

PREA Facility Audit Report: Final

Name of Facility: Webb County Detention Center

Facility Type: Prison / Jail

Date Interim Report Submitted: 07/16/2024

Date Final Report Submitted: 12/16/2024

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
Auditor Full Name as Signed: Kenneth E. Arnold	Date of Signature: 12/16/2024

AUDITOR INFORMATION	
Auditor name:	Arnold, Kenneth
Email:	kenarnold220@gmail.com
Start Date of On-Site Audit:	05/21/2024
End Date of On-Site Audit:	05/22/2024

FACILITY INFORMATION	
Facility name:	Webb County Detention Center
Facility physical address:	9998 South U.S. 83, Laredo, Texas - 78046
Facility mailing address:	

Primary Contact

Name:	Arnoldo Zepeda
Email Address:	Arnoldo.Zepeda@corecivic.com
Telephone Number:	956-236-9394

Warden/Jail Administrator/Sheriff/Director	
Name:	Mario Garcia
Email Address:	Mario.Garcia@corecivic.com
Telephone Number:	956-236-9393

Facility PREA Compliance Manager	
Name:	Arnoldo Zepeda
Email Address:	Arnoldo.Zepeda@corecivic.com
Telephone Number:	956-236-9394
Name:	Fernando Rodriguez
Email Address:	fernando.rodriguez@corecivic.com
Telephone Number:	956-723-1985
Name:	Wendy Solano
Email Address:	wendy.solano@corecivic.com
Telephone Number:	956-723-1985

Facility Health Service Administrator On-site	
Name:	Fernando Barrera
Email Address:	Fernando.BarreraJr@corecivic.com
Telephone Number:	956-723-1985

Facility Characteristics

Designed facility capacity:	499
Current population of facility:	284
Average daily population for the past 12 months:	306
Has the facility been over capacity at any point in the past 12 months?	No
What is the facility's population designation?	Both womens/girls and mens/boys
Which population(s) does the facility hold? Select all that apply (Nonbinary describes a person who does not identify exclusively as a boy/man or a girl/woman. Some people also use this term to describe their gender expression. For definitions of "intersex" and "transgender," please see https://www.prearesourcecenter.org/standard/115-5)	
Age range of population:	18-58
Facility security levels/inmate custody levels:	Low, Medium, High
Does the facility hold youthful inmates?	No
Number of staff currently employed at the facility who may have contact with inmates:	123
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	1
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	11

AGENCY INFORMATION

Name of agency:	CoreCivic, Inc.
Governing authority or parent agency (if	

applicable):	
Physical Address:	5501 Virginia Way, Suite 110, Brentwood, Tennessee - 37027
Mailing Address:	
Telephone number:	615-263-3000

Agency Chief Executive Officer Information:	
Name:	Damon T. Hininger
Email Address:	
Telephone Number:	615-263-3000

Agency-Wide PREA Coordinator Information			
Name:	Heather Baltz	Email Address:	heather.baltz@corecivic.com

Facility AUDIT FINDINGS	
Summary of Audit Findings	
<p>The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.</p> <p>Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.</p>	
Number of standards exceeded:	
2	<ul style="list-style-type: none"> • 115.31 - Employee training • 115.88 - Data review for corrective action
Number of standards met:	
43	

Number of standards not met:	
0	

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2024-05-21
2. End date of the onsite portion of the audit:	2024-05-22

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No
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AUDITED FACILITY INFORMATION

14. Designated facility capacity:	499
15. Average daily population for the past 12 months:	306
16. Number of inmate/resident/detainee housing units:	39
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit

Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit

18. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	119
19. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	1
20. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	0
21. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0
22. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
23. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	54
24. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	0

<p>25. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>26. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</p>	<p>1</p>
<p>27. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>28. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>29. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</p>	<p>None</p>
<p>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</p>	
<p>30. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</p>	<p>130</p>
<p>31. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>5</p>

32. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	9
33. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	None.
INTERVIEWS	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	
34. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	16
35. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	<input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input checked="" type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None
36. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	Interviewed at least one prisoner from each US Marshal Service unit.
37. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No

38. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	None
Targeted Inmate/Resident/Detainee Interviews	
39. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	5
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
40. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	1
41. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:	0

<p>41. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>41. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Contact with mental health staff reveals that during the onsite visit, the audited portion of WCDC (USMS prisoners) was absent any prisoners with cognitive or functional disabilities. During interactions with prisoners throughout the facility and interviews, the auditor did not note any acute indicators of mental impairment.</p>
<p>42. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>42. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>42. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Contact with medical staff reveals that during the onsite visit, the audited portion of WCDC (USMS prisoners) was absent any prisoners with low vision or blindness. During interactions with prisoners throughout the facility and interviews, the auditor did not note any acute indicators of blindness or low vision.</p>

<p>43. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>43. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>43. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Contact with medical staff reveals that during the onsite visit, the audited portion of WCDC (USMS prisoners) was absent any prisoners with low hearing or deafness. During interactions with prisoners throughout the facility and interviews, the auditor did not note any acute indicators of deafness or low hearing.</p>
<p>44. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>4</p>
<p>45. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>
<p>45. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>45. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>During staff interviews, the auditor found zero instances of perceived prisoner LGB status. Additionally, review of prisoner rosters reveals zero LGB residents are housed at WCDC. Finally, the auditor's review of risk assessments reveals that none of the random assessments reviewed reflect self-identification or perceived LGB status.</p>
<p>46. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>
<p>46. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>46. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>During staff interviews, the auditor found zero instances of perceived prisoner Transgender/ Intersex (T/I) status. Additionally, review of prisoner rosters reveals zero T/I residents are housed at WCDC. Finally, the auditor's review of risk assessments reveals that none of the random assessments reviewed reflect self-identification or perceived T/I status.</p>
<p>47. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>	<p>0</p>

<p>47. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input checked="" type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>48. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>0</p>
<p>48. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>48. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor's review of random risk assessments reveals that zero residents reported prior institutional sexual abuse. Additionally, the auditor did not encounter any reported prior sexual abuse during staff and prisoner interviews.</p>
<p>49. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>

<p>49. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>49. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor's cursory review of Confinement Activity Records (CARs) reveals that zero prisoners were housed in the Restricted Housing Unit (RHU) based on sexual safety issue(s).</p>
<p>50. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>None</p>
<p>Staff, Volunteer, and Contractor Interviews</p>	
<p>Random Staff Interviews</p>	
<p>51. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>12</p>
<p>52. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input checked="" type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p>53. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

54. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	None
Specialized Staff, Volunteers, and Contractor Interviews	
Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.	
55. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	16
56. Were you able to interview the Agency Head?	<input type="radio"/> Yes <input checked="" type="radio"/> No
56. Explain why it was not possible to interview the Agency Head:	The Agency Head interviewee provided responses to the requisite questionnaire prior to the onsite visit.
57. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	<input checked="" type="radio"/> Yes <input type="radio"/> No
58. Were you able to interview the PREA Coordinator?	<input type="radio"/> Yes <input checked="" type="radio"/> No
58. Explain why it was not possible to interview the PREA Coordinator:	The PREA Coordinator (PC) provided responses to the requisite questionnaire prior to the onsite visit.

59. Were you able to interview the PREA Compliance Manager?

Yes

No

NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

60. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)

- Agency contract administrator
- Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment
- Line staff who supervise youthful inmates (if applicable)
- Education and program staff who work with youthful inmates (if applicable)
- Medical staff
- Mental health staff
- Non-medical staff involved in cross-gender strip or visual searches
- Administrative (human resources) staff
- Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff
- Investigative staff responsible for conducting administrative investigations
- Investigative staff responsible for conducting criminal investigations
- Staff who perform screening for risk of victimization and abusiveness
- Staff who supervise inmates in segregated housing/residents in isolation
- Staff on the sexual abuse incident review team
- Designated staff member charged with monitoring retaliation
- First responders, both security and non-security staff
- Intake staff

