

Prison Rape Elimination Act (PREA) Audit Report

Adult Prisons & Jails

☐ Interim ☒ Final

Date of Interim Audit Report: ☒ N/A

Date of Final Audit Report: 22 April 2022

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: 19 - 21 April 2022

Agency Information

Name of Agency: LaSalle Corrections, LLC.

Governing Authority or Parent Agency (If Applicable): 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: 936-577-9797

Agency-Wide PREA Coordinator

Name: Brian Rodeen

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

PREA Coordinator Reports to: Rodney Cooper, Agency Executive Officer Number of Compliance Managers who report to the PREA Coordinator: 19

Facility Information			
Name of Facility: West Texas Detention Center			
Physical Address: 401 S. Vaquero Ave.		City, State, Zip: Sierra Blanca, Texas 79851	
Mailing Address (if different from above): P.O. Box 430		City, State, Zip: Sierra Blanca, Texas 79851	
The Facility Is:	<input type="checkbox"/> Military	<input checked="" type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
Facility Type:	<input type="checkbox"/> Prison	<input checked="" type="checkbox"/> Jail	
Facility Website with PREA Information: www.lasallecorrections.com			
Has the facility been accredited within the past 3 years? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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):			
<input type="checkbox"/> ACA <input type="checkbox"/> NCCHC <input type="checkbox"/> CALEA <input type="checkbox"/> Other (please name or describe: <input checked="" type="checkbox"/> N/A			
If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe: Internal Audits, Texas Jail Commission, and Operational Reviews.			
Warden/Jail Administrator/Sheriff/Director			
Name: Mike Sheppard			
Email: mike.shepard@lasallecorrections.com		Telephone: 940-481-0228	
Facility PREA Compliance Manager			
Name: Ellayna Penalosa			
Email: ellayna.penalosa@lasallecorrections.com		Telephone: 915-474-2557	
Facility Health Service Administrator <input type="checkbox"/> N/A			
Name: Melissa Saathoff			
Email: melissa.saathoff@lasallecorrections.com		Telephone: 915-727-8285	
Facility Characteristics			
Designated Facility Capacity:		1388	

Current Population of Facility:	1045	
Average daily population for the past 12 months:	961	
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 type="checkbox"/> Males <input checked="" type="checkbox"/> Both Females and Males	
Age range of population:	18-72	
Average length of stay or time under supervision:	25 days	
Facility security levels/inmate custody levels:	Low, Medium, High	
Number of inmates admitted to facility during the past 12 months:	3300	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	2159	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	1668	
Does the facility hold youthful inmates?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Number of youthful inmates held in the facility during the past 12 months: (N/A if the facility never holds youthful inmates)	0 <input checked="" type="checkbox"/> N/A	
Does the audited facility hold inmates 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	
Select all other agencies for which the audited facility holds inmates: Select all that apply (N/A if the audited facility does not hold inmates for any other agency or agencies):	<input type="checkbox"/> Federal Bureau of Prisons <input checked="" type="checkbox"/> U.S. Marshals Service <input checked="" type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input 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 inmates:	229	
Number of staff hired by the facility during the past 12 months who may have contact with inmates:	112	
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	0	
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	0	

Number of volunteers who have contact with inmates, currently authorized to enter the facility:	0
Physical Plant	
Number of buildings: Auditors should count all buildings that are part of the facility, whether inmates 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 inmates, 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.	6
Number of inmate housing units: 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 inmates 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 inmates 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.	40
Number of single cell housing units:	3
Number of multiple occupancy cell housing units:	21
Number of open bay/dorm housing units:	16
Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):	24
In housing units, does the facility maintain sight and sound separation between youthful inmates and adult inmates? (N/A if the facility never holds youthful inmates)	<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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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 checked="" type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input checked="" type="checkbox"/> A U.S. Department of Justice component <input checked="" type="checkbox"/> Other (please name or describe: USMS <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?	15	
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	

Summary of Audit Findings

Standards Exceeded

Number of Standards Exceeded: 2

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

Standards Met

Number of Standards Met: 43

Standards Not Met

Number of Standards Not Met: N/A

List of Standards Not Met: N/A

Post-Audit Reporting Information

General Audit Information	
Onsite Audit Dates	
1. Start date of the onsite portion of the audit:	19 May 2022
2. End date of the onsite portion of the audit:	21 May 2022
Outreach	
3. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. If yes, identify the community-based organizations or victim advocates with whom you corresponded:	The Crisis Center
Audited Facility Information	
4. Designated Facility Capacity:	1388
5. Average daily population for the past 12 months:	961
6. Number of inmate/resident/detainee 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 inmates 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 residents 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.	40
7. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

