

Prison Rape Elimination Act (PREA) Audit Report Adult Prisons & Jails

Interim Final

Date of Report 16 July 2021

Auditor Information

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Company Name: American Alliance Auditing

Mailing Address: 217 Oak Ridge Drive City, State, Zip: Waxahachie, Texas 75165

Telephone: 910-750-9005 Date of Facility Visit: 12-15 July 2021

Agency Information

Name of Agency: Governing Authority or Parent Agency (If Applicable):

LaSalle Corrections, LLC LaSalle Corrections, LLC

Physical Address: 192 Bastille Lane City, State, Zip: Ruston, LA 71270

Mailing Address: Same as above. City, State, Zip: Same as above.

The Agency Is: Military Private for Profit Private not for Profit

Municipal County State Federal

Agency Website with PREA Information: www.lasallecorrections.com

Agency Chief Executive Officer

Name: Rodney Cooper

Email: rodney@lasallecorrections.com Telephone: 903-276-3808

Agency-Wide PREA Coordinator

Name: Brian Rodeen

Email: brodeen@lasallecorrections.com Telephone: 903-276-3808

PREA Coordinator Reports to: Number of Compliance Managers who report to the PREA Coordinator
Rodney Cooper & Jay Eason 12

Facility Information

Name of Facility: Willacy County State Jail

Physical Address: 1695 S. Buffalo Drive

City, State, Zip: Raymondville, Texas, 78580

Mailing Address (if different from above):
Same as above.

City, State, Zip: Same as above.

The Facility Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

Facility Type:

Prison

Jail

Facility Website with PREA Information: www.lasallecorrections.com

Has the facility been accredited within the past 3 years? Yes No

If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years):

ACA

NCCHC

CALEA

Other (please name or describe:

N/A

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:
Operational Audit Reviews and Security Audits

Warden/Jail Administrator/Sheriff/Director

Name: Devery Mooneyham

Email:
devery.mooneyham@lasallecorrections.com

Telephone: 956-689-4900

Facility PREA Compliance Manager

Name: Kristal Parmer

Email:
kristal.parmer@lasallecorrections.com

Telephone: 956-689-4900 ext. 130

Facility Health Service Administrator N/A

Name: Rebecca De La Cruz

Email: ridelecr@utmb.edu

Telephone: 254-729-2674 ext. 141

Facility Characteristics

Designated Facility Capacity:	1069	
Current Population of Facility:	942	
Average daily population for the past 12 months:	806	
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input checked="" type="checkbox"/> Males <input type="checkbox"/> Both Females and Males	
Age range of population:	19-78	
Average length of stay or time under supervision:	368 Days	
Facility security levels/inmate custody levels:	Minimum	
Number of offenders admitted to facility during the past 12 months:	1021	
Number of offenders admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	1015	
Number of offenders admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	995	
Does the facility hold youthful offenders?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Number of youthful offenders held in the facility during the past 12 months: (N/A if the facility never holds youthful offenders)	<input checked="" type="checkbox"/> N/A	
Does the audited facility hold offenders for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<p>Select all other agencies for which the audited facility holds offenders: Select all that apply (N/A if the audited facility does not hold offenders for any other agency or agencies):</p>	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input checked="" type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: <input type="checkbox"/> N/A	
Number of staff currently employed by the facility who may have contact with offenders:	153	

Number of staff hired by the facility during the past 12 months who may have contact with offenders:	238
Number of contracts in the past 12 months for services with contractors who may have contact with offenders:	1
Number of individual contractors who have contact with offenders, currently authorized to enter the facility:	1
Number of volunteers who have contact with offenders, currently authorized to enter the facility:	38
Physical Plant	
<p>Number of buildings:</p> <p>Auditors should count all buildings that are part of the facility, whether offenders are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house offenders, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</p>	11
<p>Number of inmate housing units:</p> <p>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house offenders of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows offenders to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	8
Number of single cell housing units:	31
Number of multiple occupancy cell housing units:	0
Number of open bay/dorm housing units:	12
Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):	0
In housing units, does the facility maintain sight and sound separation between youthful offenders and adult offenders? (N/A if the facility never holds youthful offenders)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Medical and Mental Health Services and Forensic Medical Exams

Are medical services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Are mental health services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Where are sexual assault forensic medical exams provided? Select all that apply.	<input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe:

Investigations

Criminal Investigations

Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:	0
When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.	<input type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity
Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input checked="" type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: <input type="checkbox"/> N/A

Administrative Investigations

Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?	11
When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply	<input checked="" type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity
Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: <input checked="" type="checkbox"/> N/A

Audit Findings

Audit Narrative

The Prison Rape Elimination Act (PREA) onsite audit of the Willacy County State Jail in Raymondville, Texas, was conducted on July 12 - 15, 2021, by Marc L. Coudriet, Auditor # P4770, American Alliance Auditing. The facility is under the jurisdiction of the LaSalle Corrections, LLC. The purpose of the onsite audit is to assess and verify the implementation of all PREA policies and procedures. The onsite audit reflected the proper policies and procedures has been implemented. During the onsite audit, Mr. Coudriet walked through all available areas of the facility reviewing the facility structure, inmate monitoring, inmate housing and operational areas, including common areas shared with multiple offenders. COVID-19 safety precautions and Personal Protective Equipment (PPE) were continuously used by the Auditor and all staff and offenders throughout the audit process. All inmate interviews were conducted while using COVID-19 safety precautions and Personal Protective Equipment (PPE).

The pre-audit preparation phase included a review of all documentation, materials, and data submitted by the agency in the completed Pre-Audit Questionnaire (PAQ). The documentation reviewed included agency policies and procedures; forms; organizational charts; PREA related posters, brochures; training documentation for staff, volunteers and contractors; and interagency collaborative agreements. In preparation for the onsite audit, the facility posted the required PREA Audit Notices on June 7, 2021. The agency provided emailed documentation, including pictures, to demonstrate the notices were posted in accordance with PREA Audit requirements.

During the onsite audit, the Auditor noted the notices were posted in the following areas: All common areas, Medical Units, Public Visitation, Staff Break Room, and each Housing Unit. The notices were printed in contrasting colors (black print on white background). The agency agreed to maintain the posted notices a minimum of six weeks after the onsite audit. The Auditor did receive correspondence as a result of the posted notices.

This Auditor was scheduled to audit one facility located in Raymondville, Texas, the entrance interview was conducted with key staff which included Warden Devery Mooneyham, Chief of Classification/Unit PREA Manager Kristal Parmer, TDCJ Contract Monitor Melissa Hernandez, Region 4 Private Facility Quality Assurance Eva Villareal, and Mr. Brian Rodeen, Regional Warden/ Agency PREA Coordinator. The audit process was explained with the staff, daily out briefs were conducted with the key staff upon completion of the audit review in their respective areas of responsibility. An exit interview was conducted the following personnel were in attendance; Warden Devery Mooneyham, Chief of Classification/Unit PREA Manager Kristal Parmer, TDCJ Contract Monitor Melissa Hernandez, Region 4 Private Facility Quality Assurance Eva Villareal, and Mr. Brian Rodeen, Regional Warden/ Agency PREA Coordinator.

During the onsite audit phase, the Auditor was provided a meeting space to conduct confidential interviews with staff. The Auditor was provided with private rooms to conduct confidential interviews with offenders. Formal interviews were conducted with facility staff, offenders, contractors, investigative personnel, and onsite and offsite medical staff.

The Auditor conducted the following inmate interviews:

Random Inmate Interviews: 15
Youthful Inmate Interviews: 0
Offenders with a Physical Disability: 1
Offenders who are Blind, Deaf, or Hard of Hearing: 0
Offenders who are limited in English Proficiency: 3
Offenders with a Cognitive Disability: 5
Offenders who identify as Gay, Lesbian or Bisexual: 3
Offenders who identify as Transgender or Intersex: 5
Offenders in Restrictive Housing for High Risk of Sexual Victimization: 0
Offenders who reported Sexual Abuse: 3
Offenders who reported Sexual Abuse during Risk Screening: 5

The Auditor conducted the following staff/agency/contractor interviews:

Random Security Staff: 12
Agency Contract Administrator: 1
Intermediate or higher-level facility staff: 4
Line Staff who supervise youthful offenders: 0
Education and Program Staff who work with youthful offenders: 0
Medical and Mental Health Staff: 1
Volunteers and Contractors who have contact with offenders: 1
Administrative/Human Resources staff: 1
SAFE/SANE Staff: 1
Investigative Staff: 1
Staff who performs screening for risk of victimization and abusiveness: 1
Staff who supervises offenders in Restrictive Housing: 1
Staff on the incident Review Team: 1
Designated Staff charged with monitoring retaliation: 1
First Responders, both security and non-security: 1
Intake Staff: 1

Offenders were selected from all the occupied housing units in this facility. The Auditor utilized the PREA Resource Center Interview Protocols while formally interviewing staff and offenders. Staff interviews included, but were not limited to, the following topics: their knowledge of the PREA zero tolerance policy on sexual abuse and sexual harassment; PREA related training received; reporting requirements, including reporting mechanisms available to offenders and staff; their general knowledge of detection and protective measures related to sexual abuse and sexual harassment; and response/first responder protocols.

Inmate interviews included, but were not limited to, the following topics: their knowledge of the PREA zero tolerance policy on sexual abuse and sexual harassment; their rights not to be sexually abused or sexually harassed, prohibited conduct and discipline; PREA related education received; their knowledge on reporting options available to them; proper protection and response to allegations of sexual abuse or sexual harassment; not fearing retaliation for reporting; access to an outside reporting agency and access to services.

The Auditor reviewed all units within this facility and observed the following: the facility's configuration; location of cameras; staff to inmate ratios; housing unit layout including the shower areas; placement of PREA related information; inmate receiving/intake, search procedures; inmate programming; and areas designated for staff support/operational activities. The Auditor noted that shower areas allow offenders to shower one at a time. At a minimum, each dormitory housing unit is equipped with at least one central shower/restroom area, each area has an individual shower stall with privacy shower curtains. Offenders are only allowed to shower one at a time per available shower stall. In the housing areas with multiple occupancy rooms, each room has a toilet and sink inside the room that is partitioned and one single stall shower area with privacy curtains. Only one inmate is allowed to shower at a time, per available shower. The Auditor also conducted informal interviews of staff and/or offenders while conducting the facility review.

Facility Characteristics

The Willacy County State Jail located in the City of Raymondville, Texas is a facility operated by LaSalle Corrections, LLC. The prison opened October 1995 and is located on 100 acres of land. The facility has been operated as a local detention facility and as a contract facility for sentenced offenders. Several different private correctional companies have had contracts at the facility. Willacy County State Jail is a minimum-security facility with 1069 beds, count on the first day of the audit was 942. The facility houses minimum custody male felons sentenced jail terms, transfer offenders from the Texas Department of Criminal Justice (TDCJ), and serves as a cold bed facility for offenders who need an air conditioned environment for medical reasons. All the offenders housed at the facility have been processed through, classified by, and transferred from TDCJ. Medical services are provided by the University of Texas Medical Branch (UTMB); medical services are coordinated with other UTMB resources located at TDCJ facilities and other public providers.

The entrance to the facility is through the administration building which houses offices for administrative staff. All personnel and visitors are subject to screening and search upon entry into the facility. Personnel in the control center, monitor access to the secure compound through a pedestrian sally-port. Approximately 40 acres are enclosed by a double 13-foot wire, mesh fences with razor wire barriers. There are two additional entry points through vehicular sally ports. Video surveillance is available throughout the facility to include all housing areas and is monitored by personnel in the central control center.

Inside the secure perimeter is located a large multi-purpose support building that provides space for visiting, reception and processing of new offenders, medical services, educational services, a library, a chapel, a full-service kitchen, the laundry and other support offices.

The special housing unit houses those who are awaiting transfer due to reclassification and those pending general population bed space. Also inside the compound is the maintenance building which is fenced off from other areas. There are a total of eight general housing units. Four of the units are individual units with four 54-bed dormitories surrounding a control pod. Four additional units are smaller with two 24 bed dormitories per unit. Each of the dormitories has an adjoining dayroom that is used as a general dayroom.

Activity rooms that adjoin two of the 24-bed dormitories are used for classrooms for the Plumbing and Painting Vocational Programs.

The facility has a zero-tolerance policy regarding sexual abuse of any inmate. The PREA information is provided to all offenders upon arrival at the facility. Posters and signs are available in all housing areas reminding them of how to report incidents of sexual abuse.

During the onsite audit, the current facility population was at 942 offenders. The agency reported 1021 offenders had been admitted to the facility in the past 12 months, with 1015 offenders whose length of stay in the facility was for 30 or more day, and 995 offenders admitted to the facility whose length of stay in the facility was for 72 or more hours. The agency reported 238 hired staff at the facility during the past 12 months.

The agency reported zero contracts with vendors who might have contact with offenders, 38 volunteers and 1 contractor currently authorized to enter the facility.

Summary of Audit Findings

During the past 12 months, the Willacy County State Jail reported zero allegations of sexual abuse which resulted in a criminal investigation. There were 13 PREA allegations that resulted in an administrative investigation. An incident review was conducted for each of these cases as well as all serious incidents. The agency is policy driven and has developed and implemented a policy for nearly every provision of each standard. The Auditor made an effort to accurately reflect the applicable agency policies for each provision of each standard. In reviewing each provision and the applicable policy, the Auditor reviewed applicable documentation and/or interviewed staff to confirm the policy had been implemented. Based on staff and inmate interviews, there was a strong indication the PREA standards are implemented as required and in accordance with the agency's policies.

The interviews of offenders reflected they were aware of PREA and acknowledged familiarity with how they could report allegations of sexual abuse and sexual harassment. All offenders interviewed reported feeling safe at the facility. The Auditor noted that offenders receive the PREA information verbally, in written format (Inmate Handbook, PREA Brochures) during intake, as well as internal television with the PREA video. The offenders interviewed indicated that they were aware of and understood the agency's Zero Tolerance Policy and what it meant for their protection. All received the information at intake and understood the multiple ways to report sexual abuse and harassment and how to protect themselves.

At each housing unit within Willacy County State Jail offenders were able to describe how to report and what they would do if they were abused or threatened with abuse. They indicated that they felt safe and there was an open communication line between themselves and the correctional officers. All staff, including specialized and volunteers, interviewed indicated they were knowledgeable of PREA and of their roles and responsibilities related to reporting requirements as well as awareness of the procedures to follow if they are the first responders to any PREA related allegation. Documentation reviewed, reflected the agency's implementation of policies and procedures to meet the PREA standards.

The Auditor interviewed the SAFE/SANE nurse in charge of that program telephonically to confirm the LaSalle Corrections, LLC, agreement as it correlates to services rendered for Willacy County State Jail and to verify that the service would be available if needed. In addition, the Auditor interviewed a contractor to verify that he had received the zero-tolerance and other training required by PREA.

In summary, after review of all documentation, the results of the interview process and the observations during the onsite facility review, the Auditor believes the Willacy County State Jail Warden and his staff have a strong commitment to the PREA process. It was clear to the Auditor that LaSalle Corrections, LLC, and the Willacy County State Jail policies and practices address the requirements of all PREA Standards.

Standards Exceeded

Number of Standards Exceeded: 3

List of Standards Exceeded: Standard 115.13: Supervision and monitoring; Standard 115.31: Employee training. Standard 115.33: Inmate Education.

Standards Met

Number of Standards Met: 42

Standards Not Met

Number of Standards Not Met: 0

List of Standards Not Met: 0

PREVENTION PLANNING

Standard 115.11: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

115.11 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? Yes No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? Yes No

115.11 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? Yes No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy? Yes No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?
 Yes No

115.11 (c)

- If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.) Yes No NA
- Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)
 Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

115.11(a)

POLICY AND DOCUMENT REVIEW:

Pre-Audit Questionnaire.

