

**PREA AUDIT REPORT**     Interim     Final  
**ADULT PRISONS & JAILS**

**Date of report:** 5/20/16

<b>Auditor Information</b>			
<b>Auditor name:</b> Mable P Wheeler			
<b>Address:</b> 1176 Linden Avenue Macon, GA			
<b>Email:</b> wheeler5p@hotmail.com			
<b>Telephone number:</b> 478-737-2171			
<b>Date of facility visit:</b> April 25-April 26, 2016			
<b>Facility Information</b>			
<b>Facility name:</b> LaSalle Corrections			
<b>Facility physical address:</b> 1001 Pearl Street, Suite 101 Beaumont, TX 77701			
<b>Facility mailing address:</b> <i>(if different from above)</i> Same as above			
<b>Facility telephone number:</b> 409-434-4653			
<b>The facility is:</b>	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input checked="" type="checkbox"/> Private not for profit		
<b>Facility type:</b>	<input type="checkbox"/> Prison	<input checked="" type="checkbox"/> Jail	
<b>Name of facility's Chief Executive Officer:</b> Detrah Lacy			
<b>Number of staff assigned to the facility in the last 12 months:</b> 58			
<b>Designed facility capacity:</b> 501			
<b>Current population of facility:</b> 130			
<b>Facility security levels/inmate custody levels:</b> Minimum/Medium/Maximum			
<b>Age range of the population:</b> 19-62			
<b>Name of PREA Compliance Manager:</b> Lisa Gobert		<b>Title:</b> Captain	
<b>Email address:</b> lgobert@lasallesouthwest.com		<b>Telephone number:</b> 409-434-4653 ext. 304	
<b>Agency Information</b>			
<b>Name of agency:</b> LaSalle Corrections			
<b>Governing authority or parent agency:</b> <i>(if applicable)</i> Jefferson County			
<b>Physical address:</b> 26228 Ranch Road 12 Dripping Springs, TX 78620			
<b>Mailing address:</b> <i>(if different from above)</i> Same			
<b>Telephone number:</b> 512-858-7202			
<b>Agency Chief Executive Officer</b>			
<b>Name:</b> Rodney Cooper		<b>Title:</b> Executive Director	
<b>Email address:</b> Rodney@lasallesouthwest.com		<b>Telephone number:</b> 512-858-7202	
<b>Agency-Wide PREA Coordinator</b>			
<b>Name:</b> Chris Bell		<b>Title:</b> Regional Warden/PREA Coordinator	
<b>Email address:</b> chris@lasallesouthwest.com		<b>Telephone number:</b> 512-858-7202	

## **AUDIT FINDINGS**

### **NARRATIVE**

The PREA audit was conducted on April 25-26, 2016 at the Jefferson County Downtown Jail in Beaumont, Texas. The facility is operated by LaSalle Corrections. The company operates an additional 17 facilities in the states of Texas, Georgia and Louisiana. The facility has a designated capacity of 501 beds, housing both males and female inmates. On the first day of the audit, the population was 209.

On the first day, the PREA Auditor met with the Warden, Facility Compliance Manager, and Agency PREA Coordinator. The auditor discussed the schedule for the day. A tour of all areas of the facility had been conducted the previous day. Auditor reviewed additional requested information for standards compliance. Interviewing included the following: Agency PREA Coordinator, Facility PREA Coordinator, Warden, Specialized Staff, Random Staff from both shifts, and Inmates (male and female). Phone interviews were conducted with Administration from the Crisis Line, Volunteer, speech interpreter and mental health contractor. A total of thirty-five (35) interviews occurred. The facility provided detailed documentation on a USB flash drive, giving adequate time for advance review of documentation. All requests for follow up on additional information was timely.

An exit interview was held with LaSalle Corrections Executive Director, Agency PREA Coordinator, Warden and Facility Compliance Manager.

## **DESCRIPTION OF FACILITY CHARACTERISTICS**

Jefferson County Downtail Jail is a 501 bed facility leased by LaSalle Corrections from Jefferson County in Beaumont, Texas. Currently the facility is contracted to house United States Marshals Services for the East Texas Division and bureau of Prisons who are pending court appearances. The facility also houses an overflow of neighboring county inmates on a case by case basis. County offenders excepted into custody at the Jefferson County jail are classified as minimum and medium custody pending assignment to TDCJ or bed vacancy to return to their receiving county. The facility is located at 1001 Pearl Street in Beaumont, Texas connected to the County courthouse.

The facility has the capability to accommodate both males and females. JCDJ is staffed with on-call medical, a Psychologist, Dental and Physician Assistant. Dayrooms are available to each housing unit equipped with showers, toilets, televisions, tables, seating area, and offender phones. The Jefferson County Downtown Jail provides religious services through Community Volunteers. Religious programming includes Bible study and religious services. A law library is provided by Lexis-Nexis System. General Library is provided once a week or upon request. Indoor recreation is provided in the dayroom Monday through Sunday. Outdoor recreation is conducted on the fourth floor and is equipped with basketball, soccer, handball accommodations, and is scheduled to meet minimum Jail standards. Regular visitation is accommodated Monday through Sunday. Commissary is provided by Lone Star Company and is available once a week. Meals are provided by Five Star Food Services, feeding three daily meals a day that have been approved by a Licensed Dietician.

Unit Counts are conducted eight times per twenty-four hour period. The facility is equipped with the required amount of emergency equipment and weaponry is secured in the unit armory. The Jefferson County Downtown Jail is a secure facility and is operated by electronic controlled doors.