Audited Facility Population on Day One of the Onsite Portion of the Audit	
<i>Inmates/Residents/Detainees</i>	
8. Enter the total number of inmates/residents/detainees housed at the facility as of the first day of the onsite portion of the audit:	1045
9. Enter the total number of youthful inmates or youthful/juvenile detainees housed at the facility on the first day of the onsite portion of the audit:	0
10. Enter the total number of inmates/residents/detainees with a physical disability housed at the facility as of the first day of the onsite portion of the audit:	1
11. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) housed at the facility as of the first day of the onsite portion of the audit:	1
12. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) housed at the facility on the first day of the onsite portion of the audit:	1
13. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing housed at the facility on the first day of the onsite portion of the audit:	0
14. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) housed at the facility as of the first day of the onsite portion of the audit:	375
15. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual housed at the facility as of the first day of the onsite portion of the audit:	3
16. Enter the total number of inmates/residents/detainees who identify as transgender, or intersex housed at the facility as of the first day of the onsite portion of the audit:	2
17. Enter the total number of inmates/residents/detainees who reported sexual abuse in this facility who are housed at the facility as of the first day of the onsite portion of the audit:	4
18. Enter the total number of inmates/residents/detainees who reported sexual harassment in this facility who are housed at the facility as of the first day of the onsite portion of the audit:	8
19. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening housed at the facility as of the first day of the onsite portion of the audit:	18
20. Enter the total number of inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization housed at the facility as of the first day of the onsite portion of the audit:	0
21. Enter the total number of inmates/residents/detainees who are or were ever placed in segregated housing/isolation for having reported sexual abuse in this facility as of the first day of the onsite portion of the audit:	0
22. Enter the total number of inmates/residents detained solely for civil immigration purposes housed at the facility as of the first day of the onsite portion of the audit:	0

23. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations).	None.
<p align="center"><i>Staff, Volunteers, and Contractors</i></p> <p align="center"><i>Include all full- and part-time staff employed by the facility, regardless of their level of contact with inmates/residents/detainees</i></p>	
24. Enter the total number of STAFF, including both full- and part-time staff employed by the facility as of the first day of the onsite portion of the audit:	229
25. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	0
26. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	0
27. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit.	None.
Interviews	
Inmate/Resident/Detainee Interviews	
<i>Random Inmate/Resident/Detainee Interviews</i>	
28. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINÉES who were interviewed:	20
29. Select which characteristics you considered when you selected random inmate/resident/detainee interviewees:	<input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input checked="" type="checkbox"/> Gender <input type="checkbox"/> Other (describe) <input type="checkbox"/> None (explain)
30. How did you ensure your sample of random inmate/resident/detainee interviewees was geographically diverse?	Selected random names from the housing roster from each housing area.
31. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. If no, explain why it was not possible to interview the minimum number of random inmate/resident/detainee interviews:	N/A
32. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation, etc.).	None.

Targeted Inmate/Resident/Detainee Interviews

33. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	22
34. Enter the total number of interviews conducted with youthful inmates or youthful/juvenile detainees using the "Youthful Inmates" protocol:	0
a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.
b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	This facility does not hold youthful inmates.
35. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	1
a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<input type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.
b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	N/A
36. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:	1
a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<input type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.

<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>N/A</p>
<p>37. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (visually impaired) using the “Disabled and Limited English Proficient Inmates” protocol:</p>	<p>0</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>According to staff interviews, on-site review, and inmate rosters, there were no inmates in this category being housed at this facility.</p>
<p>38. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the “Disabled and Limited English Proficient Inmates” protocol:</p>	<p>0</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>According to staff interviews, on-site review, and inmate rosters, there were no inmates in this category being housed at this facility.</p>
<p>39. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the “Disabled and Limited English Proficient Inmates” protocol:</p>	<p>3</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	N/A
<p>40. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the “Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates” protocol:</p>	5
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<input type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.
<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	N/A
<p>41. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex “Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates” protocol:</p>	2
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<input type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.
<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	N/A
<p>42. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the “Inmates who Reported a Sexual Abuse” protocol:</p>	3
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<input type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.

<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	N/A
<p>43. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	7
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p> <p>c.</p>	N/A
<p>44. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Alleged to have Suffered Sexual Abuse)" protocol:</p>	0
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	According to staff interviews, on-site review, and inmate rosters, there were no inmates in this category being housed at this facility.
<p>45. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation, etc.).</p>	None.
<p>Staff, Volunteer, and Contractor Interviews</p>	
<p><i>Random Staff Interviews</i></p>	
<p>46. Enter the total number of RANDOM STAFF who were interviewed:</p>	12

47. Select which characteristics you considered when you selected RANDOM STAFF interviewees (select all that apply):	<input checked="" type="checkbox"/> Length of tenure in the facility <input checked="" type="checkbox"/> Shift assignment <input checked="" type="checkbox"/> Work assignment <input checked="" type="checkbox"/> Rank (or equivalent) <input type="checkbox"/> Other (describe) <input type="checkbox"/> None (explain)
48. Were you able to conduct the minimum number of RANDOM STAFF interviews?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. If no, select the reasons why you were not able to conduct the minimum number of RANDOM STAFF interviews (select all that apply):	<input type="checkbox"/> Too many staff declined to participate in interviews <input type="checkbox"/> Not enough staff employed by the facility to meet the minimum number of random staff interviews (Note: select this option if there were not enough staff employed by the facility or not enough staff employed by the facility to interview for both random and specialized staff roles). <input type="checkbox"/> Not enough staff available in the facility during the onsite portion of the audit to meet the minimum number of random staff interviews. <input type="checkbox"/> Other (describe)
b. Describe the steps you took to select additional RANDOM STAFF interviewees and why you were still unable to meet the minimum number of random staff interviews: c.	Selected random staff from each shift using the current shift rosters.
49. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, etc.).	None.
<p style="text-align: center;"><i>Specialized Staff, Volunteers, and Contractor Interviews</i> <u>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that interview would satisfy multiple specialized staff interview requirements.</u></p>	
50. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	16
51. Were you able to interview the Agency Head?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. If no, explain why it was not possible to interview the Agency Head:	N/A
52. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. If no, explain why it was not possible to interview the Warden/Facility Director/Superintendent or their designee:	N/A
53. Were you able to interview the PREA Coordinator?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. If no, explain why it was not possible to interview the PREA Coordinator:	N/A