LSC 2.11.

Safe Prisons/PREA Operations Manual (SPPOM).

Zero Tolerance statement.

Organizational charts, interviews, and memos.

FINDINGS:

LaSalle Corrections Policy 2.11 and Safe Prisons/PREA Plan, dated February 2019, outlines the Texas Department of Criminal Justice (TDCJ) Zero Tolerance Policy and addresses the requirements of this provision. The agency mandates a zero-tolerance policy towards all forms of sexual abuse and sexual harassment and outlines the agency's strategies on preventing, detecting and responding to such conduct. Agency policies addressed "Preventing" sexual abuse and sexual harassment through the designation of a PREA Coordinator and PREA Compliance Manager, Criminal History Background Checks (Staff, Contractors, and Volunteers, as applicable), Training (Staff, Volunteers, and Contractors), Staffing, Intake Screening, Classification, Inmate Education, Posting of Signage (PREA Posters, etc...), and Contract Monitoring. The policies addressed "Detecting" sexual abuse and sexual harassment through Training (Staff, Volunteers, and Contractors), and Intake Screening.

The policies addressed "Responding" to allegations of sexual abuse and sexual harassment through Reporting, Investigations, Victim Services, Medical and Mental Health Services, Disciplinary Sanctions for Staff (including notification of licensing agencies), Incident Review Teams, and Data Collections and Analysis.

The Auditor noted the Inmate Handbook, PREA Posters, and PREA Brochure do address sexual abuse by another Inmate, and the Inmate Handbook does address sanctions for Offenders when involved in such conduct.

Based on staff interviews and a review of practices, it was noted staff closely monitor for Inmate-on-Inmate sexual misconduct in accordance with PREA, allegations are reported and investigated, and Offenders are held accountable.

115.11(b)

POLICY AND DOCUMENT REVIEW:

Agency Policy LSC 2.11.

Safe Prisons/PREA Operations Manual (SPPOM).

Agency's organizational chart.

INTERVIEWS:

PREA Coordinator.

ONSITE REVIEW:

No on-site observations were required for this provision.

FINDINGS:

Agency Policy LSC 2.11, addresses the position of the PREA Coordinator, which outlines the roles and responsibilities of the position and calls for the position being allowed enough time and authority to develop, implement, and oversee Agency efforts to comply with the PREA standards in each facility. The agency's organizational chart reflects that the PREA Coordinator position is an upper-level position and is agency-wide. The PREA Coordinator position reports to the agency's Chief Executive Officer. The PREA Coordinator was interviewed, he reported having enough time to focus on the PREA standards from and the freedom to divert responsibilities to other staff as needed to focus on the audit. A review of the agency policy, agency's organization chart, and based on the interview, the designated agency's PREA Coordinator, the Auditor determined the agency demonstrates it meets the requirements of this provision of this standard.

115.11(c)

POLICY AND DOCUMENT REVIEW:

Agency Policy, Definitions. Agency's organizational chart.

INTERVIEWS:

PREA Compliance Manager.

ONSITE REVIEW:

No on-site observations were required for this provision.

FINDINGS:

Agency Policy LSC 2.11, addresses the position of the PREA Compliance Manager, which outlines the roles and responsibilities of the position and calls for the position being allowed enough time and authority to develop, implement, and oversee Department efforts to comply with the PREA standards in each facility.

The agency's organizational chart reflects that the PREA Compliance Manager position reports to the Deputy Warden who reports directly to the Warden. The PREA Compliance Manager was interviewed. They reported having enough time to focus on PREA related activities and that this is a priority. The PREA Compliance Manager reported they have 100% support from their supervisor and the PREA Coordinator. A review of the agency policy, agency's organization chart, and based on the interview, the designated facility's PREA Compliance Manager, the Auditor determined the agency demonstrates it meets the requirements of this provision of this standard.

Standard 115.12: Contracting with other entities for the confinement of offenders

115.12 (a)

- If this agency is public and it contracts for the confinement of its offenders with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of offenders.) Yes No NA

115.12 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of offenders.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

POLICY AND DOCUMENT REVIEW:

Policies are found in LSC 2.11.

Pre-Audit Questionnaire.

115.12(a)

POLICY AND DOCUMENT REVIEW:

Agency Policy LSC 2.11.

FINDINGS:

Agency Policy LSC 2.11, addresses this provision. The agency reported there were zero contracts for the confinement of offenders that the agency had entered into or renewed with private entities or other government agencies.

115.12(b)

POLICY AND DOCUMENT REVIEW:

Agency Policy LSC 2.11.

INTERVIEWS:

Contract Administrator.

FINDINGS:

Agency Policy LSC 2.11, addresses this provision. The agency reported there were zero contracts for the confinement of offenders that the agency had entered into or renewed with private entities or other government agencies. The agency's Contract Administrator was interviewed and reported they are required to maintain regular contact with every inmate placed in a contracting facility.

If there are concerns, agency protocol requires the inmate be removed from the facility and the facility allowed time to make corrective action and address the concerns.

Corrective actions are addressed before the facility is reconsidered. Notification would also be made to law enforcement. The Contract Administrator annually collects credentialing documentation for each facility: facility license; staff licenses or certifications; daily schedule; and monitoring reports or the licensing agency's website regarding the facility's status; and onsite reviews the facility.

New facilities being considered for contracting purposes follow a vetting process, including reference checks with other counties, with all information being presented to the agency's leadership for review and approval. All placements involve the input of the inmate being considered for placement in the facility. The Contract Administrator reported PREA compliance results are completed and that the PREA Coordinator has implemented a tracking process for this. A review of the agency policy, agency contracts and interview with the contract administrator and PREA Coordinator demonstrated the agency meets the requirements of this provision and this standard.

Standard 115.13: Supervision and monitoring

115.13 (a)

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect offenders against sexual abuse?
 Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?
 Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies? Yes No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility’s physical plant (including “blind-spots” or areas where staff or offenders may be isolated)? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift? Yes No NA
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? Yes No

115.13 (b)

- In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.) Yes No NA

115.13 (c)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? Yes No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility’s deployment of video monitoring systems and other monitoring technologies? Yes No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? Yes No

115.13 (d)

- Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? Yes No
- Is this policy and practice implemented for night shifts as well as day shifts? Yes No
- Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

115.13(a)

POLICY AND DOCUMENT REVIEW:

Agency Policy LSC 2.11.

Safe Prisons/PREA Operations Manual (SPPOM).

INTERVIEWS:

Warden, PREA Coordinator and PREA Compliance Manager.

FINDINGS:

LaSalle Corrections Policy 2.11 and Safe Prisons/PREA Operations Manual (SPPOM), Security Staffing, addresses this provision. The facility submits a weekly and monthly staffing plan/report to the agency. The facility has developed a staffing plan to safely meet the PREA and security needs, the facility fills the mandatory positions to meet the necessary post staffing requirements when vacancies occur. The facility uses overtime/comp time or collapsing non-custody positions to meet a safe staffing mandate required LaSalle Corrections, LLC. as written on their annual staffing plan. The facility reported no deviations from the custody staffing plan for the past 12 months. The average daily population since and to which the staffing plan is based is 1069 offenders.

Unannounced rounds are conducted for all shifts and are recorded by senior management staff. Post logbooks were reviewed by the Auditor for verification.

Staff reported the inmate to staff ratios are followed and sometimes mandatory overtime is implemented. Staff reported blind spots have been identified and mitigated and a staffing plan is in place.

Staff reported they follow the agency policies and PREA standards, take into consideration the composition of the inmate population and their needs, scheduled programming, and staff placement. Additionally, staff reported other relevant factors considered include the needs of the LGBTI offenders and incidents of substantiated and unsubstantiated sexual abuse. Staff reported, to ensure compliance with the staffing plan, they monitor during shifts, review folders, check-in sheets, documentation, inmate files, thoroughly review serious incident reports, and audit sheets. During the onsite audit, a review of the agency policy, staff interviews, and the agency's staffing plan indicated all the elements are addressed.

115.13(b)

POLICY AND DOCUMENT REVIEW:

The agency reported no deviations with the staffing plan in place, therefore there was no documentation provided to review.

INTERVIEWS:

Warden

FINDINGS:

The auditor interviewed the Warden, who reported an ongoing challenge is keeping all positions filled and that priority is given to the critical posts as listed in the staffing plan. Based on the staff interview, there was no indication there had been any deviation from the staffing plan.

115.13(c)

POLICY AND DOCUMENT REVIEW:

Facility staffing ratios.

INTERVIEWS:

Warden

FINDINGS:

Currently, the audited facility complies with the mandated supervision ratios throughout the facility.

115.13(d)

POLICY AND DOCUMENT REVIEW:

Agency Policy LSC 2.11. Staffing Plan.

INTERVIEWS:

PREA Coordinator.

FINDINGS:

Agency Policy LSC 2.11, addresses this provision. The agency reported no deviations with the staffing plan in place, therefore there was no documentation to review. The report was generated by the agency in response to its commitment in instituting the intent and requirements of the Prison Rape Elimination Act and requesting mirrors and/or video surveillance upgrades. The auditor interviewed the PREA Coordinator, who reported they are consulted regarding any assessments of, or adjustments to, the staffing plan, which occur annually. When needed, the agency authorizes overtime.

During the onsite audit, a review of the agency policy, staff interview, and the agency's current staffing plan indicate all the elements are in place.

115.13(e)

POLICY AND DOCUMENT REVIEW:

Agency Policy LSC 2.11.

INTERVIEWS:

Intermediate and Higher-Level Facility Staff

ONSITE REVIEW:

A review of a log entries indicated the upper management unannounced rounds, which are separately documented, are documented and provide additional supporting documentation.

FINDINGS:

Agency Policy LSC 2.11, addresses this provision. Logbooks are used to document unannounced rounds, which are the responsibility of the Control Center Officer to maintain. Intermediate and Higher-Level Facility Staff were interviewed by the auditor. Staff reported different strategies utilized to prevent staff from alerting other staff that an unannounced round was being conducted. A review of the agency policy and staff interviews indicate multiple levels of management conducting unannounced rounds on all shifts. The senior management rounds are also documented in the logbook entries within the Control Centers, which the auditor determined the facility demonstrates meets the requirements of this provision. Overall, this facility has multiple layer monitoring in the forms of 1) video surveillance, 2) mirrors, 3) structural design allows for sound to flow into the hallways from the housing areas for staff awareness to potential issues and 4) Staff presence in all the occupied areas who can view and hear offenders through windows from the hallway. There are no high-risk blind spots in the multiple housing units, this facility exceeds this standard.

Standard 115.14: Youthful offenders

115.14 (a)

- Does the facility place all youthful offenders in housing units that separate them from sight, sound, and physical contact with any adult offenders through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful offenders [offenders <18 years old].) Yes No NA

115.14 (b)

- In areas outside of housing units does the agency maintain sight and sound separation between youthful offenders and adult offenders? (N/A if facility does not have youthful offenders [offenders <18 years old].) Yes No NA
- In areas outside of housing units does the agency provide direct staff supervision when youthful offenders and adult offenders have sight, sound, or physical contact? (N/A if facility does not have youthful offenders [offenders <18 years old].) Yes No NA

115.14 (c)

- Does the agency make its best efforts to avoid placing youthful offenders in isolation to comply with this provision? (N/A if facility does not have youthful offenders [offenders <18 years old].) Yes No NA
- Does the agency, while complying with this provision, allow youthful offenders daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful offenders [offenders <18 years old].) Yes No NA
- Do youthful offenders have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful offenders [offenders <18 years old].) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

115.14(a)

POLICY AND DOCUMENT REVIEW:

Agency Policy LSC 2.11, addresses this provision.

INTERVIEWS:

PREA Coordinator and PREA Compliance Manager.

Youthful Offenders.

FINDINGS:

The audited facility does not house youthful offenders, Lasalle Corrections, LLC., does have a policy which complies with this standard.

Standard 115.15: Limits to cross-gender viewing and searches

115.15 (a)

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?
 Yes No

115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female offenders, except in exigent circumstances? (N/A if the facility does not have female offenders.)
 Yes No NA
- Does the facility always refrain from restricting female offenders' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the facility does not have female offenders.) Yes No NA

115.15 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? Yes No
- Does the facility document all cross-gender pat-down searches of female offenders? (N/A if the facility does not have female offenders.) Yes No NA

115.15 (d)

- Does the facility have policies that enables offenders to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? Yes No
- Does the facility have procedures that enables offenders to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? Yes No
- Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit? Yes No

115.15 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex offenders for the sole purpose of determining the inmate's genital status? Yes No
- If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that

information as part of a broader medical examination conducted in private by a medical practitioner? Yes No

115.15 (f)

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? Yes No
- Does the facility/agency train security staff in how to conduct searches of transgender and intersex offenders in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

115.15(a)

POLICY AND DOCUMENT REVIEW:

Agency Policy LSC 2.11

Safe Prisons/PREA Operations Manual (SPPOM)

INTERVIEWS:

PREA Coordinator.

FINDINGS:

Agency Policy LSC 2.11 and Safe Prisons/PREA Operations Manual (SPPOM), addresses this provision. Agency policy requires strip searches are conducted by staff of the same gender as the inmate. The agency reported there have been no incidents of cross-gender strip or cross-gender visual body cavity searches of offenders. An informal interview with the PREA Coordinator confirmed this practice.

A review of the agency policy and staff interviews indicate no cross-gender strip searches or cross-gender visual body cavity searches are conducted.

115.15(b)

POLICY AND DOCUMENT REVIEW:

Agency Policy LSC 2.11.

INTERVIEWS:

Random Selection of Staff, and Random Selection of Offenders.

FINDINGS:

Agency Policy LSC 2.11, addresses this provision. Agency policy requires strip searches are conducted by staff of the same gender as the inmate. The agency reported there have been no incidents of cross-gender strip or cross-gender visual body cavity searches of offenders. The Auditor interviewed a random selection of staff and random selection of offenders. Staff reported they are prohibited from conducting cross-gender searches but are trained to conduct cross-gender pat-down searches in the event of an emergency or exigent circumstance.

Staff reported there is always adequate levels of staffing to ensure cross-gender searches do not occur. All staff reported they had not conducted a cross-gender search or heard of one taking place since their employment with the agency. All offenders interviewed reported they have been searched only by same-gender staff at all times. Staff interviews reflected staff are not allowed to conduct cross-gender pat-down searches and inmate interviews reflected only same gender staff have conducted pat-down searches on them. A review of the agency policy and staff interviews indicates no cross-gender pat-down searches are conducted. Inmate interviews confirmed no cross-gender searches are conducted.

The auditor noted, although agency policy prohibits cross-gender searches, staff are trained to conduct cross-gender pat-down searches in the event of an emergency or exigent circumstance.

115.15(c)

POLICY AND DOCUMENT REVIEW:

Agency Policy LSC 2.11.

FINDINGS:

Agency Policy LSC 2.11, addresses this provision. Agency policy requires strip searches are conducted by staff of the same gender as the inmate. The agency reported there have been no incidents of cross-gender strip cross-gender visual body cavity searches of offenders, therefore, there was no documentation to review.

115.15(d)

POLICY AND DOCUMENT REVIEW:

Agency Policy LSC 2.11.

INTERVIEWS:

Random Selection of Staff, and Random Selection of Offenders.

ONSITE REVIEW:

During the onsite review of the facility, the auditor noted every time staff of the opposite gender entered a housing unit, the staff would announce themselves accordingly.