	<input type="checkbox"/> Other
61. Did you interview VOLUNTEERS who may have contact with inmates/ residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
61. Enter the total number of VOLUNTEERS who were interviewed:	2
61. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input checked="" type="checkbox"/> Religious <input type="checkbox"/> Other
62. Did you interview CONTRACTORS who may have contact with inmates/ residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
62. Enter the total number of CONTRACTORS who were interviewed:	2
62. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input checked="" type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other

<p>63. Provide any additional comments regarding selecting or interviewing specialized staff.</p>	<p>On December 11, 2024 and December 13, 2024, the auditor attempted to contact the LPD Sgt. who heads the Sex Crimes Division to facilitate an interview regarding the questions articulated in the investigator questionnaire. On both occasions, the auditor was not able to make verbal contact and accordingly, he left a voice mail regarding the specifics of the proposed interview. The auditor has not received a return telephone call from the aforementioned LPD official. Accordingly, the auditor cannot facilitate said interview.</p>
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SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: As you are conducting the site review, you must document your tests of critical functions, important information gathered through observations, and any issues identified with facility practices. The information you collect through the site review is a crucial part of the evidence you will analyze as part of your compliance determinations and will be needed to complete your audit report, including the Post-Audit Reporting Information.

<p>64. Did you have access to all areas of the facility?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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Was the site review an active, inquiring process that included the following:

<p>65. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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66. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
67. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
68. Informal conversations with staff during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No

69. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).

The test of the third-party emotional support service finding is clearly addressed in the narrative for 115.53(a). Specifically, during the pre-audit phase, the auditor learned that The Rape Crisis Center of San Antonio no longer provides 115.53(a) victim advocacy services to WCDC detainees. At this point, services are not provided pursuant to any alternate rape crisis center (RCC), etc. As the auditor understands, the issue is focused on the inability to use federal funds (VOCA and VAWA), as interpreted by unknown State of Texas official(s), to provide these services to detainees and/or prisoners. Specifically, such funding cannot be used by RCC staff to provide follow-up VA services to detainees, etc.

The auditor has learned that the former CCPC addressed this matter with Just Detention International (JDI) officials at least one year ago following termination of services by The Rape Crisis Center of San Antonio.

Additionally, he has pursued agreements with other Texas RCCs for provision of those services articulated in 115.53(a). RCC officials have advised that they cannot provide such services in view of the rationale cited in the preceding paragraph.

Efforts to address this matter have continued, as recent as, July 11, 2024. This attempt was accomplished by the recently appointed CCPC pursuant to contact with JDI officials. While a couple strategies are in process, nothing has changed at this point in view of the ability of State of Texas officials to implement these restrictions regarding use of the VOCA and VAWA grant monies.

Undoubtedly, this situation presents far reaching consequences for providers, agencies located within the State of Texas, and detainees or prisoners. At this point, it appears there are no solutions to the issue within the State of Texas.

This is also the reason that contact with staff from a rape crisis center was frustrated. Such contact would have shed some light on the state of prisoner sexual safety at WCDC.

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Documentation Sampling

Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.

70. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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71. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).	Staff Human Resources Files- 15 Staff Training Files- 12 plus one contractor Prisoner Files- 3616 Investigation Files- 3
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SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted. Note: For question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.

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

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	1	0	1	0
Staff-on-inmate sexual abuse	2	0	2	0
Total	2	0	0	0

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

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	0	0	0	0

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	0	0	1
Staff-on-inmate sexual abuse	0	1	1	0
Total	0	1	1	1

Sexual Harassment Investigation Outcomes

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

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

3

<p>79. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
<p>Inmate-on-inmate sexual abuse investigation files</p>	
<p>80. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>1</p>
<p>81. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>82. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>Staff-on-inmate sexual abuse investigation files</p>	
<p>83. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>2</p>
<p>84. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>

<p>85. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p>Sexual Harassment Investigation Files Selected for Review</p>	
<p>86. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>86. Explain why you were unable to review any sexual harassment investigation files:</p>	<p>Zero sexual harassment allegations were reported and consequently, zero investigations were conducted.</p>
<p>87. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p>Inmate-on-inmate sexual harassment investigation files</p>	
<p>88. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>89. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

<p>90. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>Staff-on-inmate sexual harassment investigation files</p>	
<p>91. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>92. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>93. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>94. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p>	<p>None</p>

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

95. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.

