

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

☐ Interim ☒ Final

Date of Report March 8, 2018

Auditor Information

Name: Kimbla Newsom	Email: Kimblanewsom@yahoo.com
Company Name: N/A-Independent Auditor	
Mailing Address: PO Box 1443	City, State, Zip: Cedar Park, TX 78630
Telephone: 512-705-7316	Date of Facility Visit: 8/24/17-8/25/17

Agency Information

Name of Agency: Caldwell County Sheriff's Office		Governing Authority or Parent Agency (If Applicable): N/A	
Physical Address: 1204 Reed Drive		City, State, Zip: Lockhart, TX 78644	
Mailing Address: 1204 Reed Drive		City, State, Zip: Lockhart, TX 78644	
Telephone: 512-398-6777		Is Agency accredited by any organization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal

Agency mission: Our mission at the Caldwell County Sheriff's Office is to provide our community with the highest quality of law enforcement services. We pledge to maintain the safest and most secure community in the state of Texas through integrity, professionalism and courtesy to all citizens. We will exercise fair and firm law enforcement with the highest standards of training and preparation, in order to meet the ever-changing needs of Caldwell County. The employees of the Caldwell County Sheriff's Office, to ensure the success of our mission, will maintain working partnerships with in our community in order to improve the quality of life for the citizens we serve.

Agency Website with PREA Information: http://www.co.caldwell.tx.us/default.aspx?Caldwell_County/Sheriff

Agency Chief Executive Officer

Name: Daniel C. Law	Title: Sheriff
Email: dlaw@caldwellcosheriff.com	Telephone: 512-398-6777

Agency-Wide PREA Coordinator			
Name: Joe Larivee		Title: Lieutenant	
Email: jlarivee@caldwellcosheriff.com		Telephone: 512-398-6777, ext. 4543	
PREA Coordinator Reports to: Captain James Short		Number of Compliance Managers who report to the PREA Coordinator 0	
Facility Information			
Name of Facility: Caldwell County Sheriff's Office			
Physical Address: 1204 Reed Drive-Lockhart, TX 78644			
Mailing Address (if different than above): same as above			
Telephone Number: 512-398-6777			
The Facility Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Private not for profit
<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
Facility Type:	<input checked="" type="checkbox"/> Jail	<input type="checkbox"/> Prison	
Facility Mission: Our mission at the Caldwell County Sheriff's Office is to provide our community with the highest quality of law enforcement services. We pledge to maintain the safest and most secure community in the state of Texas through integrity, professionalism and courtesy to all citizens. We will exercise fair and firm law enforcement with the highest standards of training and preparation, in order to meet the ever-changing needs of Caldwell County. The employees of the Caldwell County Sheriff's Office, to ensure the success of our mission, will maintain working partnerships with in our community in order to improve the quality of life for the citizens we serve			
Facility Website with PREA Information: http://www.co.caldwell.tx.us/default.aspx?Caldwell_County/Sheriff			
Warden/Superintendent			
Name: James Short		Title: Captain	
Email: jshort@caldwellcosheriff.com		Telephone: 512-698-6777	
Facility PREA Compliance Manager			
Name: N/A		Title: Click or tap here to enter text.	
Email: Click or tap here to enter text.		Telephone: Click or tap here to enter text.	
Facility Health Service Administrator			

Name: Mark Brown		Title: Lieutenant	
Email: mbrown@caldwellcosheriff.com		Telephone: 512-396-6777	
Facility Characteristics			
Designated Facility Capacity: 301		Current Population of Facility: 172	
Number of inmates admitted to facility during the past 12 months			1064
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:			281
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:			584
Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:			0
Age Range of Population:	Youthful Inmates Under 18: 17	Adults: 18-77	
Are youthful inmates housed separately from the adult population?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> NA
Number of youthful inmates housed at this facility during the past 12 months:			13
Average length of stay or time under supervision:			9 days
Facility security level/inmate custody levels:			Max-med-min
Number of staff currently employed by the facility who may have contact with inmates:			56
Number of staff hired by the facility during the past 12 months who may have contact with inmates:			15
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:			0
Physical Plant			
Number of Buildings: 2		Number of Single Cell Housing Units: 48	
Number of Multiple Occupancy Cell Housing Units:		15	
Number of Open Bay/Dorm Housing Units:		4	
Number of Segregation Cells (Administrative and Disciplinary):		20/7 medical separation	
Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):			
64 cameras throughout the jail but not in showers or toilet areas			
Medical			
Type of Medical Facility:		Infirmary	
Forensic sexual assault medical exams are conducted at:		Seton Edgar B. Davis Hospital	
Other			
Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:			24

Number of investigators the agency currently employs to investigate allegations of sexual abuse:	5
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Audit Findings

Audit Narrative

The Prison Rape Elimination Act (PREA) on-site audit for Caldwell County Sheriff's Office (CCSO) was conducted on August 24-25, 2017 by U.S. Department of Justice-Certified PREA Auditor, Kimbla Newsom.

Pre-Audit work activities consisted of an Auditor introductory meeting at the Caldwell County Jail (CCJ) with the Jail Captain, Jail Lieutenant/PREA Coordinator and a Jail Sergeant; review and discussion of the audit plan as well as the sharing of additional information pertinent to the audit. The notice of the upcoming audit was posted throughout the jail on July 7, 2017 with the Auditor's contact information for confidential communication. The Auditor communicated with a community-based organization familiar with the jail and its conditions. CCSO provided the completed Agency/Facility Questionnaire; communication between the Auditor and CCSO leadership team occurred; documentation regarding policies, procedures, and practices were provided by the PREA Coordinator; and the Auditor began the initial review of CCSO compliance with the PREA standards. An itinerary was provided to the CCSO PREA Coordinator by the Auditor of the schedule of activities for the two-day on-site audit to include an in-brief on audit activities, facility tour, documentation review, random inmate interviews, random staff interviews, targeted inmate interviews, targeted staff interviews, and out-brief on preliminary findings. No correspondence was received by the Auditor from inmates during the Pre-Audit phase.

On 8/24/17 an in-brief occurred at the CCJ with the PREA Coordinator, Captain and a Sergeant. A copy of the inmate and jail staff roster was provided; with the inmate roster having 199 individuals and the staff roster having 55 employees. The in-brief was followed by the jail tour of housing units A-D, Dorm 1-2, E-H, Holding, I-M, Med Isolation, N-S, Seg., T-U, W-Holding, and W. CCSO has a total of 64 cameras in the jail with all being viewed during the tour. Several 8-bed cell housing units did not have cameras in them; no camera in the dry food pantry room; and a few blind spots were observed in the laundry room and the "dress out" room, that is used for intake services and to conduct strip searches. Other areas toured in the jail included the infirmary, two recreation areas, booking, rooms for programming, library, records, transportation office, kitchen, sally port, surveillance room, storage areas, and maintenance. During the tour of the medical/infirmary area, the "EDOC" system was viewed on line that has medical and placement information on inmates. After the tour was completed, documentation reviews took place to include: staff background check records for all new hires in the past twelve months; Inmate Disciplinary Action reports; Jail Management Team Meeting minutes; Inmate medical files; video surveillance from 7/7/17; Monthly Audits of Assessment by Jail Lieutenant; Custody Assessments and Custody Reassessments of inmates; Intake Screening records of inmates; PREA Training and Information Acknowledgment records for inmates; PREA Acknowledgments-Policies and Procedures Training records for jail staff, volunteers and contractors; completed Screening form for Suicide and Medical/Mental/Developmental Impairments; Shift Pass On reports; PREA Administrative Response Reports; PREA Sexual Assault Investigation Status forms; Sexual Predator/Vulnerability PREA Screening Checklist; Notification of Investigation Status form; Medical Request forms; Medical Isolation forms; Caldwell County Sheriff Rehabilitative Counseling form; Short watch List form; Jail Incident Reports; Probable Cause for Strip/Body Search forms; Inmate Request/Placement in Administrative Separation forms; Grievance forms; Disciplinary Committee Review forms; and Major/Minor Rule Violation (waiver) forms. After the documentation reviews were completed, ten inmates from different housing units were selected at random for interview and five staff were selected at random for interview.