FINDINGS:

Agency Policy LSC 2.11, addresses this provision. During the onsite audit, the Auditor observed there is no opportunity for staff of the opposite gender to view offenders while performing bodily functions.

Staff interviews reflected staff are aware of this standard and are required to announce themselves when entering a housing unit with offenders of the opposite gender and inmate interviews reflected staff of the opposite gender consistently announce themselves upon entering their housing units.

Offenders interviewed reported staff of the opposite gender do announce themselves and that they would never be in a state of undress in front of opposite gender staff.

A review of the agency policy, staff and inmate interviews, and observations of staff announcing themselves when entering a housing unit with offenders of the opposite gender has demonstrated every precaution is made to ensure offenders are afforded privacy when using the toilet, showering, and changing clothes.

115.15(e)

POLICY AND DOCUMENT REVIEW:

Agency Policy LSC 2.11.

INTERVIEWS:

Random Sample of Staff.

Inmate interviews.

FINDINGS:

Agency Policy LSC 2.11, address this provision. Staff interviews reflected staff are prohibited from searching or physically examining a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. Staff also reported the determination of the inmate's genital status would be made by medical staff. The offenders interviewed revealed the same.

115.15(f)

POLICY AND DOCUMENT REVIEW:

Training Curricula and Agency Policy LSC 2.11.

INTERVIEWS:

Random Sample of Staff.

FINDINGS:

Staff interviewed reported they are only permitted to conduct pat-down searches on same gender offenders.

Training documentation reflected staff attended and participated in "Cross-Gender and Transgender Pat Searches" training during pre-service and refresher training is available online. A review of the agency policy, training documentation, and staff interviews indicate staff are prohibited from conducting cross-gender pat-down searches, however, they are trained on how to conduct cross-gender pat-down searches if exigent circumstances, exists, which meets the requirements of this provision.

Standard 115.16: Offenders with disabilities and offenders who are limited English proficient

115.16 (a)

- Does the agency take appropriate steps to ensure that offenders with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: offenders who are deaf or hard of hearing? Yes No
- Does the agency take appropriate steps to ensure that offenders with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: offenders who are blind or have low vision? Yes No
- Does the agency take appropriate steps to ensure that offenders with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: offenders who have intellectual disabilities? Yes No
- Does the agency take appropriate steps to ensure that offenders with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: offenders who have psychiatric disabilities? Yes No
- Does the agency take appropriate steps to ensure that offenders with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: offenders who have speech disabilities? Yes No
- Does the agency take appropriate steps to ensure that offenders with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes)? Yes No
- Do such steps include, when necessary, ensuring effective communication with offenders who are deaf or hard of hearing? Yes No

- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with offenders with disabilities including offenders who: Have intellectual disabilities? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with offenders with disabilities including offenders who: Have limited reading skills? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with offenders with disabilities including offenders who: Are blind or have low vision? Yes No

115.16 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to offenders who are limited English proficient? Yes No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No

115.16 (c)

- Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

115.16(a)

POLICY AND DOCUMENT REVIEW:

Agency Policy LSC 2.11.

Posters, inmate handbooks, training certificates.

INTERVIEWS:

LEP inmate (Spanish only)

Random Staff

FINDINGS:

Agency Policy LSC 2.11 and review of posters, inmate handbooks, training certificates, address this provision. The PREA Brochure, PREA Posters, and Inmate Handbook are also available in Spanish.

The facility has a language line for verbal translation services in all know languages. The offenders are also able to contact their country's consulate if they are under immigration jurisdiction. At the time of the audit, (3) LEP offenders was interviewed. The inmate reported getting the PREA related information verbally in Spanish. Materials are available in Spanish and additional interpreter services can be secured as needed. Bilingual staff have been identified in response to the language needs of the offenders.

115.16(b)

POLICY AND DOCUMENT REVIEW:

Agency policy LSC 2.11 and Safe Prisons/PREA Operations Manual (SPPOM), Training Report and Roster of Spanish Interpreters. Multiple staff have been identified as bilingual and are available as needed.

INTERVIEWS:

LEP inmate (Spanish only).

FINDINGS:

Agency policy LSC 2.11 and Safe Prisons/PREA Operations Manual (SPPOM), Training Report and Roster of Spanish Interpreters, addresses this provision. At the time of the audit, (3) LEP offenders were interviewed. The offenders reported getting the PREA related information in Spanish and the posters are translated correctly.

115.16(c)

POLICY AND DOCUMENT REVIEW:

Agency Policy LSC 2.11 and review of posters, inmate handbooks, training certificates,

INTERVIEWS:

Random Sample of Staff. At the time of the audit, there were (3) LEP offenders (Spanish only) interviewed.

FINDINGS:

Agency policy LSC 2.11 and review of posters, inmate handbooks, training certificates, address this provision. Multiple staff have been identified and can translate in Spanish.

Staff interviewed reported they would never use offenders to interpret for another inmate and that there was always enough staff to interpret. The LEP offenders interviewed reported being provided PREA related information verbally from staff and understanding his rights as it pertained to PREA and had an understanding on how to report an allegation.

Standard 115.17: Hiring and promotion decisions

115.17 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with offenders who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? Yes No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with offenders who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with offenders who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with offenders who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with offenders who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with offenders who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No

115.17 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with offenders? Yes No
- Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with offenders? Yes No

115.17 (c)

- Before hiring new employees, who may have contact with offenders, does the agency perform a criminal background records check? Yes No

- Before hiring new employees who may have contact with offenders, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? Yes No

115.17 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with offenders? Yes No

115.17 (e)

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with offenders or have in place a system for otherwise capturing such information for current employees? Yes No

115.17 (f)

- Does the agency ask all applicants and employees who may have contact with offenders directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? Yes No
- Does the agency ask all applicants and employees who may have contact with offenders directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? Yes No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? Yes No

115.17 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? Yes No

115.17 (h)

- Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

115.17(a)

POLICY AND DOCUMENT REVIEW:

Agency Policy LSC 2.11.

Executive Directive (ED) PD-71, PD-73, PD-75, and PD-27

List of background checks on current employees.

FINDINGS:

Agency Policy LSC 2.11, Executive Directive (ED) PD-71, PD-73, PD-75, and PD-27 and a list of background checks on current employees, address this provision. Agency policy defines staff to include interns, volunteer or contracted program services staff. The agency contractors and volunteers are all subjected to a criminal background check conducted by TDCJ. Interviews of 12 randomly selected staff, contract staff and sampled HR files indicated timely criminal background checks. All files reflected the three required questions in this provision are included and staff affirmed by signing the form.

The audited facility has an on-site HR position that manages the recruitment files and hiring process. The agency policies require job applicants to have background checks completed by TDCJ looking at any issue of prior sexual misconduct. All contractors are screened by using the same process. The facility reported 238 (100%) new employees/applicants background checks were made and one contractor background check was completed in the past 12 months. Documentation and files were reviewed by the auditor to confirm the process. Agency policies also require an annual re-check of all employees and contractors. The agency policy does indicate that any employee/contractor misconduct or false reporting is subject to the possibility of termination of employment. The HR Manager also indicated that the agency would respond to any request for information from an institutional employer seeking information on a former employee.

115.17(b)

POLICY AND DOCUMENT REVIEW:

Agency Policy LSC 2.11.

INTERVIEWS:

Administrative (Human Resources) Staff.

FINDINGS:

Agency Policy LSC 2.11, address this provision. The auditor interviewed the Administrative (Human Resources) Staff. Staff reported, the agency has incorporated and implemented the "Affirmative Duty to Disclose," which all staff were required to affirm and sign. The form provides for a "material omissions" clause.

115.17(c)

POLICY AND DOCUMENT REVIEW:

Agency Policy LSC 2.11.

INTERVIEWS:

Administrative (Human Resources) Staff.

FINDINGS:

Agency Policy LSC 2.11, address this provision. The agency policy requires job applicants to have background checks completed looking at any issue of prior sexual misconduct. The background checks are completed prior to any inmate contact. All contractors are screened by using the same process. The auditor interviewed the Administrative (Human Resources) Staff. Staff reported criminal background records checks are conducted by TDCJ on all new hires. Additionally, reference checks are conducted by contacting prior institutional employers.

115.17(d)

POLICY AND DOCUMENT REVIEW:

Agency Policy LSC 2.11.

INTERVIEWS:

The auditor interviewed the Administrative (Human Resources) Staff. Staff reported criminal background records checks are conducted on all new hires and contractors.

FINDINGS:

Agency Policy LSC 2.11, addresses the elements of this provision. Agency policy defines staff to include interns, volunteer or contracted program services staff. All staff are also subjected to a criminal history background check.

All contract staff are subjected to a criminal background check by TDCJ. Staff reported criminal background records checks are conducted on all new hires and contractors.

115.17(e)

POLICY AND DOCUMENT REVIEW:

Agency Policy LSC 2.11 and supporting documentation.

INTERVIEWS:

Administrative (Human Resources) Staff.

FINDINGS:

Agency Policy addresses this provision. Agency policy requires criminal history checks will be conducted at least annually for staff, contractors, interns and volunteers.

All staff are provided the opportunity to self-disclose their arrest or history prior to the agency completing the background check. The auditor interviewed the Administrative (Human Resources) Staff.

Staff reported, criminal background records checks are subsequently conducted on all new hires and annually for staff, contract employees, volunteers and interns.

A review of the agency policy and HR files, and staff interview indicate the agency has conducted criminal background records checks on all staff annually as required by this provision of this standard.

115.17(f)

POLICY AND DOCUMENT REVIEW:

Agency Policy LSC 2.11. HR Files.

INTERVIEWS:

Administrative (Human Resources) Staff.

FINDINGS:

Agency Policy LSC 2.11, addresses this provision. The application process includes the "Affirmative Duty to Disclose" form, for new hires, volunteers and contractors, and a review of the HR files indicated this process was being implemented. All staff HR files reviewed indicated the forms had been signed in accordance with policy. A review of agency policy and HR files, and staff interview, indicate the practice is in place and meets the requirements of this provision.

115.17(g)

POLICY AND DOCUMENT REVIEW:

Agency Policy LSC 2.11.

FINDINGS:

Agency Policy LSC 2.11, address this provision. Agency policy defines staff to include interns, volunteer or contracted program services staff.

115.17(h)

POLICY AND DOCUMENT REVIEW:

Agency Policy LSC 2.11.

INTERVIEWS:

Administrative (Human Resources) Staff.

FINDINGS:

Agency Policy LSC 2.11, address this provision. The auditor interviewed the Administrative (Human Resources) Staff.

Staff reported if the new potential employer secures a release form from the former employee, then the information will be released. Staff reported without the release form, HR will not disclose the information.

Standard 115.18: Upgrades to facilities and technologies

115.18 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency’s ability to protect offenders from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)
 Yes No NA

115.18 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency’s ability to protect offenders from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)
 Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

115.18(a)

POLICY AND DOCUMENT REVIEW:

Video Surveillance Schematic.

INTERVIEWS:

Interviews of the Agency Head and Warden confirm that the standard is being met.

FINDINGS:

The Willacy County State Jail’s video surveillance system has not received upgrades since the installation.

Currently the Willacy County State Jail uses well placed cameras and effectively placed mirrors, see through wall partitions/windows and security staffing to enhance the monitoring and safety surveillance.

Interviews revealed the agency and facility Warden would consider how such technology may enhance the agency’s ability to protect offenders from sexual abuse prior to implementing any video enhancements/upgrades.

115.18(b)

POLICY AND DOCUMENT REVIEW:

Video Surveillance Schematic.

INTERVIEWS:

Interviews of the Agency Head and Warden confirm that the standard is being met.

FINDINGS:

Interviews revealed the agency and facility Warden would consider how such technology may enhance the agency’s ability to protect offenders from sexual abuse prior to implementing any video enhancements/upgrades.

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

115.21 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)
 Yes No NA

115.21 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA

- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA

115.21 (c)

- Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? Yes No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? Yes No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? Yes No
- Has the agency documented its efforts to provide SAFEs or SANEs? Yes No

115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? Yes No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency *always* makes a victim advocate from a rape crisis center available to victims.) Yes No NA
- Has the agency documented its efforts to secure services from rape crisis centers? Yes No

115.21 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? Yes No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? Yes No

115.21 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a)

through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) Yes No NA

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency *always* makes a victim advocate from a rape crisis center available to victims.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

115.21(a)

POLICY AND DOCUMENT REVIEW:

Agency Policy LSC 2.11.

Memos, employee certificate.

INTERVIEWS:

Random Sample of Staff.

Interviews of the Agency Head and Warden confirm that the standard is being met.

FINDINGS:

Agency Policy LSC 2.11, address this provision. Staff interviewed indicated a clear knowledge of their responsibilities as potential first responders and knowledge of agency policy and staff roles and responsibilities pertaining to investigations of allegations of sexual abuse.

115.21(b)

POLICY AND DOCUMENT REVIEW:

Agency Policy LSC 2.11.

Pre-audit questionnaire.

Memos, employee certificate.

FINDINGS:

Agency Policy LSC 2.11, addresses this provision. The audited facility offers all offenders a forensic examination if sexually abused.

The facility has an MOU with SAFE and SANE examiners using an outside health care provider (Valley Baptist Medical Center - Harlingen).

The facility conducted one SAFE/SANE examination during the last 12 months. These exams are at no cost to the inmate and are available at any time. Victim advocates to provide outside services are provided by Valley Baptist Medical Center while at the hospital. Follow on support is provided by the LaSalle mental health staff.

A review of the agency policy and supporting documentation indicated the agency coordinates and ensures the protocol implemented is appropriate and in compliance with this provision.

115.21(c)

POLICY AND DOCUMENT REVIEW:

Agency Policy LSC 2.11.

The agency reported there has been one forensic examination conducted within the past 12 months.

INTERVIEWS:

SAFE/SANE Staff

FINDINGS:

Agency Policy LSC 2.11, addresses this provision. The Valley Baptist Medical Center – Harlingen or qualified OVR staff will provide confidential victim advocacy services. A licensed Department counselor (LPC, LMSW, etc.) would be made available from the medical center to accompany the inmate through the forensic exam and investigative interviews only upon request from the inmate. The SANE/SAFE nurse interviewed, reported forensic exam nurses are available 24/7 and would triage a case and respond accordingly. A review of the agency policy and an interview with SANE/SAFE staff indicate the agency has secured local confidential victim advocacy resources needed in response to this provision.

115.21(d)

POLICY AND DOCUMENT REVIEW:

Agency Policy LSC 2.11.

INTERVIEWS:

PREA Compliance Manager.

FINDINGS:

Agency Policy LSC 2.11, addresses this provision. The Valley Baptist Medical Center – Harlingen or qualified OVR staff will provide confidential victim advocacy services.

A licensed Department counselor (LPC, LMSW, etc.) would be made available to accompany the inmate through the forensic exam and investigative interviews only upon request from the inmate.

115.21(e)

POLICY AND DOCUMENT REVIEW:

Agency Policy LSC 2.11.

The agency reported there has been one forensic examination conducted within the past 12 months.

INTERVIEWS:

PREA Compliance Manager.

FINDINGS:

Agency Policy LSC 2.11, addresses this provision. The Valley Baptist Medical Center - Harlingen will provide confidential victim advocacy services. A licensed Department counselor (LPC, LMSW, etc.) would be made available to accompany the inmate through the forensic exam and investigative interviews only upon request from the inmate.

115.21(f)

POLICY AND DOCUMENT REVIEW:

Case Files.

FINDINGS:

Per Agency Policy, the facility will contact the state OIG agency to conduct all PREA related allegations.