54. Were you able to interview the PREA Compliance Manager?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (N/A if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)
a. If no, explain why it was not possible to interview the PREA Compliance Manager:	N/A
55. Select which SPECIALIZED STAFF roles were interviewed as part of this audit (select all that apply):	<input checked="" type="checkbox"/> Agency contract administrator <input checked="" type="checkbox"/> Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment <input type="checkbox"/> Line staff who supervise youthful inmates (if applicable) <input type="checkbox"/> Education and program staff who work with youthful inmates (if applicable) <input checked="" type="checkbox"/> Medical staff <input checked="" type="checkbox"/> Mental health staff <input type="checkbox"/> Non-medical staff involved in cross-gender strip or visual searches <input checked="" type="checkbox"/> Administrative (human resources) staff <input checked="" type="checkbox"/> Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff <input checked="" type="checkbox"/> Investigative staff responsible for conducting administrative investigations <input checked="" type="checkbox"/> Investigative staff responsible for conducting criminal investigations <input checked="" type="checkbox"/> Staff who perform screening for risk of victimization and abusiveness <input checked="" type="checkbox"/> Staff who supervise inmates in segregated housing/residents in isolation <input checked="" type="checkbox"/> Staff on the sexual abuse incident review team <input checked="" type="checkbox"/> Designated staff member charged with monitoring retaliation <input checked="" type="checkbox"/> First responders, both security and non-security staff <input checked="" type="checkbox"/> Intake staff <input type="checkbox"/> Other (describe)
56. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
a. Enter the total number of VOLUNTEERS who were interviewed:	0
b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit (select all that apply):	<input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input type="checkbox"/> Religious

	<input type="checkbox"/> Other
57. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. Enter the total number of CONTRACTORS who were interviewed:	0
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit (select all that apply):	<input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other
58. Provide any additional comments regarding selecting or interviewing specialized staff (e.g., any populations you oversampled, barriers to completing interviews, etc.).	None.
Site Review and Documentation Sampling	
Site Review	
<p><i>PREA Standard 115.401(h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: discussions related to testing critical functions are expected to be included in the relevant Standard-specific overall determination narratives.</i></p>	
59. Did you have access to all areas of the facility?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. If no, explain what areas of the facility you were unable to access and why.	N/A
Was the site review an active, inquiring process that included the following:	
60. Reviewing/examining all areas of the facility in accordance with the site review component of the audit instrument?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. If no, explain why the site review did not include reviewing/examining all areas of the facility.	N/A
61. Testing and/or observing all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., intake process, risk screening process, PREA education)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. If no, explain why the site review did not include testing and/or observing all critical functions in the facility.	N/A
62. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

63. Informal conversations with staff during the site review (encouraged, not required)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																				
64. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).	Staff were very professional and accommodating.																				
Documentation Sampling																					
<i>Where there is a collection of records to review—such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files—auditors must self-select for review a representative sample of each type of record.</i>																					
65. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																				
66. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).	Reviewed additional rosters, files, and reports while on-site.																				
Sexual Abuse and Sexual Harassment Allegations and Investigations in this Facility																					
Sexual Abuse and Sexual Harassment Allegations and Investigations Overview																					
<i>Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted.</i>																					
<i>Note: For question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.</i>																					
67. Total number of SEXUAL ABUSE allegations and investigations overview during the 12 months preceding the audit, by incident type:																					
	<table border="1"> <thead> <tr> <th></th> <th># of sexual abuse allegations</th> <th># of criminal investigations</th> <th># of administrative investigations</th> <th># of allegations that had both criminal and administrative investigations</th> </tr> </thead> <tbody> <tr> <td><u>Inmate-on-inmate</u> sexual abuse</td> <td>4</td> <td>4</td> <td>0</td> <td>0</td> </tr> <tr> <td><u>Staff-on-inmate</u> sexual abuse</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>Total</td> <td>4</td> <td>4</td> <td>0</td> <td>0</td> </tr> </tbody> </table>		# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations	<u>Inmate-on-inmate</u> sexual abuse	4	4	0	0	<u>Staff-on-inmate</u> sexual abuse	0	0	0	0	Total	4	4	0	0
	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations																	
<u>Inmate-on-inmate</u> sexual abuse	4	4	0	0																	
<u>Staff-on-inmate</u> sexual abuse	0	0	0	0																	
Total	4	4	0	0																	
a. If you were unable to provide any of the information above, explain why this information could not be provided.	N/A																				

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

Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
<u>Inmate-on-inmate sexual harassment</u>	8	0	8	0
<u>Staff-on-inmate sexual harassment</u>	0	0	0	0
Total	8	0	8	0

a. If you were unable to provide any of the information above, explain why this information could not be provided.