On 8/25/17 random staff interviews were continued along with targeted staff (i.e. investigators/administrative (HR) staff, upper-level staff; medical, PREA Coordinator, Jail Administrator/Captain, Booking staff) and inmate interviews (i.e. disabled inmate, inmate in segregated housing, and an inmate in protective custody). Several areas of the jail were toured again, and additional documentation was reviewed. After the documentation reviews were concluded an out-briefing of the preliminary findings occurred with the PREA Coordinator, Captain, a Sergeant, and the Chief Deputy. The CCSO team was informed that corrective action measures were necessary for several areas and that this information would be detailed in the Interim Report that would be issued on or before October 9, 2017.

On 2/8/18-2/9/18 a post-audit follow-up visit occurred to verify that all corrective action plan (CAP) recommendations had been implemented. Audit activities for the CAP visit included: interviews with 14 inmates to include a youthful inmate and bisexual inmate; formal and informal interviews with 26 staff to include 13 specialized staff interviews; review of documentation; and tour of all areas of the jail. There were no inmates during the post-audit visit who disclosed sexual victimization during their risk screening; none who reported sexual abuse; and none who were in segregated housing related to risk of victimization. On 2/9/18 an out-brief occurred with the CCSO Chief Deputy, CCSO Captain, and CCSO Lieutenant/PREA Coordinator. All CAP recommendations were verified and the jail was determined to be in full compliance with the PREA Prisons and Jail Standards.

Facility Characteristics

The Caldwell County Sheriff's Office (CCSO) and jail is located in Lockhart, TX. The jail has a design capacity for 301 and serves maximum-medium-minimum security inmates, with an average length of stay or time under supervision to be 9 days. The jail has two buildings with single-occupancy housing units, multiply occupancy housing units, open bay/dorm housing units, segregation cells and cameras throughout the jail to supplement staff supervision. The mission of CCSO is to provide the community with the highest quality of law enforcement services. The jail has two buildings consisting of a 48 single-cell housing unit, 15 multiple occupancy cells, 20 segregation cells, 7 medical separation cells, 4 open bay units/dorms, and 64 cameras. There were 199 inmates [ranging in age 17-77] assigned to the jail during the on-site audit in August, 2017 and 172 during the post-audit CAP visit on 2/8/18. Staff included Administrative, Kitchen, Transport, Investigators, Medical, Maintenance, Jailers, Corporal, Sergeants, Lieutenants, Captain, Chief Deputy, and a Sheriff. The one-level layout of the facility is spacious enough to accommodate for jail services and programming. Inmates were well-mannered during the both tours, jail staff were engaged, and the environment appeared safe and secure. CCSO pledges to maintain the safest and most secure community in the state of Texas through integrity, professionalism, and courtesy to all citizens. CCOS expresses fair and firm law enforcement with the highest standards of training and preparation, in order to meet changing needs of Caldwell County. To ensure the success of their mission, employees of CCSO maintains working partnerships with its community in order to improve the quality of life for the citizens it serves. Both volunteers and contractors interviewed stated the facility is safe and they have no concerns and have never heard of sexual abuse or sexual harassment occurring at the jail.

Summary of Audit Findings

Auditor Note: No standard should be found to be "Not Applicable" or "NA". A compliance determination must be made for each standard.

Number of Standards Exceeded: 2

115.21, 115.43

Number of Standards Met: 43

115.11, 115.12, 115.13, 115.14, 115.15, 115.16, 115.17, 115.18, 115.22, 115.31, 115.32, 115.33, 115.34, 115.35, 115.41, 115.42, 115.51, 115.52, 115.53, 115.54, 115.61, 115.62, 115.63, 115.64, 115.65, 115.66, 115.67, 115.68, 115.71, 115.72, 115.73, 115.76, 115.77, 115.78, 115.81, 115.82, 115.83, 115.86, 115.87, 115.88, 115.89, 115.401, 115.403

Number of Standards Not Met: 0

N/A

Summary of Corrective Action (if any)

A corrective action plan (CAP) was implemented on 10/9/17 for 19 (i.e. 115.11, 115.13, 115.14, 115.15, 115.16, 115.17, 115.31, 115.33, 115.34, 115.35, 115.41, 115.42, 115.52, 115.53, 115.78, 115.81, 115.87, 115.88, and 115.89) standards. Details of the CAP recommendations and actions taken by CCSO are included in subsequent sections of this audit report. Post-audit CAP implementation and verification was conducted by the PREA Auditor on site 2/8/18-2/9/18 at CCSO. Auditor activities included staff and inmate interviews; review of documentation (i.e. PREA policies, staffing plan, search logs, human resource employee records, employee and volunteer training records, inmate PREA education records, screening form for risk of victimization, housing assignment documentation, inmate handbook, MOU with an outside support center, disciplinary board records, jail incident reports, medical screening forms, aggregate PREA data, grievance reports, medical requests, agreement with the local high school, hiring/promotion disclosures, mandatory quarterly meeting minutes, agreement for interpretation services, and inmates requesting placement in administrative segregation), and tour of all areas of the jail.

PREVENTION PLANNING

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

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

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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Relied Upon: Review of CCSO Chapter 6 PREA policies. 6.2.1 is the Zero Tolerance of Sexual Misconduct policy; 6.2.2 is the PREA Coordinator policy; the CCSO PREA Coordinator was also interviewed.

Interim Report Analysis, Reasoning and Conclusions: CCSO has drafted and finalized its policies with respect to zero tolerance of sexual abuse and sexual harassment. Additionally, there is a policy with respect to the role and function of the PREA Coordinator. The PREA Coordinator was interviewed and reported that he does have sufficient time and authority to fulfill his duties with respect to the position. The PREA Coordinator is a Lieutenant within the jail; which is an upper-level position within the agency. CCSO only operates one jail; therefore, no PREA compliance managers are necessary. While the agency has drafted, finalized and begun implementing its PREA policies, the CCSO Sheriff has not yet signed off on all the policies.