In accordance with agency policy, any allegation involving sexual abuse or criminal activity requires that OIG is to be notified immediately to assume control of the investigation. The investigator interviewed and the agency policy indicated they follow a uniform evidence protocol.

Standard 115.22: Policies to ensure referrals of allegations for investigations

115.22 (a)

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? Yes No

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? Yes No

115.22 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? Yes No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? Yes No
- Does the agency document all such referrals? Yes No

115.22 (c)

- If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).) Yes No NA

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

115.22(a)

POLICY AND DOCUMENT REVIEW:

Agency Policy LSC 2.11.

Investigation reports.

INTERVIEWS:

Interviews of the Agency Head, the investigator, the PREA Coordinator, and the PREA Compliance Manager.

FINDINGS:

Agency Policy LSC 2.11, address this provision. Per agency policy, OIG will conduct all criminal investigations. In accordance with agency policy, any allegation involving sexual abuse or criminal activity requires that OIG is to be notified immediately to assume control of the investigation. The investigator interviewed and the agency policy indicated they follow a uniform evidence protocol. A review of the agency policies, investigative files, and staff interviews indicated investigations are completed for all allegations of sexual abuse and sexual harassment.

115.22(b)

POLICY AND DOCUMENT REVIEW:

Agency Policy LSC 2.11.

Investigation reports.

Agency's policy on the agency's website.

INTERVIEWS:

Investigative staff.

Random staff.

FINDINGS:

Agency Policy LSC 2.11, addresses this provision. A review of the agency policies, investigative files, and staff interviews indicated criminal investigations are conducted by the OIG. In accordance with agency policy, any allegation involving sexual abuse or criminal activity requires that OIG is notified immediately to assume control of the investigation. The agency's policy in response to this provision are posted on the agency's website. A data base for tracking investigations is maintained. Any allegations reported activates an alert for the PREA Coordinator and senior staff.

During the 12-month period, (14) allegations of sexual abuse and/or sexual harassment were received, and all were investigated. (14) investigations were completed in compliance with this standard.

Of the (14) reports; (2) were investigated and determined to be unfounded. The statistical data of these reports were all documented and if completed are available on the agency website.

115.22(c)

POLICY AND DOCUMENT REVIEW:

Agency's policy posted on the agency's website.

FINDINGS:

The agency's policy is posted on the agency's website in accordance with this provision.

115.22(d)

POLICY AND DOCUMENT REVIEW:

The agency is not required to respond to this provision.

FINDINGS:

This provision is not applicable as the agency is not required to respond to this provision.

115.22(e)

POLICY AND DOCUMENT REVIEW:

The agency is not required to respond to this provision.

FINDINGS:

This provision is not applicable as the agency is not required to respond to this provision.

TRAINING AND EDUCATION

Standard 115.31: Employee training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.31 (a)

- Does the agency train all employees who may have contact with offenders on its zero-tolerance policy for sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with offenders on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? Yes No
- Does the agency train all employees who may have contact with offenders on offenders' right to be free from sexual abuse and sexual harassment Yes No
- Does the agency train all employees who may have contact with offenders on the right of offenders and employees to be free from retaliation for reporting sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with offenders on the dynamics of sexual abuse and sexual harassment in confinement? Yes No
- Does the agency train all employees who may have contact with offenders on the common reactions of sexual abuse and sexual harassment victims? Yes No
- Does the agency train all employees who may have contact with offenders on how to detect and respond to signs of threatened and actual sexual abuse? Yes No

- Does the agency train all employees who may have contact with offenders on how to avoid inappropriate relationships with offenders? Yes No
- Does the agency train all employees who may have contact with offenders on how to communicate effectively and professionally with offenders, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming offenders? Yes No
- Does the agency train all employees who may have contact with offenders on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? Yes No

115.31 (b)

- Is such training tailored to the gender of the offenders at the employee's facility? Yes No
- Have employees received additional training if reassigned from a facility that houses only male offenders to a facility that houses only female offenders, or vice versa? Yes No

115.31 (c)

- Have all current employees who may have contact with offenders received such training? Yes No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? Yes No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? Yes No

115.31 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

115.31(a)

POLICY AND DOCUMENT REVIEW:

Agency Policy LSC 2.11. Agency curriculum.

10 randomly selected staff training documents.

INTERVIEWS:

Random Sample of Staff

FINDINGS:

Agency Policy LSC 2.11, address this provision. A review of the agency policy, training curriculum, various training documents, and staff interviews demonstrate PREA related training is conducted, and staff attend, participate and complete the training. The agency policy and curriculum address all the required topics. The auditor interviewed a total of 12 randomly selected staff. Staff interviewed acknowledged attending and participating in the PREA training and confirmed the required topics were covered during the training. The staff interviewed reported receiving training in all the required topics within the past year.

115.31(b)

POLICY AND DOCUMENT REVIEW:

Agency Policy LSC 2.11.

Pre-service and In-service curriculum.

Pre-audit questionnaire.

First responder cards.

FINDINGS:

Agency Policy LSC 2.11, addresses this provision. All agency employees, contractors and volunteers, are trained to meet the PREA standards. In the past 12 months, 238 (100%) staff were trained. The agency has a comprehensive training program which includes pre-service and annual in-service training and is tailored to meet the gender needs of the facility. The training documentation includes a signature roster that indicates the trainees understand the training presented. The interview process also documented those employees understood the materials presented. Refresher information is available in the employee handbook and in shift briefings. Staff reported everyone gets the exact same training regardless of working with males or females in the agency. PREA training is conducted weekly as well as annually, this exceeds this standard.

115.31(c)

POLICY AND DOCUMENT REVIEW:

Agency Policy LSC 2.11

Pre-service and In-service curriculum.

Pre-audit questionnaire.

FINDINGS:

Agency Policy LSC 2.11, addresses this provision. Agency policy requires staff receive PREA related training during orientation and on an annual basis. The auditor reviewed ten randomly selected employee/contractor/volunteer training documents. A review of the randomly selected training documents reflected all had participated and completed the required PREA training. Training documentation reviewed supported the participation of security staff, as well as participation by management and administrative support staff, in the PREA training.

115.31(d)

POLICY AND DOCUMENT REVIEW:

Agency Policy LSC 2.11.

Pre-service and In-service curriculum.

Pre-audit questionnaire.

Training Acknowledgement Form.

FINDINGS:

Agency Policy LSC 2.11, addresses this provision. The agency maintains the signed acknowledgement forms which affirm the trainees understand the training they have received. Through staff interviews, it was made clear to the auditor that the staff understood the PREA training.

Standard 115.32: Volunteer and contractor training

115.32 (a)

- Has the agency ensured that all volunteers and contractors who have contact with offenders have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures? Yes No

115.32 (b)

- Have all volunteers and contractors who have contact with offenders been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with offenders)? Yes No

115.32 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

115.32(a)

POLICY AND DOCUMENT REVIEW:

Agency Policy LSC 2.11.

Volunteer/Contractor Training Plan.

Volunteer sign-in roster & application forms.

Pre-audit questionnaire.

Volunteer, intern, and contract staff training documentation.

Randomly selected training files, sign-in sheets, signed acknowledgement forms, and Certificates of Completion.

INTERVIEWS:

Contractors.

FINDINGS:

Agency Policy LSC 2.11, addresses volunteer and intern training. All volunteers and contractors who have contact with offenders at this facility have been trained to understand the requirements of PREA and the zero-tolerance policy. 100% of the volunteers and contractors were trained about PREA and correctional requirements during the last 12 months. The training is based on the service level and inmate contact they provide. This was verified by examination of training documentation and the signatures that documented that they understood the training presented. Interviews with the SAFE/SANE provider and the contractor verified that they understood the PREA requirements associated with being a contractor or a volunteer.

115.32(b)

POLICY AND DOCUMENT REVIEW:

Agency Policy LSC 2.11.

Volunteer/Contractor Training Plan.

Volunteer sign-in roster & application forms.

Pre-audit questionnaire.

Volunteer and contract staff training documentation.

Randomly selected training files, sign-in sheets, signed acknowledgement forms, and Certificates of Completion.

INTERVIEWS:

Contractor.

FINDINGS:

Agency Policy LSC 2.11, addresses volunteer and intern training. The agency's PREA training addresses the zero-tolerance policy. Training documentation reflected training events held specifically for contract staff and volunteers.

The contract staff interviewed reported being trained on the agency's zero tolerance policy regarding sexual abuse and sexual harassment and of the reporting requirements.

115.32(c)

POLICY AND DOCUMENT REVIEW:

Agency Policy LSC 2.11.

Signed Volunteer/Intern and Contractor Acknowledgement Forms.

FINDINGS:

Agency Policy LSC 2.11, addresses volunteer and contractor training. The acknowledgment forms contained the proper affirmation statement. Through interviews, it was made clear the contract staff understood the PREA training.

Standard 115.33: Inmate education

115.33 (a)

- During intake, do offenders receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? Yes No
- During intake, do offenders receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? Yes No

115.33 (b)

- Within 30 days of intake, does the agency provide comprehensive education to offenders either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? Yes No

- Within 30 days of intake, does the agency provide comprehensive education to offenders either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents? Yes No
- Within 30 days of intake, does the agency provide comprehensive education to offenders either in person or through video regarding: Agency policies and procedures for responding to such incidents? Yes No

115.33 (c)

- Have all offenders received the comprehensive education referenced in 115.33(b)?
 Yes No
- Do offenders receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?
 Yes No

115.33 (d)

- Does the agency provide inmate education in formats accessible to all offenders including those who are limited English proficient? Yes No
- Does the agency provide inmate education in formats accessible to all offenders including those who are deaf? Yes No
- Does the agency provide inmate education in formats accessible to all offenders including those who are visually impaired? Yes No
- Does the agency provide inmate education in formats accessible to all offenders including those who are otherwise disabled? Yes No
- Does the agency provide inmate education in formats accessible to all offenders including those who have limited reading skills? Yes No

115.33 (e)

- Does the agency maintain documentation of inmate participation in these education sessions?
 Yes No

115.33 (f)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to offenders through posters, inmate handbooks, or other written formats? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

115.33(a)

POLICY AND DOCUMENT REVIEW:

Agency Policy LSC 2.11.

Inmate assessment forms.

Orientation schedule.

Training rosters.

Pre-audit questionnaire.

Bilingual Posters.

Inmate Handbook (English and Spanish).

Brochures (English and Spanish).

INTERVIEWS:

The auditor interviewed one randomly selected staff assigned to intake duties and 15 randomly selected offenders.

FINDINGS:

Agency Policy LSC 2.11, address this provision. A review of case files reflected all offenders were provided the initial education required on the same day during intake. The intake staff reported the orientation packet contains all the PREA related information which is provided to all the offenders during the intake process. Staff reported the information may be provided to the inmate in Spanish or it could be read out loud to the offenders to ensure they understand it and that offenders are asked if they have any questions before they are assigned to a housing unit.

Staff reported information on the zero-tolerance policy and how to report allegations are also contained on posters, which are posted throughout the facility, and that the PREA information is presented again on weekends to the groups in the housing units. Most of the offenders interviewed reported being provided the PREA information during intake.

115.33(b)

POLICY AND DOCUMENT REVIEW:

Agency Policy LSC 2.11.

Inmate assessment forms.

Orientation schedule.

Training rosters.

Pre-audit questionnaire.

Inmate Handbook (English and Spanish).

Brochures (English and Spanish).

INTERVIEWS:

The auditor interviewed one randomly selected staff assigned to intake duties and 15 randomly selected offenders.

FINDINGS:

Agency Policy LSC 2.11, addresses this provision. In the past 12 months, 1021 (100%) offenders admitted to the audited facility in the past 12 months were trained on the principals of PREA. Provisions are made to assist those offenders with disabilities or those not proficient in English to ensure their understanding of PREA. Orientation videos, posters, inmate handbooks, etc. are readily available to the population and are available in English and Spanish. Completed group sign-in sheets reflecting the names of all offenders are maintained for documentation purposes, and a staff person was assigned to oversee this specific task to ensure compliance is always maintained.

115.33(c)

POLICY AND DOCUMENT REVIEW:

Agency Policy LSC 2.11.

Case files.

INTERVIEWS:

The auditor interviewed two randomly selected staff assigned to intake duties.

FINDINGS:

Agency Policy LSC 2.11, addresses this provision.

A review of random case files reflected all offenders had been provided the required PREA related information and education. Staff interviewed reported the information is provided during intake.

115.33(d)

POLICY AND DOCUMENT REVIEW:

Agency Policy LSC 2.11. Inmate Handbook, PREA brochures, and PREA posters.

FINDINGS:

Agency Policy LSC 2.11, addresses this provision. PREA related information and education materials provided in English and Spanish include the Inmate Handbook, PREA brochures, and PREA posters. The Inmate Handbook is available to the offenders in each housing unit. PREA posters, English and Spanish, are posted throughout the facility and in each housing unit.

Staff are equipped with information on how to secure interpretation services for deaf and hard of hearing offenders. Multiple staff can also translate in Spanish.

115.33(e)

POLICY AND DOCUMENT REVIEW:

Agency Policy LSC 2.11.

Case files.

Acknowledgement Statement

FINDINGS:

Agency Policy LSC 2.11, addresses this provision. A review of case files reflected all offenders had been provided the required PREA related information and education.

The completed Acknowledgement Statement is used to document when offenders are provided the PREA information at intake. Offenders that participate in the subsequent PREA education has their participation entered into the inmate's record.

115.33(f)

POLICY AND DOCUMENT REVIEW:

Agency Policy LSC 2.11.

ONSITE REVIEW:

PREA educational and informational materials, including the Inmate Handbook and PREA posters are available in each respective housing unit.

FINDINGS:

Agency Policy LSC 2.11, addresses this provision. PREA educational and informational materials, including the Inmate Handbook and PREA posters are continuously available in each respective housing unit.

Standard 115.34: Specialized training: Investigations

115.34 (a)

- In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) Yes No NA

115.34 (b)

- Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) Yes No NA
- Does this specialized training include proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) Yes No NA
- Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) Yes No NA
- Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) Yes No NA

115.34 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) Yes No NA

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

115.34(a)

POLICY AND DOCUMENT REVIEW:

Agency Policy LSC 2.11.

Pre-audit questionnaire.

Investigative staff training certificates.

INTERVIEWS:

Investigative Staff.

FINDINGS:

Agency Policy LSC 2.11, addresses this provision. Staff interviewed reported receiving the required investigative training. Training documentation reflected the investigators had completed the general PREA training and the specialized investigator training.

115.34(b)

POLICY AND DOCUMENT REVIEW:

Agency Policy LSC 2.11.

Training Modules

INTERVIEWS:

Investigative Staff.

FINDINGS:

Agency Policy LSC 2.11, addresses this provision. The training module included all the required topics. Staff interviewed reported receiving training on each of the required topics.

115.34(c)

POLICY AND DOCUMENT REVIEW:

Agency Policy LSC 2.11.

Training records.

Investigation records.

FINDINGS:

Agency Policy LSC 2.11, addresses this provision. A review of the specialized training documents reflects all investigators had completed the required training. Training documentation reflected the investigators listed in the investigative files audited were trained on the specialized investigator training.

115.34(d)

POLICY AND DOCUMENT REVIEW:

The agency is not required to respond to this provision.

FINDINGS:

This provision is not applicable as the agency is not required to respond to this provision.

Standard 115.35: Specialized training: Medical and mental health care

115.35 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA

115.35 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.) Yes No NA

115.35 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA

115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)
 Yes No NA

- Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

- Does Not Meet Standard** (*Requires Corrective Action*)

115.35(a)

POLICY AND DOCUMENT REVIEW:

Agency Policy LSC 2.11.