N/A

Sexual Abuse and Sexual Harassment Investigation Outcomes*Sexual Abuse Investigation Outcomes*

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

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

Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.

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

a. If you were unable to provide any of the information above, explain why this information could not be provided.

N/A

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

Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<u>Inmate-on-inmate sexual abuse</u>	0	0	0	0
<u>Staff-on-inmate sexual abuse</u>	0	0	0	0
Total	0	0	0	0

a. If you were unable to provide any of the information above, explain why this information could not be provided.

N/A

Sexual Harassment Investigation Outcomes

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

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

Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.

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

a. If you were unable to provide any of the information above, explain why this information could not be provided.

N/A

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

Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	0	8	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	0	0	0	0

a. If you were unable to provide any of the information above, explain why this information could not be provided.

N/A

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

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

4

a. If 0, explain why you were unable to review any sexual abuse investigation files:

N/A

74. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?

☐ Yes ☒ No
☐ N/A (N/A if you were unable to review any sexual abuse investigation files)

Inmate-on-inmate sexual abuse investigation files

75. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:

4

76. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?

☒ Yes ☐ No
☐ N/A (N/A if you were unable to review any inmate-on-inmate sexual abuse investigation files)

77. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?

☐ Yes ☒ No

	<input type="checkbox"/> N/A (N/A if you were unable to review any inmate-on-inmate sexual abuse investigation files)
Staff-on-inmate sexual abuse investigation files	
78. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
79. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A (N/A if you were unable to review any staff-on-inmate sexual abuse investigation files)
80. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A (N/A if you were unable to review any staff-on-inmate sexual abuse investigation files)
<u><i>Sexual Harassment Investigation Files Selected for Review</i></u>	
81. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	8
a. If 0, explain why you were unable to review any sexual harassment investigation files:	According to staff interviews, on-site review, and inmate rosters, there were no inmates in this category being housed at this facility.
82. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A (N/A if you were unable to review any sexual harassment investigation files)
Inmate-on-inmate sexual harassment investigation files	
83. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	8
84. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A (N/A if you were unable to review any inmate-on-inmate sexual harassment investigation files)
85. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (N/A if you were unable to review any inmate-on-inmate sexual harassment investigation files)
Staff-on-inmate sexual harassment investigation files	
86. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
87. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A (N/A if you were unable to review any staff-on-inmate sexual harassment investigation files)
88. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A (N/A if you were unable to review any staff-on-inmate sexual harassment investigation files)
89. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	According to staff interviews, on-site review, and inmate rosters, there were no inmates in this category being housed at this facility.
Support Staff Information	

DOJ-certified PREA Auditors Support Staff	
90. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? <i>Remember: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
a. If yes, enter the TOTAL NUMBER OF DOJ-CERTIFIED PREA AUDITORS who provided assistance at any point during the audit:	N/A
Non-certified Support Staff	
91. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? <i>Remember: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
a. If yes, enter the TOTAL NUMBER OF NON-CERTIFIED SUPPORT STAFF who provided assistance at any point during the audit:	N/A
Auditing Arrangements and Compensation	
92. Who paid you to conduct this audit?	<input checked="" type="checkbox"/> The audited facility or its parent agency <input type="checkbox"/> My state/territory or county government (if you audit as part of a consortium or circular auditing arrangement, select this option) <input type="checkbox"/> A third-party auditing entity (e.g., accreditation body, consulting firm) <input type="checkbox"/> Other

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

Agency Zero Tolerance statement.

Organizational charts, interviews, and memos.

FINDINGS:

Agency Policy LSC 2.11, address 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 policy 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 Inmates 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 inmates are held accountable.

115.11(b)

POLICY AND DOCUMENT REVIEW:

Agency Policy LSC 2.11.

Agency's organizational chart.

INTERVIEWS:

PREA Coordinator.

ONSITE REVIEW:

No on-site observations were required for this provision, although the Auditor noted the Agency PREA Coordinator was given office space for his duties as the PREA Compliance Manager.

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 DO 125, 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 Warden. The PREA Compliance Manager was interviewed. She reported having enough time to focus on PREA related activities and that this is a priority. The PREA Compliance Manager reported she has 100% support from her 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 inmates

115.12 (a)

- If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.) ☒ 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 inmates.) ☒ 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 are (0) contracts for the confinement of inmates that the agency had entered or renewed with private entities or other government agencies. A review of all the contracts reflected the entity's obligation to adopt and comply with the PREA standards. A review of the agency policy reflected all the required entity's obligation to adopt and comply with the PREA standards.

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 (0) contracts require the agency to monitor the contractor's compliance with the PREA standards. The agency's Contract Administrator was interviewed and reported he is 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 tours 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 inmates 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 inmates 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

INTERVIEWS:

Warden, PREA Coordinator and PREA Compliance Manager.

