investigator acknowledged
PREA Audit Report

this during interviews as well. The Investigator said he begins an investigation immediately upon notification by jail staff that an incident has occurred. He works for the Sullivan County Sheriff's Office and he is the investigator assigned by the sheriff's office to all investigations of a PREA nature at the Jail. The policy spells out the responsibilities of both the jail and Sheriff's office. The policy is located on the Jail's website.

Standard 115.31 Employee training

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

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.

The following information was utilized to verify compliance with this standard:

Policy 3.3.4 titled PREA page 1, 2, 3, and Attachment 1
Training Curriculum (Power Point Presentation of PREA Training) from National Institute of Corrections
Staff Training Records
Interview with PREA Coordinator
Random Staff Interviews

According to the PREA Coordinator all new staff receive PREA training at the Facility's training academy. He went on to say that each year all staff are provided refresher training in the PREA curriculum thus exceeding the two-year requirement for refresher training. Training records reviewed showed that all staff have been trained in PREA. During staff interviews, random staff were able to articulate the requirements of PREA including (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' 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 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.

Standard 115.32 Volunteer and contractor training

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

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.

The following information was utilized to verify compliance with this standard:

Training Power Point Presentation from the National Institute of Corrections
Training Records
Interview with PREA Coordinator

There were no volunteers or contractors present on the day of the onsite visit, thus no interviews with any of them occurred. However, the PREA Coordinator said that all volunteers and contractors have been trained in the NIC curriculum. Volunteers and contractors are also made aware of the facility's zero tolerance policy and sign a form acknowledging their receipt and understanding of that policy. Training records and acknowledgement forms are kept for each volunteer and contractor.

Standard 115.33 Inmate education

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

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.

The following information was utilized to verify compliance with this standard:

PREA Video from Sullivan County Department of Corrections for Inmates
PREA Orientation Video from the Sullivan County Department of Corrections for Inmates
Interview with Random Inmates
Interview with Intake Officer
Interview with PREA Coordinator
Acknowledgement Forms from Inmates

During the onsite tour of the facility an inmate was receiving the intake information for PREA. This video tells the inmate about the facility's zero tolerance policy and how and to who to report any PREA related allegations. The intake officer says he shows this to all incoming inmates and this type of information is uploaded to a data system that shows receipt of the orientation. If there is a problem with the inmate not being able to view this video, the information is read to the inmate. Each inmate signs an acknowledgement form indicating he/she has received and understands the facility's PREA Policies used to protect inmates from sexual abuse and harassment. After the intake video is shown, within 30 days another more comprehensive PREA video is shown to the inmates 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. There are PREA Information Posters throughout the facility and especially concentrated in housing units. These posters are available in English and Spanish. During interviews with random inmates, these inmates were able to articulate their rights provided by the PREA.

Standard 115.34 Specialized training: Investigations

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

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.

The following information was utilized to verify compliance with this standard:

Policy 3.3.5 titled Investigations pages 1-9

Training Certificate for Investigator

Interview with Investigator

Agreement with the Sullivan County Sheriff's Office

The training received by the investigator for PREA included 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. He went on to say he has 34 years of experience as an Officer and Investigator. He has received numerous training beyond the PREA training requirements. An agreement exists that outlines the role of the investigator with the Sullivan County Sheriff's Office. At the time of the agreement, a grant funded the salary of the investigator. Now that the grant money has expired, the investigator is now back on the payroll of the Sheriff's Office assigned 34 hours a week to conduct PREA Investigations and other investigative duties at the Sheriff's Office. The role of the investigator is fully outlined in the facility's policy 3.3.5 titled Investigations.

Standard 115.35 Specialized training: Medical and mental health care

Exceeds Standard (substantially exceeds requirement of standard)

Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

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.