Training records: Randomly selected training files.

INTERVIEWS:

Medical and Mental Health Staff

FINDINGS:

Agency Policy LSC 2.11, addresses this provision. Training documentation reviewed indicated medical and mental health staff participated in the specialized medical and mental health PREA training.

115.35(b)

POLICY AND DOCUMENT REVIEW:

The agency reported the facility's medical staff do not conduct forensic exams; therefore, this provision is not applicable.

INTERVIEWS:

Medical Staff

FINDINGS:

The agency reported the facility's medical staff do not conduct forensic exams; therefore, this provision is not applicable. Medical staff interviewed confirmed they do not conduct forensic exams onsite and that Valley Baptist Medical Center - Harlingen, provides that service if needed.

115.35(c)

POLICY AND DOCUMENT REVIEW:

Agency Policy LSC 2.11.

Training records.

Certificates of Completion.

FINDINGS:

Agency Policy LSC 2.11, addresses this provision. Training documentation reviewed indicated medical and mental health staff, including contract staff, participated in the general and specialized PREA training. Training documentation reflected some of the training was secured in-house as well via online courses.

115.35(d)

POLICY AND DOCUMENT REVIEW:

Training records.

FINDINGS:

Training documentation reviewed reflected medical and mental health staff, including contract staff, participated in the general PREA training.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

115.41 (a)

- Are all offenders assessed during an intake screening for their risk of being sexually abused by other offenders or sexually abusive toward other offenders? Yes No
- Are all offenders assessed upon transfer to another facility for their risk of being sexually abused by other offenders or sexually abusive toward other offenders? Yes No

115.41 (b)

- Do intake screenings ordinarily take place within 72 hours of arrival at the facility?
 Yes No

115.41 (c)

- Are all PREA screening assessments conducted using an objective screening instrument?
 Yes No

115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess offenders for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess offenders for risk of sexual victimization: (2) The age of the inmate? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess offenders for risk of sexual victimization: (3) The physical build of the inmate? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess offenders for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?
 Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess offenders for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?
 Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess offenders for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess offenders for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess offenders for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess offenders for risk of sexual victimization: (9) The inmate's own perception of vulnerability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess offenders for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? Yes No

115.41 (e)

- In assessing offenders for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, prior acts of sexual abuse? Yes No
- In assessing offenders for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, prior convictions for violent offenses? Yes No
- In assessing offenders for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, history of prior institutional violence or sexual abuse? Yes No

115.41 (f)

- Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening? Yes No

115.41 (g)

- Does the facility reassess an inmate's risk level when warranted due to a referral? Yes No
- Does the facility reassess an inmate's risk level when warranted due to a request? Yes No
- Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse? Yes No
- Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness? Yes No

115.41 (h)

- Is it the case that offenders are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section? Yes No

115.41 (i)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other offenders? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

115.41(a)

POLICY AND DOCUMENT REVIEW:

Agency Policy LSC 2.11.

Randomly selected inmate files.

INTERVIEWS:

Staff responsible for risk screening: Intake and medical staff, and randomly selected offenders.

FINDINGS:

Agency Policy LSC 2.11, address this provision. Staff interviewed reported offenders are screened normally nearly immediately when entering the booking area and that they would continue to do follow-up with an inmate periodically.

Staff reported if any risk factors were to be detected, the inmate would be referred to the appropriate staff for proper follow-up and reclassification if needed. Offenders interviewed verified staff do conduct periodic follow-up questions after the intake process is completed. Offenders reported being seen by medical or mental health staff immediately, after the follow up questions, which was based on the information staff secured and indicated an appropriate agency response based on the new information provided by the offenders. Based on staff interviews and the review of inmate case files, it was determined the initial risk screening process is completed well within the 72-hour requirement.

115.41(b)

POLICY AND DOCUMENT REVIEW:

PREA Screening Tool

FINDINGS:

The objective screening instrument is accomplished within the first hour of arrival. The screening document does ask questions to determine if any inmate might have any prior history as a sexual abuser and the responses are scored. Based on the score and responses, a decision is made to properly house the inmate. Intake staff conduct the screening, and the information is secured.

115.41(c)

POLICY AND DOCUMENT REVIEW:

PREA Screening Tool

INTERVIEWS:

Staff responsible for risk screening: Intake and medical staff

FINDINGS:

The agency's PREA Screening Tool reflect all the required elements in this provision. Staff interviewed confirmed they use the agency's screening tool during intake. Staff interviewed properly referenced the required elements offenders are screened for during the risk screening process.

115.41(d)

INTERVIEWS:

Staff responsible for risk screening: Intake and medical staff.

FINDINGS:

Staff reported the information is ascertained through inmate interviews, and from information collected through the PREA Screening tool, medical screening, and case file records.

115.41(e)

INTERVIEWS:

PREA Coordinator, PREA Compliance Manager, and staff responsible for risk screening: intake and medical staff

FINDINGS:

Intake staff interviewed reported they do not have access to the inmate's medical or mental health information. The inmate's medical information is retained and only available to medical staff. Staff reported the treatment modality drives which staff need the information.

Standard 115.42: Use of screening information

115.42 (a)

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those offenders at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments? Yes No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those offenders at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments? Yes No

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those offenders at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments? Yes No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those offenders at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments? Yes No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those offenders at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments? Yes No

115.42 (b)

- Does the agency make individualized determinations about how to ensure the safety of each inmate? Yes No

115.42 (c)

- When deciding whether to assign a transgender or intersex inmate to a facility for male or female offenders, does the **agency** consider, on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns offenders to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? Yes No
- When making housing or other program assignments for transgender or intersex offenders, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems? Yes No

115.42 (d)

- Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate? Yes No

115.42 (e)

- Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? Yes No

115.42 (f)

- Are transgender and intersex offenders given the opportunity to shower separately from other offenders? Yes No

115.42 (g)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex offenders, does the agency always refrain from placing: lesbian, gay, and bisexual offenders in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I offenders pursuant to a consent decree, legal settlement, or legal judgement.) Yes No NA

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex offenders, does the agency always refrain from placing: transgender offenders in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I offenders pursuant to a consent decree, legal settlement, or legal judgement.) Yes No NA

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex offenders, does the agency always refrain from placing: intersex offenders in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I offenders pursuant to a consent decree, legal settlement, or legal judgement.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

- Does Not Meet Standard** (*Requires Corrective Action*)

115.42(a)

POLICY AND DOCUMENT REVIEW:

Agency Policy and the PREA Screen Tool.

INTERVIEWS:

PREA Compliance Manager, LGBTI Offenders, and staff responsible for risk screening.

FINDINGS:

Agency Policy LSC 2.11, address this provision. The information obtained in the inmate screening process is used to make individualized determinations to ensure the offenders safety. This information is used to make decisions to place each inmate in appropriate housing, work, and program assignments. The placement decisions are made by a classification committee.

Staff interviewed reported information secured through the screening process is used to determine the need for additional medical or mental health follow-up, and to make classification decisions based on risk factors.

115.42(b)

POLICY AND DOCUMENT REVIEW:

Agency Policy LSC 2.11.

INTERVIEWS:

Staff who Supervise Offenders in Restrictive Housing, Medical and Mental Health Staff.
Offenders who are at risk of sexual victimization.

Offenders who reported sexual abuse at and after in processing.

ONSITE REVIEW:

During the onsite review, there was no indication that restrictive housing units are used on a regular basis due to PREA risk factors.

FINDINGS:

Agency Policy LSC 2.11, addresses this provision. Staff interviewed reported restrictive housing is used as a last resort and staff look for other options, such as housing unit changes. Staff reported the welfare of the inmate is always a high consideration. Medical and mental health staff reported they would conduct daily visits for any offenders placed in restrictive housing for PREA risk factors.

115.42(c)

POLICY AND DOCUMENT REVIEW:

Agency Policy LSC 2.11.

INTERVIEWS:

PREA Coordinator, PREA Compliance Manager and Offenders.

FINDINGS:

Agency Policy LSC 2.11, addresses this provision. Staff interviewed reported the facility does not have special housing units designated for lesbian, gay, bisexual, transgender, or intersex offenders. All housing, program and work assignments are made on a case-by-case basis.

Standard 115.43: Protective Custody

115.43 (a)

- Does the facility always refrain from placing offenders at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been

made, and a determination has been made that there is no available alternative means of separation from likely abusers? Yes No

- If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment? Yes No

115.43 (b)

- Do offenders who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible? Yes No
- Do offenders who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible? Yes No
- Do offenders who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible? Yes No
- Do offenders who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible? Yes No
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) Yes No NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) Yes No NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) Yes No NA

115.43 (c)

- Does the facility assign offenders at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged? Yes No
- Does such an assignment not ordinarily exceed a period of 30 days? Yes No

115.43 (d)

- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document the basis for the facility's concern for the inmate's safety? Yes No
- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document the reason why no alternative means of separation can be arranged? Yes No

115.43 (e)

- In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

115.43(a)-1

POLICY AND DOCUMENT REVIEW:

Agency Policy LSC 2.11.

INTERVIEWS:

PREA Compliance Manager.

Offenders.

FINDINGS:

Agency Policy LSC 2.11, addresses this provision. Agency Policies prohibit the placement of offenders at high risk of sexual victimization in involuntary segregated housing unless an assessment of alternatives has been made. If any inmate would be placed in segregation for protection, they would be offered privileges to the extent possible. Offenders are advised of these limitations and the duration.

115.43 (a)-2

POLICY AND DOCUMENT REVIEW:

Agency Policy LSC 2.11.

INTERVIEWS:

PREA Compliance Manager, and staff responsible for risk screening.

LGBTI Offenders.

FINDINGS:

Agency Policy LSC 2.11, addresses this provision. Staff interviewed reported the inmate's health and safety are taken into consideration during placement and programming assignments.

The audited facility reported zero offenders were held in restrictive housing in the past 12 months for the purpose of protecting a possible sexual abuse victim. Policies require a review every 30 days for any inmate in restrictive housing.

115.43(c)

POLICY AND DOCUMENT REVIEW:

Agency Policy LSC 2.11.

INTERVIEWS:

PREA Compliance Manager, and staff responsible for risk screening.

FINDINGS:

Agency Policy LSC 2.11, addresses this provision. The audited facility reported zero offenders were held in restrictive housing in the past 12 months for longer than 30 days awaiting alternative placement.

115.43 (d)

POLICY AND DOCUMENT REVIEW:

Agency Policy LSC 2.11.

INTERVIEWS:

PREA Compliance Manager, and staff who supervise restrictive housing.

Warden

FINDINGS:

Agency Policy LSC 2.11, addresses this provision. The audited facility reported zero offenders were involuntarily held in restrictive housing in the past 12 months awaiting alternative placement.

115.43(e)

POLICY AND DOCUMENT REVIEW:

The agency reported there have been no PREA related incidents involving the involuntary assignment of any inmate in the past 12 months to restrictive housing. Agency policy does afford an inmate who is involuntarily assigned to restrictive housing to be reviewed every 30 days.

FINDINGS:

The agency reported there have been no PREA related incidents involving the isolation of any inmate in the past 12 months, therefore there were no case files to review specific to this provision.

REPORTING

Standard 115.51: Inmate reporting

115.51 (a)

- Does the agency provide multiple internal ways for offenders to privately report sexual abuse and sexual harassment? Yes No
- Does the agency provide multiple internal ways for offenders to privately report retaliation by other offenders or staff for reporting sexual abuse and sexual harassment? Yes No
- Does the agency provide multiple internal ways for offenders to privately report staff neglect or violation of responsibilities that may have contributed to such incidents? Yes No

115.51 (b)

- Does the agency also provide at least one way for offenders to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? Yes No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? Yes No
- Does that private entity or office allow the inmate to remain anonymous upon request? Yes No
- Are offenders detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility *never* houses offenders detained solely for civil immigration purposes) Yes No NA

115.51 (c)

- Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? Yes No
- Does staff promptly document any verbal reports of sexual abuse and sexual harassment? Yes No

115.51 (d)

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of offenders? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

115.51(a)

POLICY AND DOCUMENT REVIEW:

Agency Policy LSC 2.11.

Inmate Handbook.

Grievance Form.

Writing Instruments.

INTERVIEWS:

Random Sample of Staff and Random Sample of Offenders.

ONSITE REVIEW:

During the onsite review, the auditor noted PREA Posters, PREA Hotline number near the phones, and grievance forms are accessible to the offenders in each housing unit and in common areas.

FINDINGS:

Agency Policy LSC 2.11, addresses this provision. Staff interviewed reported offenders have several options available to report an allegation: grievance form; a letter; call the hotline number; tell staff (including a counselor, or supervisor), and a third party, such as a family member. Offenders interviewed reported they could make a report to staff (supervisor, counselor); family, or use the hotline. Most of the offenders indicated they would go directly to staff.

115.51(b)

POLICY AND DOCUMENT REVIEW:

Agency Policy LSC 2.11.

PREA Posters.

INTERVIEWS:

PREA Compliance Manager, and Random Sample of Staff.

ONSITE REVIEW:

During the onsite review, the auditor noted PREA Posters and phones are accessible to the offenders in each housing unit.

FINDINGS:

Agency Policy LSC 2.11, address this provision. Staff interviewed reported offenders could make anonymous reports to anyone. Offenders interviewed reported they could call a family member, a Rape Crisis Center or the PREA Hotline number near the phones if they needed to contact someone outside of the facility. The offenders reported they were aware they could make reports anonymously.

115.51(c)

POLICY AND DOCUMENT REVIEW:

Agency Policy LSC 2.11.

INTERVIEWS:

Random Sample of Staff and Random Sample of Offenders.

FINDINGS:

Agency Policy LSC 2.11, address this provision. Staff interviewed reported they would accept reports in writing, anonymously, verbally and through third parties, and that any reports received verbally would be documented immediately. Offenders interviewed reported they could make reports anonymously, in writing, grievance, verbally, through a family member, or staff member.

115.51(d)

POLICY AND DOCUMENT REVIEW:

Agency Policy LSC 2.11.

INTERVIEWS:

PREA Compliance Manager.

Inmate who reported sexual abuse.

FINDINGS:

Agency Policy LSC 2.11, address this provision. Staff interviewed reported offenders can make reports by submitting them in writing, by calling the hotline or through a call to their family. The inmate interviewed reported in writing via grievance form. Staff are informed of how to report privately any sexual abuse or harassment. They can verbally discuss sexual abuse/harassment with chain of command/supervisors in a private setting. They can also report in writing, via Information Report Form, email, memo, etc. Staff are informed of these requirements with required PREA training and employee handbooks. The staff understanding of this process was verified in the interviews.

Standard 115.52: Exhaustion of administrative remedies

115.52 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. Yes No

115.52 (b)

- Does the agency permit offenders to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (c)

- Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by offenders in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) Yes No NA
- If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) Yes No NA
- At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (e)

- Are third parties, including fellow offenders, staff members, family members, attorneys, and outside advocates, permitted to assist offenders in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)
 Yes No NA

- Are those third parties also permitted to file such requests on behalf of offenders? (If a third-party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) Yes No
 NA

- If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)
 Yes No NA

115.52 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA

- After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)
 Yes No NA

- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) Yes No NA

- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)
 Yes No NA

- Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA

- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA

- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (g)

- If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

115.52(a)

POLICY AND DOCUMENT REVIEW:

Agency Policy LSC 2.11.

Inmate Handbook.

Grievance Form.

INTERVIEWS:

Random Sample of Staff and Offenders who report sexual abuse.