JCDJ has received superior certificates by the Beaumont Public Health Department, is Compliant with the Fire Marshals Inspections, received approved Operations Plans from the Jail Commission, has an approved Yearly correctional Tuberculosis Screening plan, and is certified compliant by the Texas Commission on Jail Standards.

### Description of Facility Characteristics:

Jefferson County Jail was built in 1981 and is connected with the Jefferson County Courthouse. The entrance of the facility contains a lobby with a visitation area available for the inmates. Beyond the entrance is a secured area to enter into the body of the facility. The first floor is equipped with a book-in area for intake and a holding cell for processing. The Classification and transportation department is available as well as inmate property storage. The facility is equipped with an emergency stairway and elevators. The second floor provides a total of 228 inmate beds in the housing area and a barbershop. The hallway consists of the Warden, Captain, Supervisor's Office, and two attorney booths. The third floor consists of an additional 228 beds to include a Chapel, Storage Room, staff restroom and two attorney booths. The fourth floor contains 30 cells, two solitary cells, and four medical beds. The medical, laundry, and Food Service departments are also on the fourth floor. Outside recreation is located on the fourth floor for offenders. Cameras are available for monitoring inmate movement.

## **SUMMARY OF AUDIT FINDINGS**

Click here to enter text.

Number of standards exceeded: Click here to enter text.

Number of standards met: 41

Number of standards not met: Click here to enter text.

Number of standards not applicable: 2

## **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 was considered in determining compliance with the standard:

### Policies:

Policy JCDJ-049 Sexual Abuse and Assault Prevention and Intervention Program

Section I Page 1 Policy

Section II Pages 2-3 Definitions

Section IV Pages 3-5 Prevention Planning

### Supporting Documentation:

Lasalle Corrections Organizational Structure

Facility Organizational Structure

### PREA Accountability Statement:

Jefferson County Downtown Jail has designated a PREA Compliance Manager. The PREA Compliance Manager reports directly to the Facility Warden. The PREA Compliance Manager is responsible for monitoring retaliation.

### Interviews:

Lasalle Corrections PREA Coordinator

Facility PREA Compliance Manager

### Conclusion:

The facility's policy and procedure JCDJ-049 serve as the guide for PREA Compliance. The facility's PREA policy agreement with United States Marshals Service provides that the facility is contractually obligated to adopt and comply with PREA standards. The sexual abuse and assault prevention and intervention program include strategies for implementing the zero tolerance of all forms of sexual abuse and sexual harassment. The SAAPIP include definitions of prohibited behaviors and sanctions for those found to have participated in the prohibited behaviors.

Lasalle Corrections employs an Agency PREA Coordinator. The PREA Coordinator has complete and unrestricted access to all agency facilities, records, staff and inmates. The PREA Coordinator ensures that each facility operated by Lasalle designates a PREA Compliance Manager.

The sexual abuse and assault prevention and intervention program designates the Jefferson County Downtown Jail's Captain as the facility's compliance manager. An interview with the jail warden and a review of internal organization chart confirmed that the Captain serves as the PREA Compliance Manager. The Captain states that there is sufficient time and she consults with Warden when coordinating and implementing all activities related to PREA compliance. The Captain reports to Jefferson County Downtown Jail Warden.

## **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)

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The following was considered in determining compliance with the standard:

Policies:

Prison Rape Elimination Act

Lasalle Corrections Audit Tool Policies Page 1

Supporting Documents:

US Marshals Contract (Renewed May 2014)

Jefferson County Texas (Housing of law violators 6/28/11)

Conclusion:

JCDJ renewed its contract with the United States Marshals Service on April 1, 2014 to house Federal detainees. Estimated number of detainees (430). The USMS contract mandates PREA compliance.

JCDJ also houses overflow inmates for Jefferson County Texas. The original contract was signed June 2011. This contract did not contain PREA language. Contract was extended for one year June 2016 thru June 2017. Contract was not revised to contain PREA language. Verbal understanding of PREA compliance.

### **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)

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The following was considered in determining compliance with the standard:

Policies:

Texas Jail Standard 275.4

Attachment A-Facility Annual Staffing Report (Example provided)

Attachment B-PREA Unannounced Rounds (Documented)

PREA Accountability Statement:

Supervisors are to utilize part time employees to ensure there are no deviations from the minimum staffing plan.

Supporting Documentation:

Direct care staffing plan (Texas Jail Standard 275.4)

PREA Audit Report

Staffing Plan Assessment  
Lasalle Corrections Training Curriculum (Supervisoion of Inmates)  
Auditors review of current CCTV system

Interviews:

Facility Warden  
Agency PREA Coordinator  
Facility PREA Manager  
Intermediate/Higher Level Facility Staff

Conclusion:

The facility's staff plan complies with the Texas jail Standards 275.4. The staffing plan and administration review of staffing schedules ensure that at no time does the jail operate with no less than 1 jailer per 48 inmates. The facility operates with above minimum staffing levels based on need to accept an unanticipated population of inmates without a lot of notice. A yearly staffing plan assessment was completed by the Warden and the PREA Coordinator from Lasalle Corrections. The review included over view of Texas Jail Standards, US Marshals Services requirements, staffing patterns, deployment of cameras, and unannounced rounds: operating procedures and other factors that contribute to maintaining compliance with the staffing plan and the PREA standard. There have been no deviations from staffing plan within last 12 months. Lasalle Corrections is in compliance with the PREA standard which requires that the Captain conduct unannounced rounds at least once per month and that the visits are documented. During this visit any PREA related concerns are noted. The PREA policies prohibit staff from alerting other staff of the unannounced visits. The Warden ensures that these visits occurs. Facility practice also provides that a Lieutenant or Sergeant make continuous rounds throughout all living units on a 24 hour basis.