Corrective Actions Recommended and Follow-Up: PREA policies need to be signed off on by the CCSO Sheriff. A follow-up visit occurred on 2/8/18 at CCSO and the PREA Auditor did observe that all PREA policies had been signed off on by Sheriff Law and the standards are fully implemented throughout the jail.

Final Determination: Meets Standard

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

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

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 OR the response to 115.12(a)-1 is "NO".) ☐ 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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Relied Upon: Review of Pre-Audit Questionnaire, interviews with the CCSO Captain and PREA Coordinator/Lieutenant.

Interim Report Analysis, Reasoning and Conclusions: CCSO does not contract for confinement of residents.

Corrective actions Recommended and Follow-Up: None

Final Determination: Meets Standard

Standard 115.13: Supervision and monitoring

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

115.13 (a)

- Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? ☒ Yes ☐ No
- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? ☒ Yes ☐ No

- Does the agency ensure that each facility's staffing plan takes into consideration the generally accepted detention and correctional practices in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration any judicial findings of inadequacy in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from Federal investigative agencies in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from internal or external oversight bodies in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration all components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated) in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the composition of the inmate population in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the number and placement of supervisory staff in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the institution programs occurring on a particular shift in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No ☐ NA
- Does the agency ensure that each facility's staffing plan takes into consideration any applicable State or local laws, regulations, or standards in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring? ☒ 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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Relied Upon: Reviewed policy 6.2.3 Supervision and Monitoring; reviewed daily jail log books; interviewed inmates, correctional officers and upper-level staff; reviewed Texas Commission on Jail Standards Annual Jail Report dated May, 2017.

Interim Report Analysis, Reasoning and Conclusions: The CCSO policy on supervision and monitoring does cover all the elements required in the PREA standard for this area. Daily jail logs do reflect the practice of upper-level staff conducting rounds each day on each shift. Inmates and staff were interviewed about upper-level staff conducting rounds and it was confirmed that this practice does occur. Upper-level staff reported that they do not announce their rounds and hear no activity over the radios that would indicate jail staff are notifying one another of upper-level rounds. CCSO does have a staffing plan in place and deviations from the staffing plan are documented on the *Shift Pass On* form. While it is that a staffing plan is in place, it has not been reviewed in the past year to assess, determine, and document whether adjustments were needed to comply with this PREA standards.

Corrective Actions Recommended and Follow-Up: CCSO will need to conduct a review with the PREA Coordinator of its current staffing plan within the next six months to assess, determine, and document whether adjustments are needed to protect inmates from sexual abuse. On 2/8/18 a copy of the CCSO staffing plan (i.e. CC Jail Staffing Assessment) dated for 11/28/17 was reviewed by the PREA Auditor and it complies with this standard. Additionally, during the post-audit visit the Shift Pass On reports were reviewed for the month of February, 2017 with four deviations documented with justifications; interviews occurred with two upper management staff who conduct unannounced rounds and thirteen random interviews with inmates. Interviews and documentation confirms that unannounced rounds are occurring on each shift without inmates or jail staff being notified of those rounds.

Final Determination: Meets Standard

Standard 115.14: Youthful inmates

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

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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Relied Upon: Reviewed policy 6.2.4 Youthful Inmates; reviewed memo dated 9/21/17 RE: PREA Designated Housing for Youthful Inmates; reviewed communication from CCSO to Lockhart Independent School District (ISD) school Principal regarding the longstanding relationship of providing education services to youthful inmates.

Interim Report Analysis, Reasoning and Conclusions: Policy 6.2.4 does cover all the elements required in this PREA standard and memo to "All Jail Staff" supports a practice that no youthful inmate will be housed with adult inmates. No youthful inmates were assigned at the time of the on-site audit; therefore, no interviews were conducted with inmates or jail staff to confirm the practice.

Corrective Actions Recommended and Follow-Up: During the corrective action period (CAP), the PREA Auditor will monitor for compliance with this standard by interviewing youthful inmates assigned to the jail during the CAP; along with interview the jail staff who supervise the youthful inmates. During the CAP period the PREA Auditor did interview a youthful inmate and staff person that supervised youthful inmates. Additionally, a visit occurred to the housing unit (i.e. O-tank) for youthful inmates and review of an agreement between CCSO and Lockhart High School for education services. The youthful inmate was not housed with adult inmates and he did disclose that he was receiving education services through the local high school. The youthful inmates also stated he received large muscle exercise and can participate in church activities if he would like to. He stated he was placed in segregated housing for a few hours upon admission; however, was placed in O-tank the same day after housing arrangements were made.

Final Determination: Meets Standard

Standard 115.15: Limits to cross-gender viewing and searches

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

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 in non-exigent circumstances? (N/A here for facilities with less than 50 inmates before August 20,2017.) ☒ 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 here for facilities with less than 50 inmates before August 20, 2017.) ☒ 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?
☒ Yes ☐ No

115.15 (d)

- Does the facility implement a policy and practice 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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Relied Upon: Reviewed policy 6.2.5 Limit to Cross-gender viewing and searches; reviewed probable cause for strip/body search forms; reviewed jail incident reports; interviewed jail staff and inmates; reviewed grievance logs; observed housing and programming areas.

Interim Report Analysis, Reasoning and Conclusions: Policy 6.2.5 does cover all the elements required in this PREA standard and during inmate and staff interviews it was confirmed that cross-gender searches are prohibited. Search logs did reflect that male staff searched male inmates and female staff searched female inmates. The Auditor did review a grievance filed that indicated a male inmate was searched in front of a camera that could be viewed by female staff. Additionally, the toilet for the enclosed recreation/basketball court could be viewed by anyone who was supervising the area or viewing the area through the window. The PREA Coordinator did indicate that strip searches can be conducted in the "dress out" room.

Corrective Actions Recommended and Follow-Up: CCSO should designate specific areas without cameras in the jail for inmate strip searches to be performed and/or ensure no cross-gender viewing of these-type searches. Also, CCSO should place some sort of barrier up near the toilet area to allow for privacy when an inmate is using the restroom in the enclosed recreation area. During the CAP visit on 2/8/18 the PREA Auditor was able to view the area (i.e. dress out room) designated near intake for strip searches which was free of cameras. Additionally, strip search logs were also reviewed to ensure same-gender searches were completed. Finally, a tour was also conducted during the CAP period to view the enclosed recreation and the PREA Auditor was able to see a curtain up in the toilet area to prevent cross-gender viewing of inmates while they use the restroom.

Final Determination: Meets Standard

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

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

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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Relied Upon: Reviewed policy 6.2.6 Inmates with Disabilities; interviewed a deaf inmate; reviewed Screening Form for Suicide and Medical/Mental/Developmental Impairments; interviews with jail intake staff.

Interim Report Analysis, Reasoning and Conclusions: Policy 6.2.6 does cover all the elements required in this PREA standard; however, no telecommunication device or translator was available for the interview with the deaf inmate. The Auditor was able to communicate with the disabled inmate by writing down the questions; nevertheless, to ensure understanding of the PREA information by all disabled inmates, assistance must be

available at all times. Interviews with booking staff did reveal that intake information can and has been read to those inmates with disabilities and that the PREA information is written at an elementary reading level.