FINDINGS:

Agency Policy LSC 2.11, addresses this provision. In accordance with agency policy, the inmate grievance process meets the requirements of PREA. The process allows the inmate to file an oral or written complaint/grievance at any time about sexual abuse or on any correctional issue. The complaint can be filed with any staff and will be directed to the Warden or designee for response if necessary.

Offenders interviewed reported they would go directly to a staff member.

115.52(b)

POLICY AND DOCUMENT REVIEW:

Agency Policy LSC 2.11.

INTERVIEWS:

PREA Compliance Manager, and Random Sample of Staff.

FINDINGS:

Agency Policy LSC 2.11, addresses this provision. By policy, the inmate is not required to use an informal grievance process nor refer any grievance to the staff member who is the subject of the complaint.

The audited facility will not refer the grievance to the staff member who is the subject of the complaint. There is no time limit of the filing of a sexual abuse or sexual harassment grievance. The Inmate Handbooks clearly outlines the process required.

115.52(c)

POLICY AND DOCUMENT REVIEW:

Agency Policy LSC 2.11.

INTERVIEWS:

Offenders who reported sexual abuse.

FINDINGS:

Agency Policy LSC 2.11, addresses this provision. Staff interviewed reported they would accept reports in writing, anonymously, verbally and through third parties, and that any reports received verbally would be documented immediately. By policy, the inmate is not required to use an informal grievance process nor refer any grievance to the staff member who is the subject of the complaint.

115.52(d)

POLICY AND DOCUMENT REVIEW:

Agency Policy LSC 2.11.

INTERVIEWS:

PREA Compliance Manager.

FINDINGS:

Agency Policy LSC 2.11, address this provision. In the past 12 months, there were (14) grievances filed concerning sexual abuse or harassment.

The grievances would be completed within 90 days and the offenders were notified of the decision. Agency policy allows third party assistance to offenders in the grievance process.

If the inmate declines assistance of a third party, that decision to decline assistance would be documented. No assistance has been requested.

Emergency grievances are permitted in reporting a grievance concerning sexual abuse/harassment. If received, the grievance is immediately addressed. Agency policy requires that a response to an emergency grievance must be completed within 48 hours and a final decision must be made within 5 calendar days. Policy does limit any sanctions to an inmate who filed the grievance in bad faith.

Agency Policy LSC 2.11, address this provision. In the past 12 months, there were (14) grievances filed concerning sexual abuse or harassment. (13) of the grievances were completed within 90 days and the offenders were notified of the decision.

115.52(e)

POLICY AND DOCUMENT REVIEW:

Agency Policy LSC 2.11.

INTERVIEWS:

PREA Compliance Manager.

FINDINGS:

Agency Policy LSC 2.11, address this provision. In the past 12 months, there were (14) grievances filed concerning sexual abuse or harassment. (13) of the grievances were completed within 90 days and the offenders were notified of the decision.

Agency policy allows third party assistance to offenders in the grievance process. If the inmate declines assistance of a third party, that decision to decline assistance would be documented. No assistance has been requested.

115.52(f)

POLICY AND DOCUMENT REVIEW:

Agency Policy DO LSC 2.11.

INTERVIEWS:

PREA Compliance Manager.

FINDINGS:

Emergency grievances are permitted in reporting a grievance concerning sexual abuse/harassment. If received, the grievance is immediately addressed.

Agency policy requires that a response to an emergency grievance must be completed within 48 hours and a final decision must be made within 5 calendar days. Policy does limit any sanctions to an inmate who filed the grievance in bad faith.

In the past 12 months, there were (14) grievances filed concerning sexual abuse or harassment. The process is well defined in the inmate handbook and was used by the offenders as applicable.

115.52(g)

POLICY AND DOCUMENT REVIEW:

Agency Policy LSC 2.11.

INTERVIEWS:

PREA Compliance Manager.

FINDINGS:

Agency Policy does limit any sanctions to an inmate who filed the grievance in bad faith. The process is well defined in the inmate handbook and would be used by the inmate if necessary.

Standard 115.53: Inmate access to outside confidential support services

115.53 (a)

- Does the facility provide offenders with access to outside victim advocates for emotional support services related to sexual abuse by giving offenders mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? Yes No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility *never* has persons detained solely for civil immigration purposes.) Yes No NA
- Does the facility enable reasonable communication between offenders and these organizations and agencies, in as confidential a manner as possible? Yes No

115.53 (b)

- Does the facility inform offenders, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? Yes No

115.53 (c)

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide offenders with confidential emotional support services related to sexual abuse? Yes No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

115.53(a)

POLICY AND DOCUMENT REVIEW:

Agency Policy LSC 2.11. Inmate handbook.

INTERVIEWS:

Random offenders and an inmate who reported a sexual abuse.

FINDINGS:

Agency Policy LSC 2.11, addresses this provision. The audited facility provides to the offenders, confidential access to outside victim advocates by providing the name of the organization, toll free telephone number, posters, and the information is in the inmate handbook.

The victim advocate service includes in-person support services to the victim through the forensic medical exam process as well as the investigatory interview process and at no charge to the inmate.

115.53(b)

POLICY AND DOCUMENT REVIEW:

Agency Policy LSC 2.11.

INTERVIEWS:

Random Sample of Offenders.

FINDINGS:

Agency Policy LSC 2.11, addresses this provision. Offenders interviewed reported they had never requested support services from outside agencies.

Advocate services informs the offenders of limits to confidentiality prior to receiving services.

115.53(c)

POLICY AND DOCUMENT REVIEW:

Statements, memos and email

FINDINGS:

Valley Baptist Medical Center provides advocate services and informs the offenders of limits to confidentiality. This information was provided to the Auditor in the Pre-Audit document request.

Standard 115.54: Third-party reporting

115.54 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? Yes No

- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

115.54(a)

POLICY AND DOCUMENT REVIEW:

Agency Policy LSC 2.11.

Inmate handbook.

INTERVIEWS:

PREA Coordinator

FINDINGS:

Agency Policy LSC 2.11, addresses this provision. The public can report online using the DOJ PREA Reporting on behalf of the inmate for third party reporting of inmate sexual abuse and harassment. Offenders may also write to the OMBUDSMAN regarding any sexual abuse or harassment.

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

115.61 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? Yes No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against offenders or staff who reported an incident of sexual abuse or sexual harassment? Yes No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? Yes No

115.61 (b)

- Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? Yes No

115.61 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section? Yes No
- Are medical and mental health practitioners required to inform offenders of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? Yes No

115.61 (d)

- If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws? Yes No

115.61 (e)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

115.61(a)

POLICY AND DOCUMENT REVIEW:

Agency Policy LSC 2.11.

Pre-audit questionnaire.

INTERVIEWS:

Interviews with Warden, random staff, medical/mental health staff, & PREA Coordinator.

FINDINGS:

Agency Policy LSC 2.11, address this provision.

All staff interviewed reported they would immediately report any knowledge, suspicion, or information regarding any allegation of sexual abuse or sexual harassment. Staff also reported they would report any retaliation against staff or offenders who reported an incident, or any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

115.61(b)

POLICY AND DOCUMENT REVIEW:

Agency Policy LSC 2.11.

Pre-audit questionnaire.

INTERVIEWS:

Interviews with Warden, random staff, medical/mental health staff, & PREA Coordinator.

FINDINGS:

Agency Policy LSC 2.11, addresses this provision. All staff interviewed reported all staff including medical and mental staff are required to report all sexual abuse allegations. Medical/Mental Health staff inform the inmate of their duty to report.

The facility reports all criminal allegations to the OIG. All staff are informed of the importance of confidentiality being maintained in the reporting process.

No inmate was under the age of 18 at the audited facility, during the onsite review.

Standard 115.62: Agency protection duties

115.62 (a)

- When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

115.62(a)

POLICY AND DOCUMENT REVIEW:

Agency Policy LSC 2.11.

Pre-audit questionnaire.

INTERVIEWS:

Interviews with Warden, random staff, medical/mental health staff, & PREA Coordinator.

FINDINGS:

Agency Policy LSC 2.11, addresses this provision. Staff interviewed reported immediate action would be taken if staff were to become aware of any inmate being at substantial risk of imminent sexual abuse. Staff reported any allegation would be taken seriously and due diligence would be followed to ensure staff respond to offenders immediately. Management staff reported the key is creating a safe culture. Randomly selected staff reported in detail the immediate steps they would take to respond to any allegation of an inmate reporting they are at a substantial risk of imminent sexual abuse.

Standard 115.63: Reporting to other confinement facilities

115.63 (a)

- Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? Yes No

115.63 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? Yes No

115.63 (c)

- Does the agency document that it has provided such notification? Yes No

115.63 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

115.63(a)

POLICY AND DOCUMENT REVIEW:

Agency Policy LSC 2.11.

Pre-audit questionnaire.

INTERVIEWS:

Warden.

FINDINGS:

Agency Policy LSC 2.11, addresses this provision. The agency has a policy that requires notification of another facility when they learn of an inmate that had been sexually abused at that other facility. In the past 12 months, the facility reported (2) allegations of sexual abuse that an inmate received at another facility.

115.63(b)

POLICY AND DOCUMENT REVIEW:

Agency Policy LSC 2.11.

FINDINGS:

Agency Policy LSC 2.11, addresses this provision. Notification of sexual abuse at another confinement facility was completed within the 72-hour time frame. Documentation is required that the report will be investigated and properly acted upon.

115.63(c)

POLICY AND DOCUMENT REVIEW:

Agency Policy LSC 2.11.

FINDINGS:

The notification and documentation of additional notifications/information would be made according to department policy.

115.63(d)

POLICY AND DOCUMENT REVIEW:

Agency Policy LSC 2.11.

INTERVIEWS:

Warden.

FINDINGS:

Agency Policy LSC 2.11, addresses this provision. Staff interviewed reported they would initiate an investigation just like any other. They would make a request for cooperation from the other facility, and staff would go visit the inmate at that facility. Staff reported the local law enforcement agency would oversee the investigative team and process.

Standard 115.64: Staff first responder duties

115.64 (a)

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?
 Yes No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? Yes No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? Yes No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? Yes No

115.64 (b)

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

115.64(a)

POLICY AND DOCUMENT REVIEW:

Agency Policy LSC 2.11.

Pre-audit questionnaire.

INTERVIEWS:

Security Staff and Non-Security Staff First Responders.

FINDINGS:

Agency Policy LSC 2.11, address this provision. The practices to this policy were verified by the responses from the staff being questioned in the interview process. All staff are provided training on the staff responder actions required in the event of a sexual abuse. This would include all security and non-security staff that might be a first responder. Agency policy also address the actions required if the responder is not a security staff member.

The non-security staff person would ensure that the alleged victim not take any action that might destroy physical evidence and then notify security staff.

Staff interviewed outlined the response taken in response to an allegation. The agency protocol, which meets the standard requirements, was followed.

115.64(b)

POLICY AND DOCUMENT REVIEW:

Agency Policy LSC 2.11.

Pre-audit questionnaire.

INTERVIEWS:

Security Staff and Non-Security Staff First Responders.

FINDINGS:

Agency Policy LSC 2.11, address this provision. In the past 12 months, (14) allegations of sexual abuse or harassment from offenders or staff were recorded. All reports were investigated, (2) were determined Unfounded, (1) was determined Substantiated (11) were determined Unsubstantiated. (2) reported abuse from another facility. All reports were reviewed by the auditor and the reports indicated that the staff followed the correct procedures required by PREA. All reports indicated that the proper response procedures occurred.

Standard 115.65: Coordinated response

115.65 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

115.65(a)

POLICY AND DOCUMENT REVIEW:

Agency Policy LSC 2.11.

INTERVIEWS:

Warden

FINDINGS:

Agency Policy LSC 2.11, address this provision. Agency policy required a coordinated response by security/supervisory/management staff, medical, law enforcement, and SANE/SAFE services. The document clearly outlines the institutional plan to coordinate actions taken in response to an incident. Staff interviewed reiterated the protocols outlined in the agency's institutional plan.

Standard 115.66: Preservation of ability to protect offenders from contact with abusers

115.66 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any offenders pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? Yes No

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

115.66(a)

POLICY AND DOCUMENT REVIEW:

Agency Policy LSC 2.11.

INTERVIEWS:

Warden

FINDINGS:

Agency Policy LSC 2.11, address this provision. All LaSalle Corrections, LLC., employees do not participate in collective bargaining.

Any allegations of sexual abuse or harassment involving an employee, this agency immediately removes the employee from all contact with the alleged inmate victim and witnesses.

Standard 115.67: Agency protection against retaliation

115.67 (a)

- Has the agency established a policy to protect all offenders and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other offenders or staff? Yes No
- Has the agency designated which staff members or departments are charged with monitoring retaliation? Yes No

115.67 (b)

- Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services, for offenders or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations? Yes No

115.67 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of offenders or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by offenders or staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of offenders who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by offenders or staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports? Yes No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? Yes No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? Yes No

115.67 (d)

- In the case of offenders, does such monitoring also include periodic status checks? Yes No

115.67 (e)

- If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation? Yes No

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

115.67(a)

POLICY AND DOCUMENT REVIEW:

Agency Policy LSC 2.11.

FINDINGS:

Agency Policy LSC 2.11, address this provision. Policy requires the protection of offenders and staff who report sexual abuse/harassment from retaliation. Senior management is assigned to supervise the monitoring and prevention of retaliation.

115.67(b)

POLICY AND DOCUMENT REVIEW:

Agency Policy LSC 2.11.

INTERVIEWS:

Designated Staff Member Charged with Monitoring Retaliation.

PREA Coordinator.

FINDINGS:

Agency Policy LSC 2.11, address this provision. Staff reported when an investigation is initiated, the individual making the report is told what the expected process will be and if anyone threatens or otherwise makes them feel uncomfortable, they are provided with the name of the person to notify. Staff and offenders are informed that any retaliation will be taken seriously and acted upon. Staff reported the process followed and strategies used when monitoring for potential retaliation against both offenders and staff. Staff and offenders are offered emotional support services.

115.67(c)

POLICY AND DOCUMENT REVIEW:

Agency Policy LSC 2.11.

INTERVIEWS:

Designated Staff Member Charged with Monitoring Retaliation.

PREA Coordinator.

FINDINGS:

Agency Policy LSC 2.11, address this provision. Staff reported in detail what they look for when monitoring for retaliation for both offenders and staff, and the duration of the monitoring, which meet the standard requirements.

115.67(d)

POLICY AND DOCUMENT REVIEW:

Agency Policy LSC 2.11.

INTERVIEWS:

Designated Staff Member Charged with Monitoring Retaliation.

PREA Coordinator.

FINDINGS:

Agency Policy LSC 2.11, addresses this provision. All required monitoring will be promptly conducted for a minimum of 90 days or longer if needed.

The facility would employ a variety of methods such as housing change, removal of abuser, or other means to protect the inmate victim. This policy would also protect anyone who assisted in the investigation. The policies also require periodic status checks designed to protect an individual from retaliation.

115.67(e)

POLICY AND DOCUMENT REVIEW:

Agency Policy LSC 2.11.

INTERVIEWS:

Warden.

FINDINGS:

Agency Policy LSC 2.11, addresses this provision. Staff interviewed reported any type of retaliation is treated seriously and any allegations made would be reviewed and investigated. If an allegation were to be found true, the appropriate necessary actions would be taken.

115.67(f)

POLICY AND DOCUMENT REVIEW:

The agency is not required to respond to this provision.

FINDINGS:

This provision is not applicable as the agency is not required to respond to this provision.

Standard 115.68: Post-allegation protective custody

115.68 (a)

- Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

115.68(a)

POLICY AND DOCUMENT REVIEW:

Agency Policy LSC 2.11.