FINDINGS:

Agency Policy LSC 2.11, 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 961 inmates. 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 Staff reported 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 inmates 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 video surveillance upgrades. The auditor interviewed the PREA Coordinator, who reported he is 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. The facility has implemented a process seeking additional video monitoring technology to enhance the supervision and safety of the inmates. Supplemental supporting documentation specific to the video surveillance system demonstrated the department's ongoing efforts towards monitoring upgrades.

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 and the Life Check electronic monitoring system 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. In addition, this facility has implemented the Life Check electronic monitoring system, which logs and tracks the staff's security and safety checks throughout the facility. This system also alerts the staff when it is time to conduct security and safety rounds to avoid errors in monitoring. This facility has implemented a triple overlapping layer of supervision and monitoring by having camera surveillance covering all areas where inmates are authorized access, implementing mirrors in locations that can be viewed through the camera as well as by the Correctional Officer who is also posted in these areas, triple layer surveillance. This exceeds the expectation of this standard.

Standard 115.14: Youthful inmates

115.14 (a)

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

115.14 (b)

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

115.14 (c)

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

POLICY AND DOCUMENT REVIEW:

Agency Policy LSC 2.11.

INTERVIEWS:

PREA Coordinator and PREA Compliance Manager.

FINDINGS:

Agency Policy LSC 2.11, addresses this provision. This facility does not house youthful inmates.

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

115.15 (d)

- Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? ☒ Yes ☐ No
- Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? ☒ Yes ☐ 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 inmates 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 inmates 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.

INTERVIEWS:

PREA Coordinator.

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 inmates. 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 Inmates.

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 inmates. The Auditor interviewed a random selection of staff and random selection of inmates. 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 inmates interviewed reported they have been always searched only by same-gender staff. 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 inmates, 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 Inmates.

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 inmates 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 inmates of the opposite gender and inmate interviews reflected staff of the opposite gender consistently announce themselves upon entering their housing units. Inmates 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 inmates of the opposite gender has demonstrated every precaution is made to ensure inmates 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 inmates 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 inmates. 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: Inmates with disabilities and inmates who are limited English proficient

115.16 (a)

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes)? ☒ Yes ☐ No
- Do such steps include, when necessary, ensuring effective communication with inmates 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 inmates with disabilities including inmates 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 inmates with disabilities including inmates 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 inmates with disabilities including inmates 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 inmates 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 inmates are also able to contact their country's consulate if they are under immigration jurisdiction. At the time of the audit, three LEP inmates 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 inmates.

115.16(b)

POLICY AND DOCUMENT REVIEW:

Agency policy LSC 2.11 and review of posters, inmate handbooks, training certificates. Multiple staff have been identified as bilingual and are available as needed.

INTERVIEWS:

LEP inmate (Spanish only).

FINDINGS:

Agency policy LSC 2.11 and review of posters, inmate handbooks, training certificates, addresses this provision. At the time of the audit, three LEP inmates were interviewed. The inmates 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 three LEP inmates (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 inmates to interpret for another inmate and that there was always enough staff to interpret. The LEP inmates 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 inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? ☒ Yes ☐ No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates 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 inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? ☒ Yes ☐ No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the 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 inmates? ☒ 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 inmates? ☒ Yes ☐ No

115.17 (c)

- Before hiring new employees, who may have contact with inmates, does the agency perform a criminal background records check? ☒ Yes ☐ No
- Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? ☒ Yes ☐ 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 inmates? ☒ 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 inmates 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 inmates 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 inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? ☒ Yes ☐ 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.

List of background checks on current employees.

FINDINGS:

Agency Policy LSC 2.11 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, including a fingerprint-based background check. Interviews of 12 randomly selected 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 looking at any issue of prior sexual misconduct. All contractors are screened by using the same process. The facility reported (100%) new employees/applicants background checks were 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 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. 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 every year 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 every year 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 every year.

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 inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)
☒ Yes ☐ 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 inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)
☒ Yes ☐ 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 audited facility has installed new cameras for better coverage and clarity. This facility has cameras to cover the interior and exterior of this facility's area of responsibility. Interviews revealed the agency and facility Warden did consider how such technology may enhance the agency's ability to protect inmates from sexual abuse prior to implementing the 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 did consider how such technology may enhance the agency's ability to protect inmates from sexual abuse prior to implementing the 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. Each named of at least one (1) investigator they would report the incident to.

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 inmates a forensic examination if sexually abused. The facility has an MOU with SAFE and SANE examiners using an outside health care provider (University Medical Center, El Paso, Texas). The facility conducted one (1) 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 under an agreement with The Crisis Center.

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. Memorandum of Understanding (MOU) with The Crisis Center. The agency reported there has been one (1) forensic examination conducted within the past 12 months.

INTERVIEWS:

SAFE/SANE Staff

FINDINGS:

Agency Policy LSC 2.11, addresses this provision. The agency entered a Memorandum of Understanding (MOU) with The Crisis Center to 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. 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, MOU agreement 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. Memorandum of Understanding (MOU) with The Crisis Center.

INTERVIEWS:

PREA Compliance Manager.

Inmates who had reported a sexual abuse.