**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)

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The following was considered in determining compliance with the standard:

Supporting Documentation:

Lasalle Corrections Directive Dated March 28, 2016 per PREA standard  
Jefferson County Downtown Jail maintains sight, sound and physical separation between youthful inmates and adult inmates during the use of shower areas and sleeping quarters  
Verification of housing assignment  
Youthful inmate housed during this reporting period was not denied access to any programming legally required

Interviews:

Agency PREA Coordinator  
Facility PREA Compliance Manager  
Facility Warden

Conclusion:

Jefferson County Jail prohibits housing youthful offenders with adults. In the past 12 months JCDJ housed one youthful

offender. The facility has the capacity to house youthful offenders with sight and sound separation from adult offenders. This separation includes dayroom, common areas, showers and sleeping quarters. Offenders are escorted to common areas such as recreation and medical.

In the past twelve months Jefferson County Downtown Jail had one youthful inmate. The inmate was single celled in 2A67 by himself providing single access to dayroom, shower and sleeping quarters. During this time, no adult offender was able to have sight, sound or physical contact.

### **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 was considered in determining compliance with the standard:

**Policies:**

- JCDJ-049 Sexual Assault Prevention Intervention
  - Section 1 Limits on cross gender viewing and searches
- JCDJ-030 Contraband and Searches
  - Section F3 Inmate/detainee searches (pat and strip)

**Supporting Documentation:**

Standard Operating Procedures-Offender Pat Searches and Viewing

**Training:**

- Guidance in cross gender and transgender pat searches (facilitator guide)-The Moss Group
- Cross gender pat searches for transgender and intersex inmates-The Moss Group

**PREA Accountability Statement:**

In the past twelve months JCDJ has not conducted any cross gender pat down searches or cross gender visual body cavity searches of inmates.

**Interviews:**

- Random Sample of Staff
- Random Sample of Inmates
- Transgender and Intersex Inmates-none

**Conclusion:**

JCDJ-049 I/A-D addresses this standard and is supported by inmate and staff interviews. Cross gender pat down searches and cross gender strip of females are not allowed at this facility and would only be permitted under extierent circumstances. It is the practice that female inmates are directly supervised by female staff. Numerous staff have been trained to conduct cross-gender pat down searches but understand there are rare exceptions for this to occur, a (critical) incident training is documented.

Staff interviews reveal that all received training on conducting respectful and dignified searches. Direct care staffs are



aware of the requirement that a transgender or intersex inmate cannot be searched for the sole purpose of determining their genital status. No such searches have been conducted during this audit period.

Policy JDCJ-049

Inmates and staff interviews and observations of the housing area, verify that inmates have the opportunity to shower, use the toilet and change clothes without being viewed by male staff. Male staff do not directly supervise female units. All male staff and inmates verified that male staff announces their presence prior to entering a female unit. Many of the toilets have open viewing, inmates interviewed confirm that they can request to go to a private cell toilet or they use a temporary shield to cover the toilet area. This practice was demonstrated to the auditor. All showers provide privacy. Administration requests that when the temporary shield is used the feet and upper body is visible for safety reasons.

**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 was considered in determining compliance with the standard:

Policies:

- JCDJ-049 Sexual Abuse Assault Prevention and Intervention  
Section VI-Effective Communication with inmates/detainees
- JCDJ-050 Limited English Proficiency (LEP) Plan

Supporting Documentation:

Interpreters Services Agreement

PREA Accountability Statement:

JCDJ 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.

Interviews:

- Lasalle Corrections PREA Coordinator
- Interpreter Services Contractor
- Disabled and Limited English Inmates-none

Conclusion:

According to JCDJ Policy #050 limited English proficient inmates are afforded equal opportunity to participate in or benefit from all aspects of the facility’s efforts to prevent, detect and respond to sexual abuse and sexual harassment. JCDJ contracts with an individual to provide Spanish interpreter services. This was verified by auditor. Inmates who wish to communicate with parties who have hearing disabilities are afforded access to a telecommunication device for the deaf (TDD). Public telephones with volume control are also made available to hearing impaired inmates. Inmate handbooks are provided in English and Spanish. Staff and inmate interviews verified that inmate interpreters are prohibited except in limited circumstances.

### 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 was considered in determining compliance with the standard:

#### Policies:

Lasalle Corrections Policy  
Attachment PREA Employment Questions

#### Background Investigations:

Disqualifications for employment for positions with inmate contact  
Agency policy requires that a criminal background check be completed before enlisting the services of any volunteer or contractor who may have contact with inmates  
Criminal Records Checks required yearly on DOB  
Employee Manual

#### PREA Accountability Statement:

All JCDJ employees full and part time, all contractors and volunteers completed background clearances prior to providing services.

#### Supporting Documentation:

List of employees hired during audit period  
PREA Employment Questionnaire (Examples)  
Criminal Background Checks Completion Dates

#### Interviews:

Administrator (Human Resources Staff)

#### Conclusion:

Lasalle Corrections policy addresses the practices regarding hiring or promoting anyone who has engaged in sexual abuse in a jail, lock-up or similar facility has been convicted of engaging or attempting to engage in coerced or forced sexual activity; or has been adjudicated for any of the aforementioned activities. Staff and contractor must clear a background check prior to hire date. Any incident of sexual harassment is considered regarding the hiring or promotion of anyone.