Corrective Actions Recommended and Follow-Up: CCSO should purchase and have readily available a telecommunication device for inmates with disabilities and/or agreement with an organization that has interpreters; for individuals with disabilities or those with limited English proficiency. During the CAP visit on 2/8/18 the PREA Auditor reviewed the agreement between CCSO and Communication by Hand and Leon Translations, Inc. dated for 11/21/17. Additionally, a limited English (i.e. Spanish-speaking) proficient inmate was interviewed and a staff translator did accompany him for the interview. Further, PREA information was provided to the inmate in Spanish and thru the staff translator, it was revealed that he has an equal opportunity to participate in all aspects of the agency's efforts to prevent-detect-respond sexual harassment and sexual abuse.

Final Determination: Meets Standard

Standard 115.17: Hiring and promotion decisions

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

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, or 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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Relied Upon: Reviewed policy 6.2.7 Hiring and Promotion Decisions; reviewed personnel records; interviewed jail staff who conducted background checks.

Interim Report Analysis, Reasoning and Conclusions: Policy 6.2.7 does cover all the elements required in this PREA standard; however, the practice of considering any incidents of sexual harassment before hiring and promoting staff was not in place. Additionally, no documentation was available to support employees have on an on-going basis affirmed their duty to disclose any sexual misconduct as indicated in the PREA standard.

Corrective Actions Recommended and Follow-Up: CCSO should create a disclosure form for prospective employees and current employees to sign regarding sexual abuse and sexual harassment incidents. The information from the disclosure should be included in the hiring and promotion process for these individuals and maintained in personnel files of employees. During the CAP period, the PREA Auditor reviewed completed disclosure forms for a staff person promoted [and those staff who applied for positions] during the CAP period as well as disclosure forms for two (2) new hires that came aboard since the post-audit period had begun.

Final Determination: Meets Standard

Standard 115.18: Upgrades to facilities and technologies

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

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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Relied Upon: Reviewed policy 6.2.8 Upgrades to Facilities and Technologies; observations made during the facility tour; interviews with jail staff.

Interim Report Analysis, Reasoning and Conclusions: Policy 6.2.8 does cover all the elements required in this PREA standard. CCSO officials reported that no upgrades have been made to the jail within the past twelve (12) months nor were any monitoring technologies installed within that timeframe. During the facility tour several areas to include a few housing units (i.e. 8-unit tanks) did not have any cameras inside the unit. Additionally, blind spots were observed in the laundry room and in the food pantry room. While these blind spots do not impact compliance with this particular standard, it is recommended that CCSO consider installing additional cameras in these areas as an added measure to prevent, detect and respond to incidents of sexual abuse and sexual harassment.

Corrective Actions Recommended and Follow-Up: None

Final Determination: Meets Standard

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

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

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 evidentiary 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? ☒ Yes ☐ No

- 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 entity 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 attempts to make a victim advocate from a rape crisis center available to victims per 115.21(d) above.] ☐ 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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Relied Upon: Reviewed policy 6.7.3 Evidence Protocol and Forensic Medical Examinations; reviewed PREA Sexual Assault Investigation Uniform Evidence Protocol form; interviewed CCSO jailers, investigators and inmates.

Interim Report Analysis, Reasoning and Conclusions: Policy 6.7.3 does cover all the elements required in this PREA standard and the protocol used is appropriate. There were no incidents of sexual abuse within the past twelve months and this was confirmed in documentation reviewed along with interviews with jail staff and inmates

Corrective Actions Recommended and Follow-Up: None

Final Determination: Exceeds Standard

Standard 115.22: Policies to ensure referrals of allegations for investigations

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

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 such publication 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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Relied Upon: Reviewed policy 6.6.3 Investigation Referral; reviewed PREA Administrative Response Report form; interviewed CCSO investigators and PREA Coordinator; interviewed jail staff and inmates; reviewed memo concerning investigations of alleged inmate/employees sexual assault allegations dated for 9/21/17.

Interim Report Analysis, Reasoning and Conclusions: Policy 6.6.3 does cover all the elements required in this PREA standard. Additionally, the form used for referrals captures the process in place at the jail. There were no incidents of sexual abuse or sexual harassment within the past twelve months and this was confirmed in interviews with investigators, jail staff and inmates.

Corrective Actions Recommended and Follow-Up: None

Final Determination: Meets Standard

TRAINING AND EDUCATION

Standard 115.31: Employee training

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

115.31 (a)

- Does the agency train all employees who may have contact with 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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Relied Upon: Reviewed policy 6.3.1 Employee Training; reviewed PREA training records (i.e. PREA Acknowledgments-Policies and Procedures form) for jail staff as well as interviewed jail staff.

Interim Report Analysis, Reasoning and Conclusions: Policy 6.3.1 does cover all the elements required in this PREA standard; however, review of training records indicated approximately 60% of staff received the required training. It was confirmed through the random staff interviews that several jail staff had received PREA training; however, some staff primarily on the late-night shift have not yet received the required training. CCSO must ensure that pre-service or FTO training covers all the topics identified in this standard.

Corrective Actions Recommended and Follow-Up: All CCSO jail staff should receive training on all the PREA policies to include their specific duties with respect to preventing, detecting and responding to suspected and actual sexual abuse and sexual harassment incidents that occur. This training must occur before jail staff have sole supervision duties of inmates in custody. During the CAP visit on 2/8/18-2/9/18 the PREA Auditor reviewed training records of 54 staff and 24 volunteers. Additionally, interviews occurred with 26 staff to include specialized staff in order to verify training was received and understood.

Final Determination: Meets Standard

Standard 115.32: Volunteer and contractor training

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

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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Relied Upon: Reviewed policy 6.3.2 Volunteer and Contractor Training; interviewed volunteers and contractors; reviewed volunteer and contractor PREA Acknowledgments-Policies and Procedures forms; interviewed jail administrator that oversee volunteer programs.

Interim Report Analysis, Reasoning and Conclusions: Policy 6.3.2 does cover all the elements required in this PREA standard. Interviews with volunteers did reveal that all have received appropriate training on their responsibilities and acknowledged they understood the training that they received.

Corrective Actions Recommended and Follow-Up: None; however, the PREA Auditor was able to review additional training records of 24 volunteers during the CAP follow up visit on 2/8/18.

Final Determination: Meets Standard

Standard 115.33: Inmate education

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

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 such education? ☒ 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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Relied Upon: Reviewed policy 6.3.3 Inmate Education; interviewed inmates; reviewed PREA Training Information Acknowledgment forms; reviewed inmate handbook and observed PREA Reporting Information flyer that was posted throughout the jail in English and Spanish.

Interim Report Analysis, Reasoning and Conclusions: Policy 6.3.3 does cover all the elements required in this PREA standard. Interviews with inmates did reflect that PREA education had occurred; however, in some cases, comprehensive education had not occurred within 30 days of intake. PREA education information was observed in the inmate handbook and on flyers posted throughout the jail.