FINDINGS:

Agency Policy LSC 2.11, addresses this provision. The agency entered a Memorandum of Understanding (MOU) with The Crisis Center, to 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. The Auditor interviewed the PREA Compliance Manager who reported an MOU has been entered with The Crisis Center to help an inmate through the process.

The MOU includes the responsibilities the agency and provider are to follow, and the contract is monitored once a year. A review of the agency policy, MOU, and staff interview indicated an established collaborative effort to ensure victim advocacy services are available for the inmates if needed.

115.21(e)

POLICY AND DOCUMENT REVIEW:

Agency Policy LSC 2.11. Memorandum of Understanding (MOU) with The Crisis Center. The agency reported there have been no forensic examinations conducted within the past 12 months.

INTERVIEWS:

PREA Compliance Manager.

Inmates who had reported a sexual abuse.

FINDINGS:

Agency Policy LSC 2.11, addresses this provision.

The agency entered a Memorandum of Understanding (MOU) with The Crisis Center, to 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.

The Auditor interviewed the PREA Compliance Manager who reported an MOU has been entered with The Crisis Center to help an inmate through the process. The MOU includes the responsibilities the agency and provider are to follow, and the contract is monitored once a year. A review of the agency policy, MOU, and staff interview indicated an established collaborative effort to ensure victim advocacy services are available for the inmates if needed.

115.21(f)

POLICY AND DOCUMENT REVIEW:

Case File Procedures.

FINDINGS:

Per Agency Policy, the facility will contact the local law enforcement agency to conduct all PREA related allegations. In accordance with agency policy, any allegation involving sexual abuse or criminal activity requires that the local law enforcement agency 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, the local law enforcement agency 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 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 local law enforcement agency. 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 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, twelve allegations of sexual abuse and/or sexual harassment were received and four were referred for criminal investigation. Twelve criminal and/or administrative investigations were completed, and no cases were still in progress. All reports prior to this audit period were documented and 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

115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates? ☒ Yes ☐ No

- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?
☒ Yes ☐ No

115.31 (b)

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

115.31 (c)

- Have all current employees who may have contact with inmates 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. Ten 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. The staff receive continuous training at shift change and all were confident and highly knowledgeable in the PREA program, this facility exceeds this standard's requirements.

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, (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.

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 (10) randomly selected employee 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 inmates 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 inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)? ☒ Yes ☐ 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/Contractor application forms.

Pre-audit questionnaire.

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 inmates at this facility have been trained to understand the requirements of PREA and the zero-tolerance policy. 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/Contractor application forms.

Pre-audit questionnaire.

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. The agency's PREA training addresses the zero-tolerance policy. Training documentation reflected training events held specifically for contract staff and volunteers.

115.32(c)

POLICY AND DOCUMENT REVIEW:

Agency Policy LSC 2.11.

Volunteer and Contractor Acknowledgement Forms.

FINDINGS:

Agency Policy LSC 2.11, addresses volunteer, contractor, and intern training. The acknowledgment forms contained the proper affirmation statement.

Standard 115.33: Inmate education

115.33 (a)

- During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? ☒ Yes ☐ No
- During intake, do inmates 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 inmates 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 inmates 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 inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents? ☒ Yes ☐ No

115.33 (c)

- Have all inmates received the comprehensive education referenced in 115.33(b)?
☒ Yes ☐ No

- Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?
☒ Yes ☐ No

115.33 (d)

- Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient? ☒ Yes ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who are deaf? ☒ Yes ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired? ☒ Yes ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled? ☒ Yes ☐ No
- Does the agency provide inmate education in formats accessible to all inmates 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 inmates 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 20 randomly selected inmates.

FINDINGS:

Agency Policy LSC 2.11, address this provision. A review of case files reflected all inmates 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 inmates 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 inmates to ensure they understand it and that inmates 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 inmates 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 (1) randomly selected staff assigned to intake duties and (20) randomly selected inmates.

FINDINGS:

Agency Policy LSC 2.11, addresses this provision. In the past 12 months, 3300 (100%) inmates admitted to the audited facility in the past 12 months were trained on the principals of PREA. Provisions are made to assist those inmates 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 inmates 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 inmates 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 inmates 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 inmates. 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 inmates had been provided the required PREA related information and education. The completed Acknowledgement Statement is used to document when inmates are provided the PREA information at intake. Inmates 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 University Medical Center, El Paso, Texas 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 inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? ☒ Yes ☐ No
- Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? ☒ Yes ☐ 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 inmates 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 inmates 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 inmates 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 inmates 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 inmates 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 inmates 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 inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? ☒ Yes ☐ No

115.41 (e)

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, prior acts of sexual abuse? ☒ Yes ☐ No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, prior convictions for violent offenses? ☒ Yes ☐ No

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, history of prior institutional violence or sexual abuse?
☒ Yes ☐ 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 inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section? ☒ Yes ☐ 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 inmates? ☐ 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 inmates.