The following information was utilized to verify compliance with this standard:

Interviews with Medical and Mental Health Staff

Training Documentation

Policy 3.3.4 titled PREA page 1

Interviews with Medical and Mental Health staff revealed their knowledge and understanding of the PREA Policy and is documented in their training records. In addition to this training these staff also received training in how to detect and assess signs of sexual abuse and sexual harassment; how to preserve physical evidence of sexual abuse; how to respond effectively and professionally to victims of sexual abuse and sexual harassment; and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment. Medical staff at the Jail do not conduct forensic exams. These are conducted at the Valley Regional Hospital in nearby Claremont, New Hampshire.

Standard 115.41 Screening for risk of victimization and abusiveness

Exceeds Standard (substantially exceeds requirement of standard)

Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

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.

The following information was utilized to verify compliance with this standard:

Policy 4.2 titled Classification pages 1-7

Interview with Staff Member Responsible for Conducting Risk Assessments

Completed Risk Assessments for Five Inmates

The staff member conducting risk assessments said he begins this process during the intake process. At a minimum the staff considers and records (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.

(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.

After the initial intake and risk assessment information is recorded, medical and mental health staff conduct their assessments. After this is complete, the classification board meets to determine appropriate housing and programming assignments for each inmate. This is completed in less than 30 days. The risk assessor said that if additional information is presented necessitating another assessment this too is completed promptly. Facility policy controls who may have access to an inmate's risk assessment.

Standard 115.42 Use of screening information

Exceeds Standard (substantially exceeds requirement of standard)

Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

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.

The following information was utilized to verify compliance with this standard:

Classification examples

Reclassification examples

Policy 1.5.10 titled Transgender Policy pages 1-2

Interview with PREA Coordinator

Interview with Staff Conducting Risk Assessments

There has been no transgender or intersex inmate housed at the Jail during the last several years. However, policy exists that provide staff
PREA Audit Report

with guidance if a transgender or intersex inmate is admitted including determining housing and programming decisions on a case by case basis. The Risk Assessor and PREA Coordinator said that each transgender or intersex inmate own views as to their safety are given consideration and that he/she would be allowed to shower separately. The Risk Assessor also said a reassessment of classification would occur every six months. This is also stated in policy. The facility would not house transgender or intersex inmates in a dedicated wing or housing unit.

Standard 115.43 Protective custody

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

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.

The following information was utilized to verify compliance with this standard:

Policy 4.2 titled Classification pages 1-7
Policy 3.4.1 titled Protective Custody
Interview with PREA Coordinator
Interview with Superintendent

The Superintendent said that he has several options to house a high-risk inmate. There are five separate single cells that can be utilized to house a high-risk inmate until an appropriate bed can be arranged. He also said he could transfer that inmate to another county jail in the area if necessary. There has not been an occasion where protective custody has been utilized to house a PREA related high risk inmate. The Classification Board meets weekly to review classification decisions, thus adjustments can be made in less than 30 days. All decision is recorded and the reasons for any use of segregation is documented.

Standard 115.51 Inmate reporting

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

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.

The following information was utilized to verify compliance with this standard:

Inmate Handbook page 26
MOU With Charlestown Police Department
Interview with Random Inmates
PREA Information Posters

Each inmate interviewed knew they could report an allegation of sexual abuse and/or harassment to an officer, by using a request slip to the Superintendent, tell a family member or friend, or use the inmate phone system to dial 741. The facility has an agreement with the Charlestown Police Department that is a separate (not part of Sullivan County Department of Corrections) yet public agency. If a call from an inmate is received by the Charlestown Police Department, it is immediately forwarded by phone or email to the Superintendent. Inmates said they could make a report anonymously if they wanted to. In each housing unit is a PREA Information Poster and each inmate is given a handbook at intake. The handbook spells out to the inmate how to report an allegation of sexual abuse and/or harassment.

Standard 115.52 Exhaustion of administrative remedies

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

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.