Corrective Actions Recommended and Follow-Up: CCSO should ensure that all inmates are receiving PREA information at intake as well as comprehensive education within 30 days of intake. A follow-up review will occur by the Auditor before the expiration of the CAP to verify that the practice of inmate education within 30 days of intake is occurring regularly. During the CAP visit the PREA Auditor conducted interviews with 14 inmates on PREA education and materials received along with reviewed the inmate handbook that was updated January, 2018. Inmates did disclose they are receiving information on day one of admission or before being assigned to their housing unit.

Final Determination: Meets Standard

Standard 115.34: Specialized training: Investigations

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

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 have received 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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Relied Upon: Reviewed policy 6.3.4 Specialized Training: Investigators; interviewed investigators; reviewed PREA Acknowledgments-Policies and Procedures form.

Interim Report Analysis, Reasoning and Conclusions: Policy 6.3.4 does cover all the elements required in this PREA standard; however, training records did not reflect that all CCSO in-house investigators had received specialized training.

Corrective Actions Recommended and Follow-Up: All CCSO investigators should receive specialized training with respect to their conducting investigations as outlined in this standard; with signed acknowledgments being on file. A follow-up review will occur by the Auditor before the expiration of the CAP to verify that all in-house investigators have received specialized training. During the CAP visit on 2/8/18-2/9/18 the PREA Auditor reviewed training records of the five (5) investigative staff as well as interviewed three (3) investigators. Documentation reviewed and interviews did support the practice that investigators have received specialized training as outlined in this standard.

Final Determination: Meets Standard

Standard 115.35: Specialized training: Medical and mental health care

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

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? ☒ Yes ☐ No
- 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? ☒ Yes ☐ No
- 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? ☒ Yes ☐ No
- 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? ☒ Yes ☐ No

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.) ☐ 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?
☒ Yes ☐ No

115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? ☒ Yes ☐ No
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? ☒ 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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Relied Upon: Reviewed policy 6.3.5 Specialized Training: Medical and Mental Healthcare; interviewed medical staff; reviewed PREA Acknowledgments-Policies and Procedures forms.

Interim Report Analysis, Reasoning and Conclusions: Policy 6.3.5 does cover all the elements required in this PREA standard. Training records did not reflect that all medical and mental health staff had received specialized training. Interviews with medical staff did reflect that some PREA training had occurred but not specialized training.

Corrective Actions Recommended and Follow-Up: All CCSO medical and mental health staff should receive specialized training with respect to duties as outlined in this standard; with signed acknowledgments being on file. A follow-up review will occur by the Auditor before the expiration of the CAP to verify that all medical and mental health staff have received specialized training. During the CAP period the PREA Auditor reviewed training records on 2/8/18 for the two (2) medical and mental health staff as well as interviewed one of them to verify training has been received and understood.

Final Determination: Meets Standard

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

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

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, when 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, when 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, when 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 a: Incident of sexual abuse? ☒ Yes ☐ No
- Does the facility reassess an inmate's risk level when warranted due to a: 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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Relied Upon: Reviewed policy 6.4.1 Screening for Risk of Victimization and Abusiveness; reviewed Sexual Predator/Vulnerability PREA Screening Checklist form; interviewed intake staff; interviewed inmates.

Interim Report Analysis, Reasoning and Conclusions: Policy 6.4.1 does cover all the elements required in this PREA standard. Additionally, the form used is appropriate; however, the practice of using the form for all intakes had not yet been put in full operation.

Corrective Actions Recommended and Follow-Up: CCSO should complete the Sexual Predator/Vulnerability PREA Screening Checklist form for all intakes within 72 hours of an inmates arrival to determine risk of victimization and abusiveness; and reassess the inmates 30 days from the inmates arrival. A follow-up review will occur by the Auditor before the expiration of the CAP to verify that this screening practice has been operationalized within the CCJ. During the CAP visit on 2/8/18 the PREA Auditor reviewed the sexual predator/vulnerability PREA screening checklist for 37 inmates as well as interviewed intake staff and 14 inmates to determine that the screening is completed for all new intakes within 72 hours of admission.

Standard 115.42: Use of screening information

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

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? ☒ Yes ☐ No
- 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? ☒ Yes ☐ No
- 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? ☒ 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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's

conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Relied Upon: Reviewed policy 6.4.1 Screening for Risk of Victimization and Abusiveness; reviewed policy 6.2.9 Classification; reviewed Sexual Predator/Vulnerability PREA Screening Checklist form; reviewed Screening Form for Suicide and Medical/Mental/Developmental Impairments; interviewed intake/booking staff; interviewed PREA Coordinator.

Interim Report Analysis, Reasoning and Conclusions: CCSO intake and screening forms and policies do reflect a system to capture PREA-related information and processes to be followed. Nevertheless, the PREA checklist form has not yet been operationalized; therefore, CCSO must begin using the form during the intake/booking process in order to make appropriate housing and programming assignments.

Corrective Actions Recommended and Follow-Up: CCSO should use information from the Sexual Predator/Vulnerability PREA Screening Checklist form to make housing assignment decisions and document reason(s) for assignments made for those at risk for victimization and abusiveness. A follow-up review will occur by the Auditor before the expiration of the CAP to verify that the screening information is used when making inmate housing assignments. During the CAP visit on 2/8/18-2/9/18 the PREA Auditor interviewed an inmate who disclosed he was bisexual; reviewed the risk screening checklist for 37 inmates; and interviewed intake and upper-management staff who make inmate housing assignment decisions. There was a transgender inmate assigned to the jail during the CAP; however, she was no longer at the facility during the follow up visit. Records did reveal that the transgender inmate was not placed in segregated housing and was assigned to an open-bay housing unit.

Final Determination: Meets Standard

Standard 115.43: Protective Custody

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

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 access to programs, privileges, education, or work opportunities, does the facility document: The opportunities that have been limited? ☒ Yes ☐ No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The duration of the limitation? ☒ Yes ☐ No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The reasons for such limitations? ☒ Yes ☐ No

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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Relied Upon: Reviewed policy 6.4.3 Protective Custody; interviewed inmate in protective custody; reviewed Inmate Request/Placement in Administrative Separation forms.

Interim Report Analysis, Reasoning and Conclusions: Policy 6.4.3 does cover all the elements required in this PREA standard. The Auditor did interview an inmate who was in protective custody during the on-site audit. The inmate was not in protective custody due to sexual abuse or sexual harassment; however, was able to explain the process of when an inmate is requesting to be placed in protective housing. The inmate was also able to show the Auditor the form used to request protective custody. CCSO did not have any incidents of sexual abuse or sexual harassment during the past twelve months.

Corrective Actions Recommended and Follow-Up: None. CCSO already had an effective protective custody practice in place to include a form for inmates to complete when requesting separation for any reason. Inmate and staff interviews did reveal that inmates in segregated housing do receive all services as others and those in segregation are reviewed weekly.

Final Determination: Exceeds Standard

REPORTING

Standard 115.51: Inmate reporting

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

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? ☒ Yes ☐ No

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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Relied Upon: Reviewed policy 6.5.1 Inmate Reporting; reviewed PREA posters; reviewed the inmate handbook; interviewed inmates.