INTERVIEWS:

Warden

Staff who Supervise Offenders in Restrictive Housing

Medical and Mental Health Staff. At the time of the onsite audit, there were no offenders in isolation for risk of sexual victimization/who alleged to have suffered sexual abuse, therefore no inmate was interviewed specific to this provision.

ONSITE REVIEW:

During the onsite review, there was no indication that restrictive housing is used on a regular basis for PREA related events.

FINDINGS:

Agency Policy LSC 2.11, addresses this provision. Staff interviewed reported protective custody/restrictive housing would be used only as a true last resort and efforts would continue to find alternatives during restrictive housing assignment. No offenders are placed in restrictive housing involuntary without an assessment of all available alternatives. These policies meet the PREA requirements. The facility reported zero offenders who reported sexual abuse were held in involuntary restrictive housing in the past 12 months. Policies also dictate if an involuntary restrictive housing assignment is made, the facility affords each inmate a review every 30 days and the inmate programs would continue to the best extent possible.

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

115.71 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not

responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] Yes No NA

- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] Yes No NA

115.71 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34? Yes No

115.71 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? Yes No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses? Yes No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? Yes No

115.71 (d)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? Yes No

115.71 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff? Yes No
- Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? Yes No

115.71 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? Yes No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? Yes No

115.71 (g)

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? Yes No

115.71 (h)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution? Yes No

115.71 (i)

- Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? Yes No

115.71 (j)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation? Yes No

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (l)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

115.71(a)

POLICY AND DOCUMENT REVIEW:

Agency Policy LSC 2.11.

Training Documentation.

INTERVIEWS:

Investigative Staff

FINDINGS:

Agency Policy LSC 2.11, addresses this provision. A review of all investigative files reflected all investigations were conducted promptly, thoroughly, and objectively. Staff interviewed reported investigations are initiated immediately and that third-party and anonymous reports are also considered, documented and the information included in the final report.

115.71(b)

POLICY AND DOCUMENT REVIEW:

Agency Policy LSC 2.11.

Investigative staff training records.

INTERVIEWS:

Investigative Staff

FINDINGS:

Agency Policy LSC 2.11, addresses this provision. A review of the investigative staff training documents indicated all investigative staff are trained in the required specialized investigative staff training. Staff interviewed reported receiving the required training.

115.71(c)

POLICY AND DOCUMENT REVIEW:

Agency Policy LSC 2.11.

Investigative staff training records.

INTERVIEWS:

Investigative Staff

FINDINGS:

Agency Policy LSC 2.11, addresses this provision. A review of the investigative files reflected the required supporting documentation was maintained in the files.

Staff interviewed reported in detail the steps followed and information collected and documented during the investigation and retained in the files in accordance with the standard.

115.71(d)

POLICY AND DOCUMENT REVIEW:

Agency Policy LSC 2.11.

INTERVIEWS:

Investigative Staff

FINDINGS:

Agency Policy LSC 2.11, addresses this provision. Staff interviewed reported investigations are not terminated solely because the victim recants the allegation and would move forward with the investigation.

115.71(e)

POLICY AND DOCUMENT REVIEW:

Agency Policy LSC 2.11.

Investigative files.

INTERVIEWS:

Investigative Staff

FINDINGS:

Agency Policy LSC 2.11, addresses this provision. A review of the investigative files reflected the criminal investigators are sworn state law enforcement officers and are always involved on all investigations. Investigative staff reported the investigators will refer the case for prosecutorial review if evidence reveals a criminal act may have been committed.

115.71(f)

POLICY AND DOCUMENT REVIEW:

Agency Policy LSC 2.11.

INTERVIEWS:

Investigative Staff.

FINDINGS:

Agency Policy LSC 2.11. Staff interviewed reported all information would be considered, documented and assessed as part of the investigation. Staff also reported a polygraph is not a part of the investigative process.

115.71(g)

POLICY AND DOCUMENT REVIEW:

Agency Policy LSC 2.11.

Investigative files.

INTERVIEWS:

Investigative Staff.

FINDINGS:

Agency Policy LSC 2.11, addresses this provision. Staff interviewed reported everything is considered as part of the investigation including whether staff actions or failures to act contributed to the abuse.

A review of the investigative files indicated the investigations were thorough. The incident review process, which addresses this provision, was completed.

115.71(h)

POLICY AND DOCUMENT REVIEW:

Agency Policy LSC 2.11.

INTERVIEWS:

Investigative Staff

FINDINGS:

Agency Policy LSC 2.11, addresses this provision. State law enforcement will conduct all criminal investigations. In accordance with agency policy, any allegation involving sexual abuse or criminal activity requires that the local law enforcement agency is notified immediately to assume control of the investigation. The state law enforcement investigators have been trained to meet PREA standards. They are state approved law enforcement officials and will promptly and thoroughly investigate each allegation. Should an allegation be substantiated, the case will be referred for prosecution.

The Investigator interviewed was professional and very knowledgeable. He indicated their investigative process was very thorough by collecting all evidence, interviewing witnesses, perpetrators, victims, etc. Reports are documented and cases are referred for prosecution if necessary. Polygraph tests for PREA cases are not authorized.

115.71(i)

POLICY AND DOCUMENT REVIEW:

Agency Policy LSC 2.11.

INTERVIEWS:

Investigative Staff

FINDINGS:

Agency Policy LSC 2.11, addresses this provision. Agency Policies require written reports be developed and retained per PREA standards, for as long as the alleged abuser is incarcerated or employed by the agency, plus five years and per local state retention requirements.

Should a victim or abuser (staff or inmate) resign or be transferred to another facility, the case will continue to be investigated.

115.71(j)

POLICY AND DOCUMENT REVIEW:

Agency Policy LSC 2.11.

FINDINGS:

Agency Policy LSC 2.11, addresses this provision and requires investigation reports will be kept in perpetuity. The auditor reviewed all investigative files.

115.71(k)

POLICY AND DOCUMENT REVIEW:

Agency Policy LSC 2.11.

INTERVIEWS:

Investigative Staff

FINDINGS:

Staff interviewed reported an investigation would continue regardless of whether the alleged abuser or alleged victim left the facility.

115.71(l)

POLICY AND DOCUMENT REVIEW:

The agency is not required to respond to this provision.

FINDINGS:

This provision is not applicable as the agency is not required to respond to this provision.

Standard 115.72: Evidentiary standard for administrative investigations

115.72 (a)

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

115.72(a)

POLICY AND DOCUMENT REVIEW:

Agency Policy LSC 2.11.

Investigative files.

INTERVIEWS:

Investigative Staff.

FINDINGS:

Agency Policy LSC 2.11, address this provision. A review of the investigative files indicated the proper standard was used in determining that the allegations were founded/substantiated. Staff reported the standard of evidence used to substantiate allegations is the preponderance of the evidence.

Standard 115.73: Reporting to offenders

115.73 (a)

- Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? Yes No

115.73 (b)

- If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) Yes No NA

115.73 (c)

- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The staff member is no longer posted within the inmate's unit? Yes No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The staff member is no longer employed at the facility? Yes No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever:

The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? Yes No

- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? Yes No

115.73 (d)

- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility? Yes No
- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility? Yes No

115.73 (e)

- Does the agency document all such notifications or attempted notifications? Yes No

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

115.73(a)

POLICY AND DOCUMENT REVIEW:

Agency Policy LSC 2.11.

INTERVIEWS:

Warden.

Investigative staff.

FINDINGS:

Agency Policy LSC 2.11, addresses this provision and requires notification for both sexual abuse and sexual harassment investigations. Staff interviewed reported the inmate would be notified in writing. The agency policy requirements to notify the inmate on the outcome of sexual harassment investigations meets the standard requirements.

115.73(b)

POLICY AND DOCUMENT REVIEW:

Agency Policy LSC 2.11.

FINDINGS:

The agency contacts the local law enforcement agency to conduct investigations on all PREA related allegations.

115.73(c)

POLICY AND DOCUMENT REVIEW:

Agency Policy LSC 2.11. Staff reported there has been zero substantiated or unsubstantiated complaints of sexual abuse committed by a staff member, contractor, intern, or volunteer against an inmate in the past 12 months.

INTERVIEWS:

Random Offenders.

FINDINGS:

Agency Policy LSC 2.11, addresses this provision. All staff to inmate case files would be reviewed and thoroughly investigated in accordance with PREA protocols and proper action would be completed. All accused staff would be immediately removed from all inmate contact.

115.73(d)

POLICY AND DOCUMENT REVIEW:

Agency Policy LSC 2.11.

Investigative Files

INTERVIEWS:

Random Offenders.

FINDINGS:

Agency Policy LSC 2.11, addresses this provision. Agency policy that requires that the inmate be informed of the outcome of the investigation of all sexual abuse/harassment complaints that the inmate has filed. In the past 12 months, (13) allegations from offenders were investigated. All were completed and the offenders were informed in writing of the result of the investigation.

The reports were all documented. For complaints directed towards staff, the inmate would be advised as to staff relocation, no longer employed, whether staff member has been indicted or convicted.

115.73(e)

POLICY AND DOCUMENT REVIEW:

Agency Policy LSC 2.11.

Investigative files.

FINDINGS:

Agency Policy LSC 2.11, addresses this provision. A review of the investigative files reflected local law enforcement conducts all investigations. In the past 12 months, (13) allegations from offenders were investigated. All were completed and the offenders were informed in writing of the result of the investigation.

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

115.76 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? Yes No

115.76 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? Yes No

115.76 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? Yes No

115.76 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)? Yes No
- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

115.76(a)

POLICY AND DOCUMENT REVIEW:

Agency Policy LSC 2.11.

FINDINGS:

Agency Policy LSC 2.11, addresses this provision. The audited agency has disciplinary sanctions for staff up to and including termination for violating sexual abuse and sexual harassment policies.

The facility reported (0) cases where an employee was terminated for sexual abuse of an inmate and (0) cases where a staff member was reported to law enforcement for violating sexual abuse or harassment policies.

115.76(b)

POLICY AND DOCUMENT REVIEW:

Agency Policy LSC 2.11. The agency reported there have been no staff that have violated agency sexual abuse or sexual harassment policies in the past 12 months.

FINDINGS:

Agency Policy LSC 2.11, addresses this provision. Two staff members were investigated for possible PREA violations. The investigation outcome on both cases were unsubstantiated, therefore they were not disciplined for violating agency sexual abuse or sexual harassment policies.

115.76(c)

POLICY AND DOCUMENT REVIEW:

Agency LSC 2.11. The agency reported there have been no staff that have been disciplined for violation of agency sexual abuse or sexual harassment policies in the past 12 months.

FINDINGS:

Agency Policy LSC 2.11, addresses this provision. Zero staff members were investigated for possible PREA violations.

115.76(d)

POLICY AND DOCUMENT REVIEW:

Agency Policy LSC 2.11. The agency reported there have been no staff that have been disciplined for violation of agency sexual abuse or sexual harassment policies in the past 12 months.

FINDINGS:

Agency Policy LSC 2.11, addresses this provision. Zero staff members were investigated for possible PREA violations. The investigation outcome on all cases were unsubstantiated, therefore they were not disciplined for violating agency sexual abuse or sexual harassment policies.

Standard 115.77: Corrective action for contractors and volunteers

115.77 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with offenders? Yes No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? Yes No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? Yes No

115.77 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with offenders? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

115.77(a)

POLICY AND DOCUMENT REVIEW:

Agency Policy LSC 2.11. The agency reported there had been (0) contractors or volunteers reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of offenders in the past 12 months.

FINDINGS:

Agency Policy LSC 2.11, address this provision.

The agency reported there had been (0) contractors or volunteers reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of offenders in the past 12 months, therefore there was no documentation to review specific to this provision.

15.77(b)

POLICY AND DOCUMENT REVIEW:

Agency Policy LSC 2.11.

INTERVIEWS:

Warden

Random Staff

FINDINGS:

Agency Policy LSC 2.11. The agency reported there had been (0) contractors or volunteers reported for engaging in sexual abuse of offenders in the past 12 months, therefore there was no documentation to review specific to this provision. Staff interviewed reported any allegations of sexual abuse of offenders by contractors or volunteers would be treated the same as if they were regular staff.

Agency personnel with the need to know would be notified, who would then contact the contractor's point of contact and cease the contract with the contractor. Both volunteers and contractors would be prohibited from having further contact with offenders.

Standard 115.78: Disciplinary sanctions for offenders

115.78 (a)

- Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are offenders subject to disciplinary sanctions pursuant to a formal disciplinary process? Yes No

115.78 (b)

- Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other offenders with similar histories? Yes No

115.78 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior? Yes No

115.78 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits? Yes No

115.78 (e)

- Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact? Yes No

115.78 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? Yes No

115.78 (g)

- If the agency prohibits all sexual activity between offenders, does the agency always refrain from considering non-coercive sexual activity between offenders to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between offenders.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

115.78(a)

POLICY AND DOCUMENT REVIEW:

Agency Policy LSC 2.11. Inmate Orientation Packet. Inmate Handbook.

FINDINGS:

Agency Policy LSC 2.11, address this provision. The Inmate Orientation Packet and Inmate Handbook, provide information related to the Code of Conduct and Progressive Disciplinary Sanctions, including sanctions pertaining to sexual abuse and sexual harassment.

115.78(b)

POLICY AND DOCUMENT REVIEW:

Agency Policy LSC 2.11. The agency reported there was (1) incident of offender-on-offender abusive sexual contact allegation with a finding of guilt. The agency reported there was one offender placed in restrictive housing for inmate-on-inmate sexual abuse as a disciplinary sanction in the past 12 months.

INTERVIEWS:

Warden

Medical and Mental Health Staff

Restrictive Housing Staff

FINDINGS:

Agency Policy LSC 2.11, address this provision. The agency reported there was (1) incident of offender-on-offender abusive sexual contact with a finding of guilt, all documentation reviewed is in accordance with the requirements of this provision.

Staff interviewed reported an offender-on-offender sexual abuse incident would be considered a major rule violation and could result in disciplinary restrictive housing. The sanction would be referred for supervisory review and approval.

115.78(c)

POLICY AND DOCUMENT REVIEW:

Agency Policy LSC 2.11.

INTERVIEWS:

Warden

Medical and Mental Health Staff

Restrictive Housing Staff

FINDINGS:

Agency Policy LSC 2.11, address this provision. The agency reported there was (1) incident of offender-on-offender abusive sexual contact with a finding of guilt, all documentation reviewed is in accordance with this provision. Staff interviewed reported an offender-on-offender sexual abuse incident would be considered a major rule violation and could result in disciplinary restrictive housing. The sanction would be referred for supervisory review and approval.

115.78(d)

POLICY AND DOCUMENT REVIEW:

Agency Policy LSC 2.11.

INTERVIEWS:

Medical and Mental Health Staff

FINDINGS:

Agency Policy LSC 2.11, address this provision. Staff interviewed reported the offending inmate is offered therapy, counseling, or other intervention services, but would not require the inmate's participation as a condition of access to any rewards-based behavior management system or programming or education.

115.78(e)(f)(g)

POLICY AND DOCUMENT REVIEW:

Agency Policy LSC 2.11.

FINDINGS:

Agency Policy LSC 2.11, address this provision. The agency reported there was (0) reported incidents involving sexual contact of offenders with staff with a finding of guilt, therefore there was no documentation to review specific to this provision.