The following information was utilized to verify compliance with this standard:

Policy 3.5.4 titled Inmate Grievance Procedures pages 1-3

Inmate Handbook page 29

Random Inmate Interviews

Interview with PREA Coordinator

The grievance system has not been used by inmates to file a PREA related grievance to date. However, the system is in place and the handbook for inmates explains the process. Inmates said they could use the grievance system if they desired to. The grievance process follows the standard language by saying (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.

The facility policy also allows for emergency grievances to be filed at any time and that third-party grievances can be filed on behalf of an inmate and that family, staff members, or other inmates may help an inmate in filing a grievance. The policy also outlines the time frames for action that meets the standard. There have been no cases where inmates were disciplined for filing a false grievance.

Standard 115.53 Inmate access to outside confidential support services

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

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.

The following information was utilized to verify compliance with this standard:

MOU with West Central Behavior Health System
Inmate Handbook pages 24-28
PREA Posters on Walls in Housing Units
Inmate Interviews

The facility has an agreement with the West Central Behavioral Health in Lebanon, New Hampshire to provide access to an outside victim advocate and mental health care. Inmates told the auditor that the PREA Posters and handbook contain the phone numbers and address of this provider. There is also a mental health clinician onsite that can assist anyone in need of services. Inmates said they were aware of these numbers and address and that the services they provide would be related to counseling for sexual abuse. They also said they thought their communications would be confidential.

Standard 115.54 Third-party reporting

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

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.

The following information was utilized to verify compliance with this standard:

Interview with PREA Coordinator
Signage in Lobby of Jail

The facility has a PREA Poster in the lobby of the jail explaining how to report sexual abuse or harassment of any inmate lodged in the Jail. It gives the phone number on the sign.

Standard 115.61 Staff and agency reporting duties

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

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.

The following information was utilized to verify compliance with this standard:

Policy 3.3.4 titled PREA pages 1, 2, 3, and 5
Interview with Random Staff
PREA Audit Report

Interview with Medical/Mental Health Staff

Interview with Investigator

Interview with PREA Coordinator

According to random staff and the PREA Coordinator policy and practice 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 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. Once an allegation is made, medical/mental health staff are contacted to provide needed support and services. Information about the incident is kept confidential alerting only staff with a need to know about the incident, according to policy. Medical and mental health staff inform inmates of their duty to report any allegation or suspicion of sexual abuse to outside authorities. Once an allegation either by staff or third parties is made the PREA Investigator is notified and he begins his investigation as soon as possible but in under 24 hours.

Standard 115.62 Agency protection duties

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

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.

The following information was utilized to verify compliance with this standard:

Policy 3.4.1 titled Protective Custody from General Population pages 1-2

Interview with Superintendent

Interviews with Random Staff

According to random staff and the Superintendent, staff are required to immediately remove/separate the victim from the area of the abuser. After that is accomplished staff are required to report the incident to their immediate supervisor on duty. Staff carry orange wallet sized cards that outline the steps to be taken when a staff person becomes aware of a PREA related incident or is a first responder.

Standard 115.63 Reporting to other confinement facilities

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

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.

The following information was utilized to verify compliance with this standard:

Policy 3.3.4 titled PREA

Interview with the Superintendent

PREA Audit Report

Interview with Investigator

According to the Superintendent there has been allegations received that an inmate was sexually abused while housed at another facility. The Superintendent says this information is immediately given to the PREA Coordinator who then contacts the Investigator of what has occurred and an investigation is begun within 24 hours.

Standard 115.64 Staff first responder duties

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

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.

The following information was utilized to verify compliance with this standard:

Policy 3.3.4 titled PREA pages 1,2, 3, and 5

Wallet Cards carried by Security Staff

Interviews with Random Staff

Interview with Superintendent

According to random staff interviews and interviews with the Superintendent each verified what first responder duties were including: (1) Separating 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, smoking, drinking, or eating.

(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.

Each security staff member carries an orange wallet card that outline a first responder's duties under the PREA.

Standard 115.65 Coordinated response

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

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.