JCDJ compliance was determined through review of personnel information, interview with Human Resources Manager and staff interviews. Auditor reviewed form signed by applicants affirming the continuing duty to disclose any such misconduct once employed.

Background checks are completed yearly on all employees on DOB.

### 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)

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N/A-There has been no upgrades during this reporting period.

### **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)

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The following was considered in determining compliance with the standard:

Policies:

JCDJ-049 Sexual Abuse and Assault Prevention and Intervention Programs  
Section VIII Response  
Section IX Health Care Services  
Section X Investigations

JCDJ-053

Section II Investigation Responsibilities

Supporting Documentation:

MOU with Jefferson County Sheriff Office to conduct investigations  
Agreement with St. Elizabeth Hospital for forensic exams (employs safe/sane nurses)  
Crisis Center of South East Texas for the purpose of inmate reporting and counseling services  
Facilities medical and mental health staff qualifications (PREA training)

PREA Accountability Statement:

No forensic exams were required within the past twelve months. Jefferson County Sheriff Office follow uniform evidence protocol when conducting investigations.

Interviews:

PREA Compliance Manager  
Random Sample of Staff  
Administrator from South East Texas Crisis Center

Conclusion:

JCDJ Policy # 0459 G-A-B requires that every effort is put forth by staff to preserve any alleged crime scene pending arrival of criminal investigations from the Jefferson County Downtown Sheriff Office. In addition any physical evidence obtained by any JCDJ staff member until it can be received by the criminal investigations.

Jail Policy and Procedures 01-01 PREA Auditor reviewed certification documents for in house staff trained to do initial administrative investigations. All criminal investigations are referred to Jefferson Co. Sheriff's Office. MOU with Sheriff's

PREA Audit Report

Office reviewed. Uniform evidence protocol is utilized by Jefferson Co. Sheriff's Office. If during investigation the evidence leads to the belief that an actual assault has occurred the victim is sent to Saint Elizabeth Hospital. Saint Elizabeth utilizes SAFE/SANE nurses when possible. Forensic exam is free to alleged victim. Alleged victims are referred by the sheriff office to Jefferson County Victim Witness Coordinator and they are made aware of community based resources for victim counseling and other victim services.

**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 was considered in determining compliance with the standard:

Policies:

JCDJ-049 Sexual Abuse and Assault Prevention and Intervention Programs

Section VII-A Staff notification and reporting requirements

Section VII-B Staff notification and reporting procedures and chain of command for sexual abuse allegations

PREA Accountability Statement:

JCDJ immediately refer all incidents to Jefferson County Sheriff's Department for possible criminal investigations.

Interviews:

Warden

Conclusion:

JCDJ Policy #049-Any act that occurs within the facility that is a violation of state law shall be reported to the Jefferson Co. Sheriff's Office for investigation.

MOU with Sheriff's Office reviewed by Auditor.

During this 12 month reporting period 4 allegations of sexual assault/harassment were documented. Administrative investigations were completed. None of the allegations were substantiated and referred to the Sheriff's Office. Auditor reviewed administrative reports.

All completed administrative investigations are reviewed by Sheriff's Office Investigation Staff.

**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 was considered in determining compliance with the standard:

Policies:  
JCDJ-049 Sexual Abuse and Assault Prevention and Intervention Programs  
Section IV-D Employee Training

Supportive Documentation:  
PREA Acknowledgement (Examples)  
Staff Training Hours (Reports)

PREA Accountability Statement:  
JCDJ employees have received required training

Interviews:  
Random Sample of Staff

Conclusion:  
JCDJ Policy #049 addresses employee training. Staff interviews, training documents and curriculum confirmed the training as required by PREA standard. All staff interviewed related frequent refresher training.

Training Curriculum

- JCDJ-049 Sexual Abuse or Assault Prevention and Intervention Program
- Zero Tolerance Policy
- JCDJ-051 Sexual Abuse and Assault Prevention and Intervention Program-First Responder Procedures
- Common Systems of Sexual Abuse and harassment victims
- Avoiding relationships with inmate/detainees
- Staff Inmate Communication
- PREA Video-Facing Prison Rape
- Con Games

### **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)

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The following was considered in determining compliance with the standard:

Policies:  
JCDJ-049 Sexual Abuse or Assault Prevention and Intervention Program

## Section Staff Training iii

### Supporting Documentation:

List of Volunteers

List of Contractors

PREA Acknowledgement Statements

### Interview:

Volunteer (who had contact with inmates)

### Conclusion:

JCDJ Policy #049

A review of training documentation supports the PREA education for volunteers and contractors. The volunteers and contractors receive training on their responsibilities regarding the zero-tolerance of sexual assault and sexual harassment and how to report any allegations on incidents. Interviews with the facility Warden and a Volunteer, by phone, confirmed that training occurs.

### Training Curriculum

- Introduction to Volunteer and Contractor PREA Training
- Zero Tolerance
- How to report Sexual Abuse or Sexual Harassment
- Detecting Sexual Abuse and Sexual Harassment
- Maintaining Professional Relationships with Inmates

## 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)

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The following was considered in determining compliance with the standard:

### Policies:

JCDJ-049 Sexual Abuse or Assault Prevention and Intervention Program

Section H Inmate/detainee education

Attachment Inmate Acknowledgement Statement

### Supporting Documentation:

Intake packet

### Training Curriculum and Material:

The prevention of sexual abuse in jail/prison (overview for offenders)

Policy/Definitions/About Your Safety/What Happens when You report and incident of sexual abuse/Avoiding sexual abuse/Confidentiality

PREA Accountability Statement:

All inmates have received PREA education sessions.