- Yes
- No

Non-certified Support Staff

96. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.

- Yes
- No

AUDITING ARRANGEMENTS AND COMPENSATION

97. Who paid you to conduct this audit?

- The audited facility or its parent agency
- My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)
- A third-party auditing entity (e.g., accreditation body, consulting firm)
- Other

Standards
Auditor Overall Determination Definitions
<ul style="list-style-type: none"> • Exceeds Standard (Substantially exceeds requirement of standard) • Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period) • Does Not Meet Standard (requires corrective actions)
Auditor Discussion Instructions
<p>Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.</p>

115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.11(a)</p> <p>Pursuant to the Pre-Audit Questionnaire (PAQ), the Warden self reports the agency has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment in facilities it operates directly or under contract. According to the Warden, the policy outlines how it will implement the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment, the policy includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment, and sanctions for those found to have participated in prohibited behaviors. Finally, a description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of detainees, is included in this policy.</p> <p>The Zero Tolerance policy is clearly articulated in CoreCivic (CC) Policy 14-2 entitled Sexual Abuse Prevention and Response, page 4, section A(1). Pages 1-34 of the same policy address all facets of the PREA program at the Webb County Detention Center (WCDC).</p>

The auditor's review of eight (four completed in 2023, two of which are Pre-Service and two In-Service certifications, and four completed in 2024, two of which are Pre-Service and two In-Service certifications) CORECIVIC PREA TRAINING ACKNOWLEDGMENT PRESERVICE and INSERVICE forms, signed and dated by staff, reveals substantial compliance with 115.11(a). This document addresses understanding of training presented regarding sexual abuse/harassment and reporting options. The document is signed and dated during initial orientation training and annual inservice refresher training.

In view of the above, the auditor finds WCDC substantially compliant with 115.11(a).

115.11(b)

Pursuant to the PAQ, the Warden self reports the agency employs or designates an upper-level, agency-wide PREA Coordinator (PC) with sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities. According to the CC Organizational Chart, the agency-wide CCPC (Senior Director of PREA Compliance and Programs) is a full-time position and he reports to the Vice President of Core Services (VPCS). The VPCS reports to the Chief Operating Officer (COO) who is a member of the CC executive staff.

Of note, the CCPC at the time of the audit was a male employee and his successor is a female employee. Accordingly, for purposes of this audit, the PC is referred to as "he".

The Warden asserts that the CCPC does have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities.

Pursuant to interview with the CC PREA Coordinator (CCPC), the auditor learned that he does feel he has sufficient time to manage all of his PREA related responsibilities. Each facility has a PREA Compliance Manager (PCM), numbering a minimum of 57.

As senior director, he oversees the director who facilitates reviews of all PREA investigations. The CCPC handles audits and compliance matters, inclusive of policy development and updates.

The CCPC and director facilitate quarterly Skype sessions with facility PCMs and travel to facilities for audits and training sessions, inclusive of investigative training. The CCPC and director are in contact with PCMs on a daily basis relative to investigations and audit issues.

The CCPC's primary focus is audit preparation and follow-up regarding corrective action plans. Specifically, he reviews each PAQ for sufficiency and comprehensiveness prior to forwarding the same to PREA auditors. He is able to provide technical on-site assistance and training protocols to correct practices that may have developed due to a misunderstanding of PREA standards. In his position, he is able to involve CC managing directors and vice presidents to address concerns

requiring their intervention. Additionally, the CCPC coordinates all corrective action following each PREA audit.

The auditor finds the CC PREA chain of command sufficient to accomplish PREA needs and requirements.

In view of the above, the auditor finds WCDC substantially compliant with 115.11(b).

115.11(c)

Pursuant to the PAQ, the Warden self reports there is a designated PREA Compliance Manager (PCM) at WCDC. The chief of security (COS) fulfills this role and he reports to the assistant warden (AW) who reports directly to the Warden. As a member of the facility executive staff, the auditor finds this chain of command commensurate with standard expectations.