The following information was utilized to verify compliance with this standard:

Policy 3.3.4 titled PREA and Attachment 1
Interview with Superintendent

Attachment 1 is a checklist of requirements that staff are required to do should there be an incident of sexual abuse. This checklist would be used by the PREA Coordinator to ensure that all necessary steps have been taken in a coordinated response. The Superintendent verified that his coordinated response includes security staff, the PREA Coordinator, the PREA Investigator, Mental Health and Medical Staff, and any other staff deemed necessary.

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

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

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.

The following information was utilized to verify compliance with this standard:

Interview with the Superintendent

According to the Superintendent there is no union currently representing employees at the Jail. Therefore, the standard is Non-Applicable.

Standard 115.67 Agency protection against retaliation

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

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.

The following information was utilized to verify compliance with this standard:

Policy 3.3.5 titled Investigations pages 3-4
Interview with the Superintendent
Interview with the PREA Coordinator

According to the Superintendent and PREA Coordinator, any suspected retaliation will be closely monitored by the PREA Coordinator and the rest of the Management team at the Jail. Monitoring includes according to the Superintendent, watching for disciplinary reports, any noticeable changes in attitude, acting strangely, or reports from others who may have noticed differences in the demeanor of the inmate. The same holds true for staff who may report retaliation. The policy indicates that the head of Human Resources is responsible for

monitoring retaliation. Policy requires that at least monthly staff shall review any retaliation type of incidents and that this continue for at least 90 days. The Warden said that the 90-day period could be extended for as long as necessary to ensure that inmates or staff are not retaliated against.

Standard 115.68 Post-allegation protective custody

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

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.

The following information was utilized to verify compliance with this standard:

Policy 3.3.4 titled PREA pages 1-2
Interview with PREA Coordinator

After an allegation has been made, the inmate will be segregated in observation until a mental health assessment can be conducted. This will also allow time for proper housing decisions to be made to ensure the safety of the victim and to address the proximity of the perpetrator(s) according to the PREA Coordinator and facility policy. All other conditions contained in 115.43 are adhered to including (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 involuntary segregated housing for less than 24 hours while completing the assessment.

(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.

(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.

(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.

(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.

Standard 115.71 Criminal and administrative agency investigations

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

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.

The following information was utilized to verify compliance with this standard:

Policy 3.3.5 titled PREA Investigations pages 1-9

Investigator Training Records

Interview with Investigator

Upon notification from the Jail, the investigator begins his investigation as soon as possible according to him and the evidence from investigation reports confirms this as well. The Investigator has more than 34 years of experience as a police officer and investigator. The investigator collects evidence if possible. If he is not first on the scene he asks the jail staff to take photos, video, and record everything they encounter at the scene of the incident. The Investigator says he does not use compelled interview or use any type of truth telling device. He assesses each witness's credibility on their own merits and facts of the case. If staff actions or lack thereof are a factor in the investigation, the investigator will interview the staff, look for any policy violations, view any video footage, and talk to other staff and witnesses to determine the facts. If the facts appear to be criminal, the investigator works with the county prosecutor for potential court action. A report is made of all investigations and a preponderance of the evidence is the deciding factor used to make substantiations according to the investigator. The investigator said that if either the victim or abuser leaves the Jail he still pursues the investigation to its completion.

Standard 115.72 Evidentiary standard for administrative investigations

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

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.

The following information was utilized to verify compliance with this standard:

Policy 3.3.5 titled PREA Investigations page 2

Interview with Investigator

According to the investigator a preponderance or 51% of the evidence is used to determine whether the allegation or sexual abuse or harassment is substantiated. This is also in the policy that a preponderance of the evidence is the deciding factor.

Standard 115.73 Reporting to inmates

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

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.