Interim Report Analysis, Reasoning and Conclusions: Policy 6.5.1 does cover all the elements required in this PREA standard. The inmate handbook has a PREA section (i.e. No. 28) that identifies all the methods that an inmate can immediately report sexual abuse and sexual harassment. Inmate interviews confirmed that inmates are aware of multiple ways to privately report sexual abuse and sexual harassment to include via a third-party.

Corrective Actions Recommended and Follow-Up: None

Final Determination: Meets Standard

Standard 115.52: Exhaustion of administrative remedies

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

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 ☒ NA

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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Relied Upon: Reviewed policy 6.5.2 Exhaustion of Administrative Remedies; reviewed the inmate handbook; reviewed grievances filed by inmate in past twelve months; interviewed inmates and jail staff.

Interim Report Analysis, Reasoning and Conclusions: Policy 6.5.2 does cover the elements required by this PREA standard. The inmate handbook was revised and includes sexual abuse, sexual solicitation and sexual activity as major infractions. Section 26 of the inmate handbook also provides information on inmate grievances with no time limits on when a grievance can be filed. Follow-up will occur by the Auditor prior to expiration of the CAP to interview inmates regarding the revisions made to the inmate handbook.

Corrective Actions Recommended and Follow-Up: CCSO will have to provide the revised copy of the handbook to all inmates or have it readily available to them. During the CAP visit on 2/8/18 the PREA Auditor received a copy of the inmate handbook that was revised in January, 2018. Inmates confirmed through interviews that they received updated information from the revised handbook. Additionally, grievances were reviewed for the CAP time period and none included grievances on sexual abuse or sexual harassment.

Final Determination: Meets Standard

Standard 115.53: Inmate access to outside confidential support services

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

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? ☒ Yes ☐ No
- 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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Relied Upon: Reviewed the draft Memorandum of Understanding (MOU) between CCSO and Hays/Caldwell County Women's Center (HCWC); interviewed administrator from HCWC; interviewed inmates; reviewed inmate handbook; observed PREA Reporting Information posters/flyers throughout the jail.

Interim Report Analysis, Reasoning and Conclusions: Inmate interviews did reflect and understanding and knowledge of an outside confidential support service. Additionally, the inmate handbook and PREA posters had the contact information for the HCWC. A phone interview with a HCWC representative did reflect that a verbal

agreement was made for HCWC to be an outside support service; however, the written agreement had not yet been signed off on by both parties.

Corrective Actions Recommended and Follow-Up: CCSO should finalize the MOU with HCWC with both parties signing the agreement. During the CAP period, the PREA Auditor reviewed the MOU signed on 9/29/17 with HCWC. Information on HCWC was also viewed in the inmate handbook and on posters throughout the jail.

Final Determination: Meets Standard

Standard 115.54: Third-party reporting

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

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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Relied Upon: Reviewed policy 6.5.4 Third-Party Reporting; reviewed PREA Reporting Information posters/flyers and the inmate handbook; interviewed inmates; observations made during the facility tour.

Interim Report Analysis, Reasoning and Conclusions: Policy 6.5.4 does cover the elements required in this PREA standard. PREA flyers/posters throughout the jail have third-party reporting information and inmates confirmed in interviews that others (e.g. family members) could report sexual abuse and sexual harassment on their behalf. It was recommended that CCSO add information from the PREA posters/flyers to their website and post the flyers/posters in the visitation and lobby area.

Corrective Actions Recommended and Follow-Up: None

Final Determination: Meets Standard

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

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

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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Relied Upon: Reviewed policy 6.6.1 Staff and Agency Reporting Duties; reviewed protocols 6.6.2(a)-PREA Incident Protocol for Inmate-On-Inmate Sexual Harassment; 6.6.2(a)-Inmate-On-Inmate Sexualized Behavior; 6.6.2(c)-Inmate-On-Inmate Sexually Abusive Contact; 6.6.2(d)-Inmate-On-Inmate Sexually Abusive Penetration; 6.6.2(e)-Staff-On-Inmate Sexually Abusive Behavior; 6.6.2(f)-Staff-On-Inmate Sexually Abusive Contact and/or Penetration; interviews with jail staff and inmates

Interim Report Analysis, Reasoning and Conclusions: Policy 6.6.1 along with several protocols do cover the elements required in this PREA standard. No incidents of sexual abuse or sexual harassment had been reported or documented within the past twelve months.

Corrective Actions Recommended and Follow-Up: None

Final Determination: Meets Standard

Standard 115.62: Agency protection duties

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

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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Relied Upon: Reviewed policy 6.6.1 Staff and Agency Reporting Duties; reviewed protocols 6.6.2(a)-PREA Incident Protocol for Inmate-On-Inmate Sexual Harassment; 6.6.2(a)-Inmate-On-Inmate Sexualized Behavior; 6.6.2(c)-Inmate-On-Inmate Sexually Abusive Contact; 6.6.2(d)-Inmate-On-Inmate Sexually Abusive Penetration; 6.6.2(e)-Staff-On-Inmate Sexually Abusive Behavior; 6.6.2(f)-Staff-On-Inmate Sexually Abusive Contact and/or Penetration; interviews with jail staff and inmates.

Interim Report Analysis, Reasoning and Conclusions: CCSO has policies and procedures in place to protect inmates from sexual abuse and no incidents have occurred within the past twelve months. Nonetheless, staff did disclose in interviews that if an incident did occur, immediate action would be taken.

Corrective Actions Recommended and Follow-Up: None

Final Determination: Meets Standard

Standard 115.63: Reporting to other confinement facilities

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

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)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Relied Upon: Reviewed policy 6.6.3 Investigation Referral; reviewed intake screening forms; inmate interviews; reviewed notification of investigation status form.

Interim Report Analysis, Reasoning and Conclusions: CCSO did not have any incidents of inmates reporting sexual abuse that occurred while confined at other facilities; however, the Sexual Predator/Vulnerability PREA Screening Checklist had not yet been in full operation to capture this type of information consistently. A follow-up review will occur by the Auditor before the expiration of the CAP to verify that the screening information will flag reports of abuse at other facilities; and that CCSO has made appropriate notifications to those facilities.

Corrective Actions Recommended and Follow-Up: None; however, documentation was reviewed during the CAP visit on 2/8/18 to confirm no incidents had been reported by inmates.

Final Determination: Meets Standard

Standard 115.64: Staff first responder duties

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

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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Relied Upon: Reviewed policy 6.6.2 Staff First Responders Duties; reviewed protocols 6.6.2(a)-PREA Incident Protocol for Inmate-On-Inmate Sexual Harassment; 6.6.2(a)-Inmate-On-Inmate Sexualized Behavior; 6.6.2(c)-Inmate-On-Inmate Sexually Abusive Contact; 6.6.2(d)-Inmate-On-Inmate Sexually Abusive Penetration; 6.6.2(e)-Staff-On-Inmate Sexually Abusive Behavior; 6.6.2(f)-Staff-On-Inmate Sexually Abusive Contact and/or Penetration; interviewed jail staff.

Interim Report Analysis, Reasoning and Recommendations: Policy 6.6.2 does cover the elements required in this PREA standard. Jail staff interviewed could articulate their duties as first responders. There were no actual incidents of sexual abuse during the past twelve months at CCSO.