MEDICAL AND MENTAL CARE

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

115.81 (a)

- If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)
 Yes No NA

115.81 (b)

- If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.) Yes No NA

115.81 (c)

- If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? Yes No

115.81 (d)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?
 Yes No

115.81 (e)

- Do medical and mental health practitioners obtain informed consent from offenders before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

115.81(a)

POLICY AND DOCUMENT REVIEW:

Agency Policy LSC 2.11. The agency reported 100% of the offenders that disclosed prior victimization during screening were offered a follow up meeting with medical or a mental health practitioner.

Random selection of inmate files.

INTERVIEWS:

Offenders who Disclosed Sexual Victimization at Risk Screening.

Staff Responsible for Risk Screening.

FINDINGS:

Agency Policy LSC 2.11, address this provision. A review of the forms used by the agency demonstrate how the intake screening staff, medical and mental health staff document the follow-up services offenders with prior sexual victimization disclose during the screening process. Staff interviewed reported they work with the medical and mental health professionals by notifying them immediately which generates a referral. Offenders interviewed reported being referred to medical and mental health staff for follow-up. A review of the inmate files reflected the offenders did receive a follow-up meeting with medical and mental health practitioners as required.

115.81(b)

POLICY AND DOCUMENT REVIEW:

Agency Policy LSC 2.11. The agency reported 100% of the offenders who have previously perpetrated sexual abuse were offered a follow up meeting with a mental health practitioner.

Randomly selected inmate files.

INTERVIEWS:

Staff Responsible for Risk Screening.

FINDINGS:

Agency Policy LSC 2.11, addresses this provision. Staff interviewed reported offenders are referred to mental health staff for follow-up. A review of a randomly selected inmate files reflected the inmate did receive a follow-up meeting with a mental health practitioner as required.

115.81(c)

POLICY AND DOCUMENT REVIEW:

Agency Policy LSC 2.11.

ONSITE REVIEW:

During the onsite review, the auditor noted medical and mental health staff have designated space where staff can privately meet with offenders. Medical and Mental Health records are maintained separately and shared according to policy.

FINDINGS:

Agency Policy LSC 2.11, address this provision.

115.81(d)

POLICY AND DOCUMENT REVIEW:

Agency Policy LSC 2.11.

INTERVIEWS:

Medical and Mental Health Staff

FINDINGS:

Agency Policy LSC 2.11, addresses this provision. Staff interviewed reported they use the consent form for offenders over 18 years of age.

Standard 115.82: Access to emergency medical and mental health services

115.82 (a)

- Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?
 Yes No

115.82 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62? Yes No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? Yes No

115.82 (c)

- Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? Yes No

115.82 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?
 Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

115.82(a)

POLICY AND DOCUMENT REVIEW:

Agency Policy LSC 2.11.

INTERVIEWS:

Medical and Mental Health Staff

Offenders who reported a sexual abuse.

FINDINGS:

Agency Policy LSC 2.11, addresses this provision. Staff interviewed reported offenders would be provided emergency medical treatment immediately and that the nature and scope of the services are determined according to their professional judgement.

115.82(b)

POLICY AND DOCUMENT REVIEW:

Agency Policy LSC 2.11.

INTERVIEWS:

Security Staff and Non-Security Staff First Responders.

FINDINGS:

Agency Policy LSC 2.11, requires staff to notify medical staff if they believe an inmate is actively experiencing a mental health crisis. Staff who were interviewed reported protective measures were taken for the alleged victim, and the victim was referred for counseling.

115.82(c)

POLICY AND DOCUMENT REVIEW:

Agency Policy LSC 2.11.

INTERVIEWS:

Medical and Mental Health Staff

Offenders who reported a sexual abuse.

FINDINGS:

Agency Policy LSC 2.11, addresses this provision. Staff interviewed reported the required information and services would be provided immediately and unimpeded.

115.82(d)

POLICY AND DOCUMENT REVIEW:

Agency Policy LSC 2.11.

FINDINGS:

Agency Policy LSC 2.11, addresses this provision.

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

115.83 (a)

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all offenders who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? Yes No

115.83 (b)

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? Yes No

115.83 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? Yes No

115.83 (d)

- Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be offenders who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) Yes No NA

115.83 (e)

- If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be offenders who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) Yes No NA

115.83 (f)

- Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? Yes No

115.83 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? Yes No

115.83 (h)

- If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

115.83(a)

POLICY AND DOCUMENT REVIEW:

Agency Policy LSC 2.11.

ONSITE REVIEW:

During the onsite review, the Auditor observed the medical section at the facility. Medical services are available 24/7 at the facility or at the hospital in Harlingen, Texas, if needed. Mental health counselors provide treatment and counseling to offenders.

FINDINGS:

Agency Policy LSC 2.11, addresses this provision.

115.83(b)

POLICY AND DOCUMENT REVIEW:

Agency Policy LSC 2.11. The agency reported there were no allegations of inmate sexual abuse requiring medical treatment, follow-up services or referrals for continued care.

INTERVIEWS:

Medical and Mental Health Staff. At the time of the onsite audit, there were no offenders who reported a sexual abuse at the facility, therefore no inmate was interviewed specific to this provision.

FINDINGS:

Agency Policy LSC 2.11, addresses this provision. Staff interviewed reported follow-up services would be matched with appropriate intervention services.

115.83(c)

POLICY AND DOCUMENT REVIEW:

Agency Policy LSC 2.11. The agency reported there were no allegations of inmate sexual abuse requiring medical or mental health services.

INTERVIEWS:

Medical and Mental Health Staff.

FINDINGS:

Agency Policy LSC 2.11, addresses this provision. Staff interviewed reported the services provided go beyond the community level of care.

115.83(d)

POLICY AND DOCUMENT REVIEW:

Agency Policy LSC 2.11.

FINDINGS:

Not applicable for this facility.

115.83(e)

POLICY AND DOCUMENT REVIEW:

Agency Policy LSC 2.11.

FINDINGS:

Not applicable for this facility.

115.83(f)

POLICY AND DOCUMENT REVIEW:

Agency Policy LSC 2.11. The agency reported there were no allegations of inmate sexual abuse requiring medical services.

INTERVIEWS:

At the time of the onsite audit, there were no offenders who reported a sexual abuse at the facility who required medical services, therefore no inmate was interviewed specific to this provision.

FINDINGS:

Agency Policy LSC 2.11, addresses this provision.

115.83(g)

POLICY AND DOCUMENT REVIEW:

Agency Policy LSC 2.11. The agency reported there were no allegations of inmate sexual abuse requiring treatment services.

INTERVIEWS:

At the time of the onsite audit, there were no offenders who reported a sexual abuse at the facility who required treatment services, therefore no inmate was interviewed specific to this provision.

FINDINGS:

Agency Policy LSC 2.11, addresses this provision.

115.83(h)

POLICY AND DOCUMENT REVIEW:

Agency Policy LSC 2.11. The agency reported there were no allegations of inmate sexual abuse requiring treatment services.

INTERVIEWS:

Medical and Mental Health Staff.

FINDINGS:

Agency Policy LSC 2.11, addresses this provision. Staff interviewed reported the inmate would be referred, and the treatment provider would respond immediately.

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

115.86 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? Yes No

115.86 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation? Yes No

115.86 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? Yes No

115.86 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? Yes No

- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? Yes No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? Yes No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? Yes No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? Yes No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? Yes No

115.86 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

115.86(a)

POLICY AND DOCUMENT REVIEW:

Agency Policy LSC 2.11.

Investigative files.

FINDINGS:

Agency Policy LSC 2.11, addresses this provision. A review of the investigative files reflected the agency had completed a sexual abuse incident review at the conclusion of previous investigations, there was (1) sexual abuse case in the last twelve months that had a substantiated finding.

115.86(b)

POLICY AND DOCUMENT REVIEW:

Agency Policy LSC 2.11.

Investigative files.

FINDINGS:

Agency Policy LSC 2.11, addresses this provision.

A review of the investigative files reflected the agency has completed a sexual abuse incident reviews in the past, as required.

115.86(c)

POLICY AND DOCUMENT REVIEW:

Agency Policy LSC 2.11.

INTERVIEWS:

Warden

PREA Compliance Manager

Members of the Incident Review Team

FINDINGS:

Agency Policy LSC 2.11, addresses this provision. Staff interviewed reported the incident review team includes the PREA Compliance Manager and several of the senior staff. Once the Incident Review is completed, it is reviewed by the Warden and the Agency Senior Staff. A review of the Incident Review Report indicated the PREA Coordinator also participates. Staff reported an incident review is conducted for all serious incidents.

115.86(d)

POLICY AND DOCUMENT REVIEW:

Agency Policy LSC 2.11.

Incident Review Report

INTERVIEWS:

PREA Compliance Manager

Incident Review Team

FINDINGS:

Agency Policy LSC 2.11, addresses this provision. Staff interviewed referenced all the elements needing to be considered, examined, and assessed. The Incident Review Team member provided detailed information of all the elements addressed by the team.

Staff interviewed acknowledged a report is completed and includes any recommendations for improvement. Staff reported the Incident Review Report is submitted to the Warden, Agency Senior Staff and PREA Compliance Manager.

115.86(e)

POLICY AND DOCUMENT REVIEW:

Agency Policy LSC 2.11.

FINDINGS:

Agency Policy LSC 2.11, addresses this provision.

Standard 115.87: Data collection

115.87 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? Yes No

115.87 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually? Yes No

115.87 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? Yes No

115.87 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews? Yes No

115.87 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its offenders? (N/A if agency does not contract for the confinement of its offenders.) Yes No NA

115.87 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

115.87(a and c)

POLICY AND DOCUMENT REVIEW:

Agency Policy LSC 2.11.

FINDINGS:

Agency Policy LSC 2.11, addresses this provision. A review of the reporting documentation reflected a comprehensive tracking system designed to maintain various elements for the required data for sexual abuse allegations as well as sexual harassment allegations. One of the functions of the PREA Compliance Manager is to maintain this information. The tracking system contains information on all allegations of abuse, neglect and exploitation, and all serious incidents. The database tracking system is called Safe Prisons PREA Automated Network System (SPPANS).

115.87(b)

POLICY AND DOCUMENT REVIEW:

Agency Policy LSC 2.11.

FINDINGS:

Agency Policy LSC 2.11, addresses this provision. A review of the facility tracking information reflected a comprehensive system designed to maintain various elements for the required data for sexual abuse and sexual harassment allegations.

115.87(d)

Agency Policy LSC 2.11.

FINDINGS:

Agency Policy LSC 2.11, addresses this provision. A review of the agency website reflects the statistical comprehensive report is published and available to the public for all serious incidents to include sexual abuse and sexual harassment allegations.

115.87(e)

POLICY AND DOCUMENT REVIEW:

Agency Policy LSC 2.11.

FINDINGS:

Agency Policy LSC 2.11, addresses this provision.

115.87(f)

POLICY AND DOCUMENT REVIEW:

Agency Policy LSC 2.11.

FINDINGS:

Agency Policy LSC 2.11, addresses this provision.

Standard 115.88: Data review for corrective action

115.88 (a)

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? Yes No

115.88 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse Yes No

115.88 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? Yes No

115.88 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

115.88(a)

POLICY AND DOCUMENT REVIEW:

Agency Policy LSC 2.11.

Annual report.

INTERVIEWS:

PREA Coordinator

PREA Compliance Manager.

FINDINGS:

Agency Policy LSC 2.11, addresses this provision. A review of the annual report reflects all the elements required by this provision.

Staff interviewed reported in detail the process followed when reviewing the data, identifying problem areas and corrective action, and preparing the annual report.

115.88(b)

POLICY AND DOCUMENT REVIEW:

Agency Policy LSC 2.11.

FINDINGS:

Agency Policy LSC 2.11, addresses this provision.

115.88(c)

POLICY AND DOCUMENT REVIEW:

Agency Policy LSC 2.11.

Annual report.

INTERVIEWS:

PREA Coordinator

PREA Compliance Manager.

FINDINGS:

Agency Policy LSC 2.11, addresses this provision. Staff interviewed reported the Annual report is reviewed and approved by the Agency Senior Staff and posted on the agency website.

115.88(d)

POLICY AND DOCUMENT REVIEW:

Agency Policy LSC 2.11.

INTERVIEWS:

PREA Coordinator

FINDINGS:

Agency Policy LSC 2.11, addresses this provision. Staff interviewed reported all personal identifying information and personal health information is redacted. The reports would reflect only basic demographic information.

Standard 115.89: Data storage, publication, and destruction

115.89 (a)

- Does the agency ensure that data collected pursuant to § 115.87 are securely retained?
 Yes No

115.89 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? Yes No

115.89 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? Yes No

115.89 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

115.89(a)

POLICY AND DOCUMENT REVIEW:

Agency Policy LSC 2.11.

INTERVIEWS:

PREA Coordinator

FINDINGS:

Agency Policy LSC 2.11, addresses this provision. Staff interviewed reported access to any data is restricted to the Agency Senior Staff for operational use and is password protected.

115.89(b)

POLICY AND DOCUMENT REVIEW:

Agency Policy LSC 2.11.

Aggregated data on website.

FINDINGS:

Agency Policy LSC 2.11, addresses this provision. The data posted on the agency website includes agency data from previous years to present.

115.89(c)

POLICY AND DOCUMENT REVIEW:

Agency Policy LSC 2.11.

Aggregated data on agency website.

FINDINGS:

Agency Policy LSC 2.11, addresses this provision. The data posted on the agency website has all personal identifiers redacted.

115.89(d)

POLICY AND DOCUMENT REVIEW:

Agency Policy LSC 2.11.

Aggregated data on agency website.

FINDINGS:

Agency Policy LSC 2.11, addresses this provision. The data and records collected are to be retained in accordance with state and agency retention requirements.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

115.401 (a)

- During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (*Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.*) Yes No

115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*) Yes No
- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.) Yes No NA
- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.) Yes No NA

115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility? Yes No

115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? Yes No

115.401 (m)

- Was the auditor permitted to conduct private interviews with offenders, residents, and detainees? Yes No

115.401 (n)

- Were offenders permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

115.401(a)

POLICY AND DOCUMENT REVIEW:

Aggregated data on website.

FINDINGS:

The agency ensured that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once.

115.401(b)

POLICY AND DOCUMENT REVIEW:

Aggregated data on website.

FINDINGS:

The agency is following their audit cycle and planned future audits. The data posted on the agency website.

115.401(h)

POLICY AND DOCUMENT REVIEW:

There is no agency policy for this provision.

FINDINGS:

The Auditor had full access to, and the ability to observe, all areas of the facility. The Auditor reviewed areas of this facility multiple times during the onsite review.

115.401(i)

POLICY AND DOCUMENT REVIEW:

There is no agency policy for this provision.

FINDINGS:

The auditor was permitted to request and did receive copies of any relevant documents needed for this audit.

115.401(m)

POLICY AND DOCUMENT REVIEW:

There is no agency policy for this provision.

FINDINGS:

The Auditor was permitted to conduct private interviews with offenders. The staff at this facility were very professional and efficient with regards to this provision.

115.401(n)

POLICY AND DOCUMENT REVIEW:

There is no agency policy for this provision.

FINDINGS:

Offenders were permitted to send confidential information or correspondence to the Auditor in the same manner as if they were communicating with legal counsel. The Auditor received one confidential and unimpeded letter from an inmate residing at this facility.

Standard 115.403: Audit contents and findings

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

115.403(f)

POLICY AND DOCUMENT REVIEW:

There is no agency policy for this provision.

FINDINGS:

LaSalle Corrections, LLC., has published on its agency website all Final Audit Reports within 90 days of issuance by the Auditor. This information is made available to the public and is in accordance with 28 C.F.R. § 115.405.

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.

Marc L. Coudriet
Marc Coudriet

Auditor Signature

16 July 2021

Date