Interview:

Intake Staff

Random Sample of Inmates

Conclusion:

According to JCDJ-049, interviews (inmate/staff) and a review of intake records all inmates are provided PREA information during the intake process. All inmates receive PREA education regardless if they are transferring from another facility or a new admission. PREA information is found in inmate handbook and is visible throughout facility.

All inmates interviewed were aware of procedures for reporting. Some were not aware that a call to the crisis line would not be recorded. PREA material is provided in English and Spanish. Interpreter services are available.

### **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)

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The following was considered in determining compliance with the standard:

Policies:

JCDJ-049 Sexual Abuse or Assault Prevention and Intervention Program  
Section X Investigations

Conclusion:

Jefferson Co. Sheriff's Department has acknowledged in writing that they have received appropriate training to conduct PREA 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 was considered in determining compliance with the standard:

Policies:

JCDJ-049 Sexual Abuse or Assault Prevention and Intervention Program  
Section IX Health Care Services Requirements

Supporting Documents:

Signed documentation of training-medical and mental health staff

PREA Accountability Statement:

All JCDJ full time, part time and contract medical and mental health staff have completed PREA training.

Interviews:

Medical and Mental Health Staff

Conclusion:

JCDJ-049 addresses staff training. Medical and mental health staff have received general PREA training as well as specialized on-line training provided by PREA resource center. This training is documented. The medical staff does not conduct forensic exams.

Specialized Training: Medical/Mental Health Care Curriculum

- Introduction and Module 1: detecting and Assessing Signs of Sexual Abuse and Harassment
- Module 2: Forensic Evidence Preservation
- Module 3: How to Respond Professionally and Effectively to Victims of Sexual Abuse and Sexual Harassment During Incarceration
- Module 4: Reporting and the PREA Standards
- PREA and Medical and Mental Health Care: A Trauma-informed Approach
- Why PREA Matters; Understanding Sexual Trauma in Custody

#### **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 was considered in determining compliance with the standard:

Policies:

JCDJ-049 Sexual Abuse or Assault Prevention and Intervention Program  
Section IV Prevention  
A Screening and Classification



## B Screening and Classification Procedures

Supporting Documentation:  
PREA screen examples

PREA Accountability Statement:  
The JCDJ completes a PREA screen report on all inmates who enter facility.

Interviews:  
Staff responsible for Risk Screening  
Random Sample of Inmates

Conclusion:  
JCDJ Policy #049 addresses the procedure for screening and classification. All inmates shall be screened upon admission to the facility for risk of sexual abuse victimization for sexual abusiveness toward other inmates/detainees and shall be housed to prevent sexual abuse or assault. The screening instrument is used to obtain information required by the standard, including but not limited to prior sexual victimization or abusiveness; the inmate's self-identification; current charges and offense history; intellectual or developmental disabilities.

Inmate files and interviews verified that procedures are in place. The PREA questionnaire, JCDJ-054-1 is utilized. A copy is kept in inmate's file. All interviewed state that the questionnaire is completed on day of arrival to facility. This information is available only on a "need to know" basis.

All inmates within last twelve months received the screening. Additional screen and assessment tools are used to obtain information to assist in meeting the individual needs of inmates.

Inmates identified as having a history of sexually assaultive behavior or at risk for sexual victimization are assessed by a mental health or other qualified health care professional. These individuals are monitored and counseled as determined by the health care professional.

### **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 was considered in determining compliance with the standard:

Policies:  
JCDJ-049 Sexual Abuse or Assault Prevention and Intervention Program  
Section B Use of Screening Information  
JCDJ-020 Classification  
Section Procedures A/E/F/H

PREA Accountability Statement:  
The JCDJ completed a PREA Screen Report on all inmates within the last twelve months.

PREA Audit Report

Interviews:

Warden

PREA Coordinator

PREA Compliance Manager

Staff Responsible for Risk Screening

Medical Staff

Conclusion:

JCDJ Policy- 020 Classification

Information obtained during the screening process which includes screening for vulnerability to victimization and sexuality aggressive behavior assists in determining housing, bed, work, education and program assignments. The goal is to keep all inmates safe and meet individual needs. Individual decisions are made regarding the safety of each inmate.

There has not been an inmate placed in isolation or controlled observation during this audit period due to the concern for their safety from sexual assault.

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 like abusers.

**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 was considered in determining compliance with the standard:

Policies:

JCDJ-020 Classification

Section Procedures A/E/F/H

PREA Accountability Statement:

The agency has a policy prohibiting the placement of inmates at a high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives have been made and a determination has been made that there is no available alternative means of separation from likely abusers.

Interviews:

Warden

PREA Coordinator

PREA Compliance Manager

Staff responsible for Risk Screening

Conclusion:

Agency policy JCDJ-020 outlines the agency classification protocol. An inmate at risk for sexual victimization would only be

placed in involuntary segregated housing after an assessment of all available alternatives has been made. There would be no available alternative means of separation from abusers.

Jefferson County Downtown Jail has the ability to house a number of inmates in single cells. During this audit reporting period, there have been no inmates placed in involuntary segregated housing due to a high risk of sexual victimizations. There have been no inmates at risk for sexual victimization who were held in involuntary segregated housing in the past 12 months for longer than 30 days while awaiting alternative placement.