Corrective Actions Recommended and Follow-Up: None

Final Determination: Meets Standard

Standard 115.65: Coordinated response

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

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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Relied Upon: Reviewed policy 6.6.2 Staff First Responders Duties; reviewed protocols 6.6.2(a)-PREA Incident Protocol for Inmate-On-Inmate Sexual Harassment; 6.6.2(a)-Inmate-On-Inmate Sexualized Behavior; 6.6.2(c)-Inmate-On-Inmate Sexually Abusive Contact; 6.6.2(d)-Inmate-On-Inmate Sexually Abusive Penetration; 6.6.2(e)-Staff-On-Inmate Sexually Abusive Behavior; 6.6.2(f)-Staff-On-Inmate Sexually Abusive Contact and/or Penetration; interviewed jail staff to include investigators.

Interim Report Analysis, Reasoning and Conclusions: Policy 6.6.2 does cover all the elements required in this PREA standard. There were no incidents of abuse during the past twelve months that required a coordinated response.

Corrective Actions Recommended and Follow Up: None

Final Determination: Meets Standard

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

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

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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Relied Upon: Reviewed policy 6.6.4 Preservation of ability to protect inmate from contact with abusers; interviews with inmates.

Interim Report Analysis Reasoning and Conclusions: Policy 6.6.4 does cover the elements required in this PREA standard. No incidents of abuse in the past twelve months to warrant protection of victim from abuser. No inmates reported sexual abuse during the past twelve months nor were any inmates aware of other inmates being sexually abused.

Corrective Actions Recommended and Follow-Up: None

Final Determination: Meets Standard

Standard 115.67: Agency protection against retaliation

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

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 residents 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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Relied Upon: Reviewed policy 6.6.5 Agency protection against retaliation; interview of inmates and jail staff; reviewed jail management team meeting minutes; reviewed jail incident monitoring report form; reviewed disciplinary action reports.

Interim Report Analysis, Reasoning and Conclusions: Policy 6.6.5 does cover the elements required in this standard. No inmates or jail staff reported any incidents of sexual abuse or harassment within the past twelve months.

Corrective Actions Recommended and Follow-Up: None

Final Determination: Meets Standard

Standard 115.68: Post-allegation protective custody

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

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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Relied Upon: reviewed policy 6.6.6 Post-allegation Protective Custody; interviewed inmate in protective custody; reviewed Inmate Requests/Placement in Administrative Separation forms.

Interim Report Analysis, Reasoning and Conclusions: Policy 6.6.6 does cover the elements required in this standard. An inmate that was in protective custody was interviewed; however, he was not in protective custody related to PREA and he allowed the Auditor to review his separation request form.

Corrective Actions Recommended and Follow-Up: None

Final Determination: Meets Standard

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

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

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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Relied Upon: Reviewed policy 6.7.1 Criminal and administrative agency investigations; interviewed CCSO investigators; reviewed memo regarding Investigations of alleged inmate/employee sexual assault allegations; reviewed jail incident report completed within the past twelve months.

Interim Report Analysis, Reasoning and Conclusions: Policy 6.7.1 does cover the elements required in this PREA standard. Memo dated 9/21/17 does reflect information that CCSO will cooperate fully with the Texas Rangers (i.e. outside investigation agency) when they conduct investigations. Investigators also confirmed the process in place.

Corrective Actions Recommended and Follow-Up: None

Final Determination: Meets Standard

Standard 115.72: Evidentiary standard for administrative investigations

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

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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Relied Upon: Reviewed policy 6.7.2 Evidentiary standard for administrative investigations; interviewed CCSO investigators; reviewed PREA Administrative Response Report form.

Interim Report Analysis, Reasoning and Conclusions: Policy 6.7.2 does cover the elements required in this PREA standard. Interviews with CCSO investigators revealed a clear understanding of the evidentiary standard for administrative investigations. Review of PREA Administrative Response Reports did not reflect any PREA incidents in the past twelve months.

Corrective Actions Recommended and Follow-Up: None

Final Determination: Meets Standard

Standard 115.73: Reporting to inmates

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

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 resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit? ☒ Yes ☐ No
- Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility? ☒ Yes ☐ No
- Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? ☒ Yes ☐ No
- Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? ☒ Yes ☐ 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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Relied Upon: Reviewed policy 6.7.1 Reporting to Inmates; interviewed inmates; reviewed the PREA Administrative Response Report forms.

Interim Report Analysis, Reasoning and Conclusions: Policy 6.7.1 does cover the elements required in this PREA standard. There were no PREA-related incidents in the past twelve months to require inmate reporting.

Corrective Actions Recommended and Follow-Up: None

Final Determination: Meets Standard

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

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

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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Relied Upon: Reviewed policy 6.8.1 Disciplinary sanctions for staff; reviewed personnel files; interviewed the PREA Coordinator.

Interim Report Analysis, Reasoning and Conclusions: Policy 6.8.1 does cover the elements required in this PREA standard. Personnel files reviewed did not reflect any terminations within the past twelve months related to sexual abuse or sexual harassment incidents.

Corrective Actions Recommended and Follow-Up: None

Final Determination: Meets Standard

Standard 115.77: Corrective action for contractors and volunteers

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

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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Relied Upon: Reviewed policy 6.8.2; interviewed volunteers and contractors; interviewed the Sergeant who oversees volunteers programs.

Interim Report Analysis, Reasoning and Conclusions: Policy 6.8.2 does cover the elements required in this PREA standard. No PREA-related incidents involving volunteers or contractors in the past twelve months.

Corrective Actions Recommended and Follow-Up: None

Final Determination: Meets Standard

Standard 115.78: Disciplinary sanctions for inmates

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

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)

- 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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's

conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Relied Upon: Reviewed inmate handbook; interviewed inmates; reviewed policy 6.8.3 Disciplinary sanctions for inmates; reviewed disciplinary committee review forms.

Interim Report Analysis, Reasoning and Conclusions: Policy 6.8.3 does cover the elements required in this PREA standard. Recent revisions were made to the inmate handbook to include a PREA section and a list of major infractions to include sexual abuse, sexual solicitation or sexual activity. While revisions have been made, the Auditor will need to follow-up with inmates to verify that the updated copy of the handbook has been distributed or readily available.

Corrective Actions Recommended and Follow-Up: CCSO should ensure that all inmates have received the most current version of the inmate handbook that has a section on PREA. During the CAP visit on 2/8/18-2/9/18 the PREA Auditor viewed the inmate handbook that was updated in January, 2018. Inmate interviews revealed receipt of the updated handbook.

Final Determination: Meets Standard

MEDICAL AND MENTAL CARE

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

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

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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Relied Upon: Reviewed policy 6.9.1 Medical and Mental screenings; history of sexual misconduct; reviewed Screening Form for Suicide and Medical/Mental/Developmental Impairments; reviewed Sexual Predator/Vulnerability PREA Screening Checklist form.