The following information was utilized to verify compliance with this standard:

Policy 3.3.5 titled PREA Investigations pages 1-9
Investigation Report Examples
Interview with PREA Coordinator
Interview with Investigator

According to the PREA Coordinator and Investigator each inmate is notified of the outcome of an investigation whether its substantiated, unsubstantiated or unfounded. If the abuser is a staff member, the Jail informs the inmate if (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.

(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.

The Investigator writes a report from each allegation that is investigated unless the investigation is handled by another agency. Last November 2015 an allegation from the Sullivan County Jail resulted in the Cheshire County Sheriff's Office being asked to investigate an allegation at the Sullivan County Jail. An investigation report was generated and the PREA Investigator worked with the Cheshire County Investigators on the case and communicated throughout the investigation. The case involved a Sullivan County Jail staff member and an inmate at the Sullivan County Jail. The staff member voluntarily resigned but was terminated by Sullivan County instead. No further action was taken in the case. There was another staff to inmate allegation during 2016 where a staff member was terminated for inappropriate contact with an inmate. There were no criminal charges filed against the staff.

Standard 115.76 Disciplinary sanctions for staff

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

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.

The following information was utilized to verify compliance with this standard:

Policy 3.3.4 titled PREA page 8
Termination Letter
Definition of Sexual Misconduct
Interview with PREA Coordinator

There have been two PREA allegations involving staff at the Sullivan County Jail. Neither involved sexual abuse but rather sexual misconduct. Both employees were terminated by the Sullivan County Jail after an investigation. It was determined by the investigator in conjunction with the County Attorney that no criminal charges would be brought against these staff members. Agency policy outlines the disciplinary process for staff who have violated the PREA policy that includes action up to and including termination.

Standard 115.77 Corrective action for contractors and volunteers
PREA Audit Report

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

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.

The following information was utilized to verify compliance with this standard:

Policy 4.1.4 titled Citizen Involvement and Volunteers page 5 and 11
 Policy 3.3.4 titled PREA page 8
 Interview with PREA Coordinator

According to the PREA Coordinator there has been no volunteer or contractor who has violated the PREA Policy. Each contractor or volunteer signs an acknowledgement form agreeing to abide by all Sullivan County Policies and Procedures including PREA. Policy states that termination will result if a volunteer or contractor is found guilty of violating the PREA Policy.

Standard 115.78 Disciplinary sanctions for inmates

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

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.

The following information was utilized to verify compliance with this standard:

Policy 3.3.1 titled Inmate Discipline pages 1-3
 Inmate Handbook pages 43-48
 Interview with Mental Health Staff

The facility has in place disciplinary actions for violation of facility rules including violation of sexual abuse or harassment or sexual misconduct or any other federal, state, or local law. If found guilty of sexual misconduct, abuse, or harassment inmates will be charged with a Class 1 violation. The Disciplinary Hearings Officer may impose one or more of the following penalties for a violation of this nature including: Punitive segregation for 15 to 30 days, Loss of early release time from 20 to 40 days, Restitution, Extra duty-5 to 50 hours, (Loss of visits, Loss of commissary, Loss of inside or outside recreation, Loss of phone privilege not to exceed 15 days). Set back of Programming 10-15 days. The facility also considers the inmate's mental disabilities if any when considering sanctions. The mental health staff said that a follow-up meeting is offered for dealing with the underlying reasons or motives for sexual abuse but does not make it a condition to offer programming or other benefits as a condition of participation in therapy. 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 according to facility policy.

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

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

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.

The following information was utilized to verify compliance with this standard:

Policy 4.5.1 titled Inmate Medical Services and Healthcare Administration pages 1-3
Interview with Medical and Mental Health Staff

Mental Health Staff said that if prior sexual victimization has occurred to an inmate a follow-up meeting with a Mental Health Staff is offered within 14 days but the meeting would occur sooner according to the Mental Health Staff. The same follow-up meeting is offered to any abuser as well and in less than 14 days. A situation occurred recently when an inmate was being booked and reported being sexually abused by her husband the day before her arrest. Mental Health Staff were called in and the victim was transported to the Valley Regional Hospital in Claremont for a rape kit. The Mental Health Staff offered counseling immediately. Any information obtained by Mental Health Staff is maintained by them and access is limited to Mental Health and Medical Staff, the PREA Coordinator, and the Classification Board (who determine placement decisions). The Mental Health Staff also said informed consent is obtained from any inmate prior to reporting about their prior sexual abuse as was the case referenced above.