FINDINGS:

Agency Policy LSC 2.11, address this provision. Staff interviewed reported inmates are screened normally within two hours 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. Inmates interviewed verified staff do conduct periodic follow-up questions after the intake process is completed. Inmates 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 inmates. 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 24 hours 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 inmates 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 inmates 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 inmates 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 inmates 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 inmates 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 inmates 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 inmates, does the **agency** consider, on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? ☒ Yes ☐ No
- When making housing or other program assignments for transgender or intersex inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would 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 inmates given the opportunity to shower separately from other inmates? ☒ 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 inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) ☒ Yes ☐ 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 inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) ☒ Yes ☐ 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 inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates 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 Inmates, 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 inmates 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 Inmates in Restrictive Housing, Medical and Mental Health Staff. Inmates who are at risk of sexual victimization. Inmates who reported sexual abuse at and after in processing.

ONSITE REVIEW:

During the tour, 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 inmates placed in restrictive housing for PREA risk factors.

115.42(c)

POLICY AND DOCUMENT REVIEW:

Agency Policy LSC 2.11.

INTERVIEWS:

PREA Coordinator, and PREA Compliance Manager.

Inmates.

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 inmates. 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 inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers? ☒ Yes ☐ 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 inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible? ☒ Yes ☐ No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible? ☒ Yes ☐ No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible? ☒ Yes ☐ No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible? ☒ Yes ☐ 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 inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged? ☒ Yes ☐ 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.

Inmates.

FINDINGS:

Agency Policy LSC 2.11, addresses this provision. Agency Policies prohibit the placement of inmates 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. Inmates 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 Inmates.

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

115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? ☒ Yes ☐ 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 inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility *never* houses inmates detained solely for civil immigration purposes) ☒ Yes ☐ 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 inmates? ☒ 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 Inmates.

ONSITE REVIEW:

During the tour, the auditor noted PREA Posters, hotline number near the phones, and grievance forms are accessible to the inmates in each housing unit and in common areas. The auditor tested the phones to ensure the hotline number worked.

FINDINGS:

Agency Policy LSC 2.11, addresses this provision. Staff interviewed reported inmates 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. Inmates interviewed reported they could make a report to staff (supervisor, counselor); family, or use the hotline. Most of the inmates 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 inmates in each housing unit. The auditor tested the phones to ensure the hotline number worked.

FINDINGS:

Agency Policy LSC 2.11, address this provision. Staff interviewed reported inmates could make anonymous reports to anyone.

Inmates interviewed reported they could call a family member, a The Crisis Center, or the hotline if they needed to contact someone outside of the facility. The inmates 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 Inmates.

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. Inmates 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 inmates 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 inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ 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 inmates 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 inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Are those third parties also permitted to file such requests on behalf of inmates? (If a third-party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ 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 Inmates 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. Inmates interviewed reported they would go directly to a staff member.

115.52(b)

POLICY AND DOCUMENT REVIEW:

Agency Policy DO 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:

Inmates 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 twelve (12) grievances filed concerning sexual abuse or harassment. Grievances are to be completed within 90 days and the inmates were notified of the decision. Agency policy allows third party assistance to inmates 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.

In the past 12 months, there were twelve (12) grievances filed concerning sexual abuse or harassment. The process is well defined in the inmate handbook and would be used by the inmate if necessary.

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 twelve (12) grievances were filed concerning sexual abuse or harassment. Grievances are to be completed within 90 days and the inmates were notified of the decision. Agency policy allows third party assistance to inmates 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 twelve (12) grievances filed concerning sexual abuse or harassment. The process is well defined in the inmate handbook and would be used by the inmate if necessary.

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. In the past 12 months, there were twelve (12) grievances filed concerning sexual abuse or harassment. 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 inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? ☒ Yes ☐ 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 inmates and these organizations and agencies, in as confidential a manner as possible? ☒ Yes ☐ No

115.53 (b)

- Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? ☒ Yes ☐ 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 inmates 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 inmates and an inmate who reported a sexual abuse.

FINDINGS:

Agency Policy LSC 2.11, addresses this provision. The audited facility provides to the inmates, 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 Inmates.

FINDINGS:

Agency Policy LSC 2.11, addresses this provision. Inmates interviewed reported they had never requested support services from outside agencies. Advocate services informs the inmates of limits to confidentiality prior to receiving services, in accordance with their MOU.

115.53(c)

POLICY AND DOCUMENT REVIEW:

Memorandum of Understandings

FINDINGS:

The audited facility maintains the agreement that provides advocate services and informs the inmates of limits to confidentiality. These agreements were 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. Inmates 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 inmates 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 inmates 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 inmates 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 allegations to the local law enforcement agency. All staff are informed of the importance of confidentiality being maintained in the reporting process. No inmate is under the age of 18 at the audited facility.

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 inmates 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 zero allegations of sexual abuse that an inmate received at another facility. These types of allegations would be immediately reported to the Warden, the local law enforcement agency for investigation, and the other 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 is to be 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:

If any allegation is made, the notifications and documentation of the notifications 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.

Samples of the PREA First Responder cards.

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.

Samples of the PREA First Responder cards.

INTERVIEWS:

Security Staff and Non-Security Staff First Responders.

FINDINGS:

Agency Policy LSC 2.11, address this provision. In the past 12 months, four (4) allegations of sexual abuse from an inmate were recorded.

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 inmates 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 inmates 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.