Interim Report Analysis, Reasoning and Conclusions: Policy 6.9.1 does cover the elements required in this PREA standard; however, the checklist form has not yet been fully operationalized. Follow-up will occur by the Auditor to ensure information from the checklist and screening forms are being used in order to offer follow up medical and mental health care services, to inmates with prior victimization or perpetrators of abuse.

Corrective Actions Recommended and Follow-Up: CCSO should ensure information from the Sexual Predator/Vulnerability PREA Screening Checklist and Screening Form for Suicide and Medical/Mental/Developmental Impairments are being completed for all new intakes. Additionally, information from these screenings must be used when offering follow-up medical and mental health services to victim's or perpetrators of sexual abuse. Services offered and rendered (if applicable) must be documented by the CCSO. During the CAP visit on 2/8/18-2/9/18 intake screenings for new admissions were reviewed since the CAP began; interviewed intake staff and inmates.

Final Determination: Meets Standard

Standard 115.82: Access to emergency medical and mental health services

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

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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does

not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Relied Upon: Reviewed policy 6.9.2 Access to emergency medical and mental health services; interviews with inmates; interview with HCWC official.

Interim Report Analysis, Reasoning and Conclusions: Policy 6.9.2 does cover the elements required in this PREA standard. No inmates reported sexual abuse during the past twelve months. The HCWC official did report during the interview that inmates at the CCJ can have access to emergency medical and mental health services offered by the center.

Corrective Actions Recommended and Follow-Up: None

Final Determination: Meets Standard

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

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

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.) ☒ 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.) ☒ 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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Relied Upon: Reviewed policy 6.9.3; interviewed HCWC official; review of MOU between CCSO and HCWC.

Interim Report Analysis, Reasoning and Conclusions: Policy 6.9.3 does cover the elements required of this PREA standard. HCWC Director of Programs and Services did report that HCWC would offer medical and mental health care for sexual abuse victims and abusers from the CCJ.

Corrective Actions Recommended and Follow-Up: None

Final Determination: Meets Standard

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

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

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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Relied Upon: Reviewed policy 6.10.1 Data Collection and Review; interviewed the PREA Coordinator; reviewed memo dates 9/22/17 regarding SAIR team members; reviewed jail incident reports; reviewed PREA Administrative Response Report form.

Interim Report Analysis, Reasoning and Conclusions: Policy 6.10.1 does cover the elements required of this PREA standard. CCSO did not have any substantiated or unsubstantiated cases of sexual abuse or sexual harassment in the past twelve months. CCSO did provide a list of the SAIR team member by title and the team does include upper-level management officials.

Corrective Actions Recommended and Follow-Up: None

Final Determination: Meets Standard

Standard 115.87: Data collection

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

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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Relied Upon: Reviewed policy 6.10.1 Data Collection and Review; interviewed the PREA Coordinator.

Interim Report Analysis, Reasoning and Conclusions: Policy 6.10.1 does cover the elements required in this PREA standard; however, aggregate sexual abuse data capturing all the areas on the Survey of Sexual Violence by DOJ was not readily available. A follow-up review will occur during the CAP by the Auditor, to verify the data collection system in place at CCSO, does capture sexual abuse and sexual harassment data.

Corrective Actions Recommended and Follow-Up: CCSO should develop a system that captures sexual abuse and sexual harassment data at least annually that is consistent with the questions from the Survey of Sexual Violence issued by DOJ. During the CAP period, CCSO did create a system to capture sexual abuse and sexual harassment data and documentation was reviewed the covered calendar year 2017.

Final Determination: Meets Standard

Standard 115.88: Data review for corrective action

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

115.88 (a)

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

115.88 (b)

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

115.88 (c)

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

115.88 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does

not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Relied Upon: Reviewed policy 6.10.1 Data Collection and Review; interview with the PREA Coordinator; review of CCSO website.

Interim Report Analysis, Reasoning and Conclusions: Policy 6.10.1 does cover the elements required in this PREA standard. CCSO does collect information on jail incidents; however, there was no documentation of aggregate PREA data that is based on the Survey of Sexual Violence by DOJ. Additionally, CCSO has not produced an annual report regarding sexual abuse and sexual harassment incidents. Follow up will occur by the Auditor before the expiration of the CAP to verify that CCSO has developed and implemented a data collection system to cover the PREA elements; and has prepared a report that meets the requirements outlined on this PREA standard.

Corrective Actions Recommended and Follow-Up: CCSO will collect and use aggregate sexual abuse incident data from the past twelve months to prepare an annual report, and post the report to the CCSO website. During the CAP period CCSO provided aggregate data and posted the information to its website.

Final Determination: Meets Standard

Standard 115.89: Data storage, publication, and destruction

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

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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Relied Upon: Reviewed policy 6.10.1; interviewed the PREA Coordinator.

Interim Report Analysis, Reasoning and Conclusions: Policy 6.10.1 does cover the elements required in this PREA standard. CCSO did not provide an aggregate sexual abuse data report for the past twelve months. Even though the agency did not report any incidents of sexual abuse and sexual harassment during the past twelve months, CCSI will need to develop a system to capture this aggregate data, based on the questions from the Survey of Sexual Violence; and prepare a report at least annually with this information. Follow-up will occur by the Auditor before the expiration of the CAP to verify that CCSO has implemented a data storage, publication, and destruction system.

Corrective Actions Recommended and Follow-Up: CCSO will publicize on its website its aggregate data regarding sexual abuse and sexual harassment incidents that occurred within the past twelve months at the jail and any corrective action measures the agency has taken to prevent, detect, and respond to sexual abuse and sexual harassment at the jail. During the CAP period the PREA Auditor was able to view aggregate sexual abuse and sexual harassment data on the CCSO website.

Final Determination: Meets Standard

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

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

115.401 (a)

- During the three-year period starting on August 20, 2013, and during each three-year period thereafter, 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? (N/A before August 20, 2016.)
☐ Yes ☐ No ☒ NA

115.401 (b)

- During each one-year period starting on August 20, 2013, 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? ☒ Yes ☐ No

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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Relied Upon: Discussion with the PREA Coordinator; review of jail website; review of Governor letters written by Governor Rick Perry in 2014 [declining to certify Texas as full compliance with PREA] and from Governor Abbot in 2015 [assurance that the state intended to meet the national standards "wherever feasible."].

Interim Report Analysis, Reasoning and Conclusions: Texas had not certified full compliance with PREA during the initial 3-year period; however, CCSO did begin work to prepare for implementation of PREA standards and gain compliance. CCSO only operates one facility and hired a DOJ-certified PREA Auditor in 2017 to complete its official audit.

Corrective Actions Recommended and Follow-Up: None

Final Determination: Meets Standard

Standard 115.403: Audit contents and findings

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

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 within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. 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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Evidence Relied Upon: Interview with CCSO PREA Coordinator; review of CCSO website.

Interim Report Analysis, Reasoning and Conclusions: CCSO did not have a Final PREA Report issued in the past three years.

Corrective Actions Recommended and Follow-Up: None

Final Determination: Meets Standard

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.

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.¹ Auditors are not permitted to submit audit reports that have been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Kimbla Newsom

March 8, 2018

Auditor Signature

Date

¹ See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

² See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.