Standard 115.82 Access to emergency medical and mental health services

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

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.

The following information was utilized to verify compliance with this standard:

Policy 4.5.1 titled Inmate Medical Services and Healthcare Administration pages 1-3
Interview with Medical and Mental Health Staff

According to Medical and Mental Health Staff any inmate victim of sexual abuse is given timely, unimpeded access to emergency medical services and crises intervention services based on their judgement and facility policy and procedure. Inmates are also offered timely information about emergency contraception and sexually transmitted infection prophylaxis at no cost to the victim. If no medical/mental health staff are present when an incident occurs, first responders provide medical assistance until a medical or mental health staff arrives on the scene according to the first responder protocol.

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

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

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.

The following information was utilized to verify compliance with this standard:

Policy 4.5.1 titled Inmate Medical Services and Healthcare Administration pages 1-3
 Interview with Medical and Mental Health Staff

According to the Medical and Mental Health Staff offers and provides medical and mental health evaluations to victims of sexual abuse as soon as they learn about the situation. They also said the follow-up meetings/services, including referrals for post release services are offered. They also said the facility's medical and mental health care is consistent to community offerings and the services they provide to victims of sexual abuse is free in the Jail. Pregnancy tests and related services are offered if necessary.

Standard 115.86 Sexual abuse incident reviews

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

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.

The following information was utilized to verify compliance with this standard:

Interview with Superintendent
 Policy 3.3.6 titled Data Collection and Review
 Interview with PREA Coordinator
 Interview with Superintendent

The Superintendent and PREA Coordinator said a review is completed after each allegation is investigated except for unfounded allegations. Each review is conducted by the Superintendent and his administrative management team. He said the team (1) Considers whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; (2) Considers 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) Examines the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; (4) Assesses the adequacy of staffing levels in that area during different shifts; (5) Assesses whether monitoring technology should be deployed or augmented to supplement supervision by staff; and (6) Prepares 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.

Each review is documented and sent to the PREA Coordinator and other Sexual Abuse Review Team members.

Standard 115.87 Data collection

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

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.

The following information was utilized to verify compliance with this standard:

Policy 3.3.6 titled Data Collection and Review
Interview with the PREA Coordinator

The PREA Coordinator said he collects and aggregates data from every PREA incident on a continual basis and will publish its finds on its website. The Jail participates in the US Department of Justice's Survey of Sexual Violence and uses this data when preparing its annual reports. The Jail does not have inmates at other facilities.

Standard 115.88 Data review for corrective action

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

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.

The following information was utilized to verify compliance with this standard:

Policy 3.3.6 titled Data Collection and Review pages 1-2
Interview with PREA Coordinator

The PREA Coordinator said he collects data on an ongoing basis and once a year reviews the data looking for trends and other information that may affect protecting inmates from sexual abuse and harassment. On the annual report that is approved by the Superintendent names or other personally identifiable information is redacted

Standard 115.89 Data storage, publication, and destruction

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

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.

The following information was utilized to verify compliance with this standard:

Policy 3.3.6 titled Data Collection and Review pages 1-2

Interview with PREA Coordinator

The facility policy outlines the data collection process including that all PREA related data be saved for 10 years. The same policy says that information is securely retained in a computer server that is password protected allowing the PREA Coordinator to maintain control of PREA data. The annual report is located on the Sullivan County Department of Corrections website at www.sullivancountynh.gov

AUDITOR CERTIFICATION

I certify that:

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

Jeff Rogers
Auditor Signature

10/31/2016
Date