According to the Warden, the PCM does have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards. According to the WCDC Organizational Chart, the COS/PCM reports directly to the AW and he reports directly to the Warden. The auditor finds this PREA chain of command sufficient to accomplish all PREA requirements and needs as the PCM has nearly direct access to the Warden as a member of the executive staff.

The WCDC PCM asserts he does have sufficient time to devote to his PREA duties. Two staff provide assistance with respect to completion of PREA oversight and monitoring. He makes daily Management By Wandering Around (MBWA) tours throughout the facility and during these tours, he is accessible to both staff and detainees. He evaluates and monitors blind spots throughout the facility, camera placements, poster accessibility and positioning, monitors staffing, monitors staff and detainee PREA training, monitors gang activity throughout the facility, assesses closed circuit television (CCTV) PREA video relevance and operational status, reviews the WCDC Detainee Handbook on an annual basis, quizzes staff regarding PREA issues, maintains constant contact with the investigator, and monitors physical plant issues that may impact detainee sexual safety, at a minimum. Many of his PREA-related responsibilities are addressed during MBWA rounds. This hands-on approach with "all things PREA" provides continuity throughout the facility.

In view of the above, the auditor finds WCDC substantially compliant with 115.11(c).

Accordingly, the auditor finds WCDC substantially compliant with 115.11.

115.12	Contracting with other entities for the confinement of inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.12(a and b)</p> <p>Pursuant to the PAQ, WCDC is a private facility, under contract with the United States Marshal Service (USMS) and Immigration and Customs Enforcement (ICE) to house those detainees designated to its care, custody, and control. CC, the parent company, contracts with the USMS and ICE, housing detainees from those jurisdictions. None of the WCDC detainees are housed at other non-CC facilities.</p> <p>The auditor finds no deviations from the requirements of 115.12 and accordingly, WCDC is substantially compliant with 115.12.</p>

115.13	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.13(a)</p> <p>Pursuant to the PAQ, the Warden self reports CC requires each facility to develop, document, and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring to protect detainees against sexual abuse. The Warden further self reports since the last PREA audit, the average daily number of detainees is 306. The staffing plan is predicated upon an average daily number of 499 detainees. Of note, the USMS detainee count was 119 on the first day of the onsite visit (May 21, 2024).</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, pages 7 and 8, section D(3)(a)(i-xi) addresses 115.13(a).</p> <p>The auditor's review of the September 28, 2022; May 2, 2023; and February 22, 2024 Annual PREA Staffing Plan Assessments reveals substantial compliance with 115.13(a and c). All requisite criteria are addressed in the Annual PREA Staffing Plan Assessments and the same are reviewed and approved by the WCDC PCM, Warden, and CCPC. The auditor finds the Annual Staffing Plans and Assessments to be compliant with 115.13(a).</p> <p>The Warden asserts the facility does have a staffing plan. Adequate staffing levels and video monitoring to protect detainees against sexual abuse are considered in the plan. The marriage between staffing and electronic surveillance is sufficient to</p>

facilitate detainee sexual safety.

During the facility tour, the auditor noted that one detention officer (DO) generally supervises the open bay pods within the USMS units as a rover during all three shifts (generally eight-hour shifts- 8:00AM-4:00PM, 4:00PM-12:00Midnight, and 12:01AM-8:00AM). A senior DO may be included in this supervision on a shift. One DO is assigned to the restricted housing unit (RHU) on a 24/7 basis. Each of these small pods is well supervised by electronic monitoring (cameras) as one camera is strategically placed in each. The only obstruction is found in the shower area to ensure detainee privacy when showering, changing clothes, or toileting. Two staff are assigned to the central control center and other DOs supervise the ICE housing units and pods. Several DOs advised the auditor that rounds are made throughout the pods at least every 30 minutes.

Cameras are located and positioned in all housing areas, hallways, medical, food service, receiving and discharge (R&D), the laundry, chaplain's office, multi-purpose area is captured on a hallway camera, library, RHU recreation cages, and the big recreation yard. The auditor's review of camera monitors and physical observation reveals that each pod shower area and toilet is covered by a PREA curtain. Several detainees advised the auditor that they are directed to change clothes in the shower area to ensure their personal privacy.