There have been no inmates at risk of sexual victimization who were held in involuntary segregated housing in the past 12 months for one to 24 hours while awaiting completion of assessment.

### **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 was considered in determining compliance with the standard:

Policies:

JCDJ-049 Sexual Abuse or Assault Prevention and Intervention Program  
Section II A/B

Supporting Documentation:

Inmate files reviewed for verification of PREA orientation

PREA Accountability Statement:

Each JCDJ inmate received education/handbook on PREA reporting procedures.

Interviews:

Booking staff

Random selection of Inmates

Conclusion:

JCDJ-049 Provides the frame work for inmate reporting of (1) sexual abuse or sexual harassment (2) Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment and (3) staff neglect or violation of responsibilities that may have contributed to such incidents.

These procedures were verified by inmate/staff interviews, inmate handbook and posted information. Auditor also conducted interviews with a facility volunteer and crisis line administrator.

Inmates may utilize telephone located on each housing unit to call crisis line. This call is not monitored. Each inmate interviewed was aware that a report could be given to someone not connected to the facility (friend, family member). Staff receive information on how to report through the staff handbook, policies and procedures, PREA training and posted information. All staff is aware that all verbal reports written or anonymous and from third parties must be documented in writing immediately. Also staff is aware of avenues to privately report incidents.

Auditor reviewed reports made during audit this period. None were substantiated.

**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 was considered in determining compliance with the standard:

Policies:

JCDJ-044 Inmate/Detainee Grievance Program  
Section IV Allegation of Sexual Abuse Grievance/Complaint

PREA Accountability Statement:

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 and procedures requires that an inmate grievance alleging sexual abuse not be referred to the staff member who is the subject of the complaint.

Interviews:

PREA Compliance Manager  
Warden

Conclusion:

JCDJ-044 Facility practice provides that grievances regarding sexual abuse or sexual harassment may be completed and submitted at any time (regardless of when the incident may have occurred). The inmate is not required to handle an emergency grievance informally by attempting to resolve the situation with staff. During the past twelve months there has not been a grievance submitted alleging sexual abuse.

When a grievance is received regarding sexual abuse or sexual harassment, it is handled immediately by facility Captain. The submission of a PREA related grievance is another avenue for reporting allegations. Third parties including fellow inmates, staff members, family members, attorneys and outside advocates may assist the inmate in filing grievance. The grievance will be forwarded to the Jefferson Co. Sheriff’s Office for investigation. If a third party files a grievance, the Sheriff’s Office will not proceed unless the inmate provides written acknowledgement of his/her intent to proceed. In the past twelve months the Jefferson County Downtown Jail has not had any grievances alleging sexual abuse that resulted in disciplinary action by the agency against the inmate for having filed the grievance in bad faith.

**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 was considered in determining compliance with the standard:

Policies:

JCDJ-049 Sexual Abuse or Assault Prevention and Intervention Program  
Section b Inmate/Detainee Education Procedures  
Attachment Inmate Handbook

Supporting Documentation:

Agreement with Crisis Center of South East Texas  
US Immigration and Custom Enforcement Poster  
Handbook (The Prevention of Sexual Abuse in Jail/Prison)

PREA Accountability Statement:

The facility informs inmates prior to giving them access to outside support 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:

Random Sample of Inmates  
PREA Compliance Manager  
Random Sample of Staff

Conclusion:

JCDJ Policy 049 addresses the standards. Procedures are in place providing inmate education regarding PREA. During the booking or intake process an inmate orientation handbook is provided. This document gives detailed information regarding prevention, self-protection, reporting and treatment/counseling in regard to sexual abuse and assault while incarcerated. Auditor verified with administrator from Crisis Center of Southeast Texas that there is a verbal MOU in place with Jefferson County Detention Jail. The phone number is posted on all living units and throughout the facility. Inmate/staff interviews verified that this service is available. Inmates have ready access to phones and are aware that calls are not monitored. There is also a poster available for contact with US Immigration and Custom Enforcement.

### **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 was considered in determining compliance with the standard:

Policies:

JCDJ-049 Sexual Abuse or Assault Prevention and Intervention Program

Section V Inmate/Detainee Reporting Procedures

Section B (a. a-d) Reports to Facility

Section B (b. Reports to Family Members, Friends, or Other Outside Entities)

Supporting Documentation:

Lasalle Corrections PREA Mission Statement

PREA Accountability Statement:

It is the responsibility of every Lasalle employee to immediately report any information passed through them by inmate, staff, 3<sup>rd</sup> party or anonymously regarding sexual abuse and assault whether the allegation was against staff or another inmate, a volunteer, contractor, etc.

Interviews:

PREA Coordinator

PREA Compliance Manager

Warden

Random Staff

Random selection of Inmates

Conclusion:

Auditor interviews verified that third party reporting of sexual abuse and sexual harassment are accessible via multiple avenues and is readily made available to the public.

**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 was considered in determining compliance with the standard:

Policies:

JCDJ-049 Sexual Abuse or Assault Prevention and Intervention Program

Section VII Staff notification and reporting requirements

JCDJ-ii. PREA Post Orders

PREA Accountability Statement:

JCDJ requires immediate response and reporting of sexual abuse, sexual harassment, sexual misconduct and any retaliation. The Facility directs that staff having any suspicion of an incident of sexual abuse, sexual harassment or sexual misconduct or any knowledge of an incident in response to any allegation regarding sexual abuse, sexual harassment, sexual misconduct and retaliation report it immediately to their supervisor.