Standard 115.67: Agency protection against retaliation

115.67 (a)

- Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff? ☒ Yes ☐ 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 inmates 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 inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates 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 inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? ☒ Yes ☐ 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 inmates, 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 inmates 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 inmates 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 inmates and staff. Staff is 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 inmates 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 Inmates in Restrictive Housing

Medical and Mental Health Staff. At the time of the onsite audit, there were no inmates 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 inmates are placed in restrictive housing involuntary without an assessment of all available alternatives. These policies meet the PREA requirements. The facility reported zero inmates 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 investigative files reflected past 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, including the investigator assigned to the 2021 and 2022 cases, 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 law enforcement 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 past 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. Local law enforcement will conduct all 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 local 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 both 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 past 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 inmates

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 verbally/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 have 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 Inmates.

FINDINGS:

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

115.73(d)

POLICY AND DOCUMENT REVIEW:

Agency Policy LSC 2.11.

Investigative Files

INTERVIEWS:

Random Inmates.

Inmate who reported sexual harassment prior to audit period.

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, zero allegations from inmates about staff were investigated. By policy all investigations would be completed, and the inmate would be informed in writing of the result of the investigation. The reports were 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, four (4) allegations from inmates about inmates were investigated.

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. Agency Policy LSC 2.11.

FINDINGS:

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

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 zero cases where an employee was terminated for sexual harassment 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 has been zero 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. Zero staff members were investigated for possible PREA violations.

115.76(c)

POLICY AND DOCUMENT REVIEW:

Agency LSC 2.11. The agency reported there has been zero 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 has been zero 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. Zero staff were 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 inmates? ☒ 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 inmates? ☒ 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 inmates 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 inmates in the past 12 months, therefore there was no documentation to review specific to this provision.

115.77(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 inmates 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 inmates 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 inmates.

Standard 115.78: Disciplinary sanctions for inmates

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 inmates 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 inmates 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 inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.) ☒ Yes ☐ 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 were (0) incidents of Inmate-on-Inmate abusive sexual contact allegation with a finding of guilt. The agency reported there has been zero inmates placed in restrictive housing for inmate-on-inmate sexual abuse or harassment 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 were (0) incidents of Inmate-on-Inmate abusive sexual contact allegation with a finding of guilt, documentation reviewed showed all proper PREA protocols are in the policy, and this facility meets this provision. Staff interviewed reported an inmate-on-inmate 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 were (0) incidents of Inmate-on-Inmate abusive sexual contact allegation with a finding of guilt, documentation reviewed showed all proper PREA protocols are in the policy, and this facility meets this provision. Staff interviewed reported an inmate-on-inmate 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 were (0) incidents of Inmate-on-Inmate abusive sexual contact allegation with a finding of guilt. Staff interviewed reported an inmate-on-inmate 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.

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 inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18? ☒ 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 inmates 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:

Inmates 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 inmates 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. Inmates interviewed reported being referred to medical and mental health staff for follow-up. A review of the inmate files reflected the inmates 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 inmates 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 inmates 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 inmates. 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) (e)

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 inmates over 18 years of age. They would follow youthful inmate protocols for youthful inmates, in accordance with state laws. The information obtained is strictly limited and only shared with staff who have the need to know for safety and security purposes.

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

Inmates who reported a sexual abuse.

FINDINGS:

Agency Policy LSC 2.11, addresses this provision. Staff interviewed reported inmates 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

Inmates 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 inmates 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 inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) ☒ Yes ☐ 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 inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) ☒ Yes ☐ 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 El Paso, Texas, if needed. Mental health counselors provide treatment and counseling to inmates.

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 was one (1) allegation 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 four (4) inmates who reported a sexual abuse at the facility.

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 was one (1) allegation 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:

All female inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests. None have been reported at this facility

115.83(e)

POLICY AND DOCUMENT REVIEW:

Agency Policy LSC 2.11.

FINDINGS:

If pregnancy results from the conduct described in paragraph §115.83(d), all victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services, none have been reported at this facility.

115.83(f)

POLICY AND DOCUMENT REVIEW:

Agency Policy LSC 2.11. The agency reported there was one (1) allegation of inmate sexual abuse requiring medical services.

INTERVIEWS:

At the time of the onsite audit, there was one (1) inmate who reported a sexual abuse at the facility who required medical services.

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 was one (1) allegation of inmate sexual abuse requiring treatment services.

INTERVIEWS:

At the time of the onsite audit, there was one (1) inmate who reported a sexual abuse at the facility who required treatment services.

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 was one (1) allegation 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.

The agency reported there were (0) administrative investigations of alleged sexual abuse completed within the past 12 months.

Investigative files.

FINDINGS:

Agency Policy LSC 2.11, addresses this provision. A review of past investigative files reflected the agency had completed a sexual abuse incident review at the conclusion of previous investigations, there were (0) sexual abuse cases 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 review 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 inmates? (N/A if agency does not contract for the confinement of its inmates.) ☒ 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.

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 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

15.88 (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 inmates, residents, and detainees? ☒ Yes ☐ No

115.401 (n)

- Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? ☒ Yes ☐ 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 inmates. 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:

Inmates 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 did not receive confidential and unimpeded letters from some of the inmates 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 L. Coudriet

Auditor Signature

22 April 2022

Date