The staffing plan is documented, forwarded to, and maintained electronically at corporate. Additionally, a hard copy is maintained in the Warden's Office and electronic copies are maintained in a privileges accessible system, accessible only to the administrative duty officers (ADO) team. In essence, the staffing plan is determined by both corporate and the customers, the USMS and ICE.

When assessing adequate staffing levels and the need for video monitoring, the facility plan considers the following:

- a. Considerations regarding generally accepted detention and correctional principles are generally guided by American Correctional Association (ACA) standards and center on an analysis of the areas to which detainees have access, blind spots, whether camera/mirror surveillance is adequate, areas of detainee concentration, line of sight considerations, and sexual abuse/harassment incident locations. The staffing plan is largely determined by the individual contract and CC requirements however, additional staffing can be requested through corporate to address detainee sexual safety, as well as, general safety concerns. In addition to ACA Best Practices, CC and customer audits also provide "Best Practices" snapshots. CC leadership is very much in tune with "Correctional Best Practices" and views audits/monitoring visits as opportunities to enhance "all things PREA."
- b. Zero judicial findings of inadequacy during this audit period;
- c. Zero findings of inadequacy from federal investigative agencies during this audit period;
- d. Zero findings of inadequacy from internal or external oversight bodies during this audit period;
- e. Housing pod and unit camera placements are addressed above. Blind spots and

line of sight are addressed during MBWA rounds by executive staff, ADO staff, and routine rounds facilitated by line staff. Egress and exit areas are closely monitored;

f. Ethnically, the predominant race is Hispanic (81%) with the remaining 20% comprised of Caucasian and Black detainees. A heavy gang member and associate population is evident (Pisces). Although management concerns are minimal based on the racial imbalance and gang influence, staff are trained to communicate with management regarding gang groupings, activities, and PREA concerns. The LGBTI population is minimal and is not a significant concern. Neither age disparity nor exploitation of detainee physical disabilities have been an issue at WCDC.

g. A shift captain, lieutenant, and one sergeant are present on each shift and this staffing strategy is adequate for an institution of this size and mission. The sergeant and above are considered supervisory staff and accordingly, sufficient supervisory presence and benefits are realized. Lieutenants and Captains facilitate a more generalized role as the second layer of supervision. Supervision is strategically placed throughout the facility to address potential "hot spots", as well as, facilitation of sexual safety rounds. Daily supervisory tours of the facility across all shifts facilitates knowledge of and interaction with both staff and detainees.

h. The majority of programming is facilitated on the first shift (8:00AM-4:00PM) in view of staffing accessibility. Programming is closely monitored in terms of numbers and other key indicators. If additional staffing is required for a special event, the area in which the event is being conducted may be saturated with staff. If an increase in detainee presence is noted during programming, staffing is adjusted to compensate.

i. The facility is subject to CC policies and United States Code statute(s).

j. The prevalence, locations, etc. of substantiated and unsubstantiated incidents of sexual abuse are closely monitored and considered in the staffing plan/any corresponding requests for increased staffing/or electronic surveillance modification(s). Of note, only three sexual abuse investigations were facilitated at WCDC during the last 12 months.

k. None.

In regard to daily checks for compliance with the staffing plan, the chief of security (COS) conducts a daily staffing roster review with the master scheduler (MS), taking into consideration the PREA Staffing Plan while the Warden personally monitors the daily roster. A live roster review is also conducted on a weekly basis wherein staff are physically observed by the COS and MS. Captains, lieutenants, and the sergeant update the daily roster, ensuring that changes are accurately noted on the same. Subsequently, during daily MBWA rounds, executive staff and ADO staff randomly compare actual staffing vs. the roster snapshot. The COS also provides updates to the Warden on a daily basis.