Interviews:

Warden

PREA Compliance Manager  
Random Sample of Staff

Conclusion:

Lasalle Corrections requires all staff, volunteers, or contractors to report immediately any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in the facility; retaliation against an inmate or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident of retaliation.

Medical and Mental Health staff are under the same obligations to report.

**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 was considered in determining compliance with the standard:

Policies:

JCDJ-049 Sexual Abuse or Assault Prevention and Intervention Program

Section IV A-D Screening and Classification

JCDJ-020 Classification

Section A Intake Process

Section H Housing Plan

PREA Accountability Statement:

Upon learning that an inmate is subject to a substantial risk of imminent sexual abuse, the facility would take immediate actions to protect the inmate. In the past twelve months there were no inmates subject to substantial risk of imminent sexual abuse.

Interviews:

Agency PREA Coordinator

Warden

Random Sample of Staff

Conclusion:

The facility will report any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation to the Jefferson County Sheriff’s Office for investigation. Staff are prohibited from revealing any information related to a sexual abuse report to any one for purposes other than treatment investigation or security management. Significant efforts would be taken to protect an inmate who is at risk of imminent sexual abuse.

### 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 was considered in determining compliance with the standard:

Policies:

JCDJ-049 Sexual Abuse or Assault Prevention and Intervention Program  
Section VII F Staff Notification and Reporting

PREA Accountability Statement:

Upon receiving an allegation that an inmate was sexually abused while confined at another facility, the JCDJ Warden notifies the Warden of the sending facility where the sexual abuse was alleged to have occurred. The notification occurs within 72 hours. In the past twelve months the JCDJ received two offenders that alleged to have been abused while confined at another facility.

Interviews:

Agency PREA Coordinator  
Warden

Conclusion:

Upon receiving an allegation that an inmate has been sexually abused or sexually harassed while confined at another facility, the Warden will notify the Warden of the facility or appropriate office of the agency where the alleged abuse occurred as soon as possible, but no later than 72 hours, and will also notify the Jefferson County Sheriff's Office of Investigations. The Facility will document that it has provided the required notification.

### 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 was considered in determining compliance with the standard:

PREA Audit Report



Policies:

- JCDJ-049 Sexual Abuse or Assault Prevention and Intervention Program
  - Section VIII A Response
  - Section VIII B
  - Section D Staff Training

PREA Accountability Statement:

The JCDJ provided staff first responder training. In the past twelve months JCDJ had 4 allegations of sexual abuse.

Interviews:

- Jailers
- Non-Security staff first responders
- Random Sample of Staff

Conclusion:

Of the allegations none were substantiated. Of these allegations both alleged victims were housed in single cells during the alleged sexual assault. Of these allegations, security staff reported and responded to the alleged victims. There was no evidence to collect due to the victims being housed by themselves during the time of the alleged assault. Jefferson County Sheriff's Office reviewed the administrative investigations. Staff interviews confirmed that staff are aware of the correct steps to take when acting as first responders.

**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 was considered in determining compliance with the standard:

Policies:

- Lasalle Corrections Sexual Assault Procedures

Interviews:

- Warden

Conclusion:

The JCDJ Warden confirmed that the Facility has a written instruction plan to coordinate actions taken in response to an incident of sexual abuse, the Facility Coordinated Response to a Sexual Assault Incident. The plan coordinates actions among staff first responders, medical and mental health practitioners, investigators and facility leadership.

**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.**

N/A Lasalle Corrections has not entered into or renewed any collective bargaining agreement.

**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 was considered in determining compliance with the standard:

Policies:  
 JCDJ-049 Sexual Abuse or Assault Prevention and Intervention Program  
 Section II F Procedures

PREA Accountability Statement:  
 JCDJ reported no retaliation in the last 12 months.

Interviews:  
 PREA Coordinator  
 Facility Compliance Manager  
 Warden  
 Designated Member Charged with Retaliation (PREA Compliance Manager)  
 Inmates who reported sexual abuse-none

Conclusion:  
 Warden and PREA Compliance Manager discussed different measures that would be taken to protect inmates or staff who report retaliation.

**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 was considered in determining compliance with the standard:

Policies:

JCDJ-020 Classification  
Special Needs Inmates/Detainees

PREA Accountability Statement:

JCDJ does not use segregated housing to protect inmates who are alleged to have suffered sexual abuse.

Interviews:

Warden  
Medical and Mental Health Staff  
Inmates in Isolation (for risk of sexual victimization/who allege to have suffered sexual abuse)-none

Conclusion:

Interviews with the Warden and PREA Compliance Manager confirmed that no inmates have alleged to have suffered sexual abuse were placed in isolation. An alleged victim will not be placed in the same housing area as the alleged perpetrator.

**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 was considered in determining compliance with the standard:

Policies:

JCDJ-049 Sexual Abuse or Assault Prevention and Intervention Program  
Section X

PREA Accountability Statement:

The JCDJ has had no substantiated allegations of conduct that appeared to have been criminal that were referred for prosecution.

Interviews:

Investigative Staff

Conclusion:

The Jefferson Co. Sheriff's Department PREA Unit conducts all PREA related investigations. It was verified that the PREA Investigator received appropriate training. The investigator expressed a comprehensive knowledge of the complete investigative process, from beginning an investigation to referral for prosecution if warranted.

**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 was considered in determining compliance with the standard:

Policies:

JCDJ-049 Sexual Abuse or Assault Prevention and Intervention Program  
Section XI Disciplinary Sanctions  
Section B

Interviews:

Investigative Staff

Conclusion:

Jefferson County Sheriff's Office PREA Investigation Unit shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

**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 was considered in determining compliance with the standard:

Policies:

PREA Audit Report

JCDJ-049 Sexual Abuse or Assault Prevention and Intervention Program  
Section B Investigation Procedures  
Section C

PREA Accountability Statement:

The JCDJ informs inmates who make allegations that he/she suffered sexual abuse while in the facility, verbally or in writing as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the Agency.

Interviews:

Warden

Conclusion:

Following an investigation, the Warden informs inmates as to whether an allegation has been determined to be substantiated, unsubstantiated or unfounded.

**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 was considered in determining compliance with the standard:

Policies:

Lasalle Corrections Employee Manual

PREA Accountability Statement:

The JCDJ has disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. In the past 12 months no staff violated agency sexual abuse or sexual harassment policies.

Interviews:

Warden

Human Resource Staff

Conclusion:

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.

**Standard 115.77 Corrective action for contractors and volunteers**

- 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 was considered in determining compliance with the standard:

Policies:  
 JCDJ-049 Sexual Abuse or Assault Prevention and Intervention Program  
 Section B Procedures

PREA Accountability Statement:

The JCDJ 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. In the past 12 months no contractors or volunteers were reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of residents.

Interviews:  
 Warden

Conclusion:

The interview with the Warden confirmed that any volunteer or contractor who engages in sexual abuse would be prohibited further contact with inmates. All criminal violations will be reported to the appropriate law enforcement agency.

**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 was considered in determining compliance with the standard:

Policies:  
 Inmate Handbook

PREA Accountability Statement:

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.

Interviews:

Warden

Conclusion:

In the past 12 months, there were no administrative findings of inmate on inmate sexual abuse that occurred at the facility.

### **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 follow was considered in determining compliance with the standard:

Policies:

JCDJ-049 Sexual Abuse or Assault Prevention and Intervention Program

Section IV Prevention

A Screening and Classification

C Inmates/inmate/detainees Identified as having a history of sexual abuse

PREA Accountability Statement:

Follow up counseling for all inmates who reported a history of sexual assaultive behavior or at risk was conducted within 14 days.

Interviews:

Staff responsible for risk screening

Medical and Mental Health Staff

Inmates who disclose sexual victimization at risk screening

Conclusion:

When an inmate discloses sexual victimization during the intake screening, the inmate is referred for medical/mental health services within 72 hours of the screening. If a screening indicates that an inmate has previously perpetrated, the inmate will be offered a follow up meeting within 14 days.

### **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 was considered in determining compliance with the standard:

Policies:

Lasalle Corrections Procedure

PREA Accountability Statement:

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.

Interviews:

Warden

Medical and Mental Health Staff

Conclusion:

Treatment services are provided to every victim without financial cost, regardless whether the victim names the abuser or corporates with any investigation arising out of it.

**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 was considered in determining compliance with the standard:

Policies:

JCDJ-709 Medical Policy and Procedure Manual

Section D V

Section D VII

PREA Accountability Statement:

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.

Interviews:

Medical and Mental Health Staff

Conclusion:

The Warden confirmed no inmates have required ongoing medical and mental health services for sexual abuse within the past 12 months. JCDJ policies are inclusive of the requirements of the standard. Services provided include medical and mental health evaluation, treatment, follow up services, and referrals for continued care. Medical and Mental Health Staff stated that the Facility level of medical and mental health services is consistent with the community level of care.

Female victims of sexually abusive vaginal penetration while incarcerated are offered pregnancy tests.

**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 was considered in determining compliance with the standard:

Policies:  
Lasalle Corrections PREA Procedure

PREA Accountability Statement:  
The facility ordinarily conducts a criminal or administrative sexual abuse incident review within 30 days of the conclusion of the sexual abuse investigation.

Interviews:  
Warden  
PREA Compliance Manager

Conclusion:  
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)(5) of this section and any recommendations for improvement and submits such report to the Warden, PREA Compliance Manager and Agency PREA Coordinator.

**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 was considered in determining compliance with the standard:

Policies:  
JCDJ-049 Sexual Abuse or Assault Prevention and Intervention Program  
Section XIII Data Collection and Reporting  
Examples of Investigations

Interviews:

Warden  
Agency PREA Coordinator

Conclusion:

LaSalle Corrections collects sexual abuse and harassment data from all of its facilities (mandatory requirement). Annually the data is reviewed. LaSalle Corrections have not been required to submit information to DOJ at this time. Incident reports are compiled monthly and reported annually to auditors from US Immigrations and Customs Enforcement and Texas Commission on Jail Standards.

**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 was considered in determining compliance with the standard:

Policies:

JCDJ-049 Sexual Abuse or Assault Prevention and Intervention Program  
Section XIII Data Collection and Reporting

Interviews:

Warden  
Agency PREA Coordinator

Conclusion:

The agency completes an annual review of the data findings from each facility each year. The data is reviewed to determine if changes in policy/procedures or practices are needed. At this time no reports are available on LaSalle Corrections website.

**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 was considered in determining compliance with the standard:

Policies:

JCDJ-049 Sexual Abuse or Assault Prevention and Intervention Program  
Section XIII Data Collection and Reporting

Interviews:

Agency PREA Coordinator

Conclusion:

The agency annual report information is available as required.

**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.

Mable P. Wheeler

5/20/16

Auditor Signature

Date