The Warden asserts that zero deviations from the PREA Staffing Plan occurred during the last 12 months. If a deviation had occurred, the same would be reported, in writing, to the CCPC and Managing Director (MD), with a justification for the vacancy and how the same was addressed. Roster vacancies may be filled with overtime or roster adjustments. ADO staff may also fill any vacancy temporarily pending arrival of another DO.

The auditor notes that the PCM provided essentially the same responses in terms of the above. Accordingly, the Warden's interview synopsis is also applicable to the PCM.

As previously mentioned, the auditor's observations of staffing and video surveillance validate the above statements. Staff presence in the units was acceptable and cameras are vigorously monitored. Camera placements (114 in total) are abundant and placements are strategic. The presence of supervisory staff throughout the facility was impressive. Finally, line of sight is linear in the units and pods.

In view of the above, the auditor finds WDCDC substantially compliant with 115.13(a).

115.13(b)

Pursuant to the PAQ, the Warden self reports 115.13(b) is not applicable to WDCDC as there were no deviations from the staffing plan during the last 12 months.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 8, section D(3)(e) and (f) addresses 115.13(b). This policy requires that the COS review both the WDCDC Staffing Plan and daily staffing roster to determine staffing strength and compliance with the PREA Staffing Plan. If a mandatory post is vacated for some reason, the COS/PCM will issue a 5-1B report explaining the vacancy and measures taken to address the same.

The Warden asserts all instances of non-compliance with the PREA Staffing Plan would be documented. The Warden further self reports zero instances of staffing plan non-compliance have been noted during the last 12 months. If staffing plan non-compliance was to occur, a report would be completed and forwarded to the CCPC, MD, and other corporate staff. The report would address the reasons for the vacancy, as well as, corrective action(s) Implemented.

The auditor's observation of staffing during the facility tour and during non-regular business hours reveals substantial compliance with 115.13(b).

115.13(c)

Pursuant to the PAQ, the Warden self reports that at least once every year, the facility, in collaboration with the CCPC, reviews the staffing plan to determine:

Whether adjustments are needed to the staffing plan;
The deployment of monitoring technology; and
The allocation of facility resources to commit to the staffing plan to ensure compliance with the same.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, pages 7 and 8, section D(3)(c)(i-iii) and (d) addresses 115.13(c).

The auditor's review of the aforementioned Annual PREA Staffing Plan Assessments reveals substantial compliance with 115.13(a) and (c).

The CCPC asserts he is consulted regarding any assessments of, or adjustments to, the staffing plan for WDCD. Specifically, he is a reviewer and co-signer for the WDCD Annual Staffing Plans pursuant to policy.

In view of the above, the auditor finds WDCD substantially compliant with 115.13(c).

115.13(d)

Pursuant to the PAQ, the Warden self reports that intermediate-level or higher level staff conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment. Rounds are documented and cover all shifts. Facility policy does prohibit staff from alerting other staff of the conduct of such rounds.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 7, section D(1) and (2) addresses 115.13(d).

The auditor's random PAQ review of 32 pages of 2023 and 2024 unit/dormitory logs WDCD Supervisory Unannounced PREA Rounds log entries reveals requisite 115.13(d) tours were completed on all shifts on different dates. Additionally, the auditor's random review of unit log books during the facility tour and weekly sign-in documents reveals substantial compliance with 115.13(d).

The intermediate or higher facility level staff interviewee states he facilitates unannounced sexual safety rounds during every shift he works. He documents unannounced sexual safety rounds in red ink in the unit/pod log book. During unannounced sexual safety rounds, he walks all dormitories, checking the sexual safety of every detainee. He has not had to admonish staff to refrain from announcing his rounding.

The interviewee asserts he varies times for the conduct of his two rounds per shift, varies his path for the conduct of rounds as he may facilitate half of the rounds at one time and half at another time, and he may double back. No patterns are established.

During the facility tour and as previously mentioned, the auditor reviewed log books in various housing units, pods, and other areas, finding documented times for supervisory unannounced PREA rounds across all three shifts.

In view of the above, the auditor finds WDCD substantially compliant with 115.13(d).

Accordingly, the auditor finds WDCD substantially compliant with 115.13.

115.14	Youthful inmates
	Auditor Overall Determination: Meets Standard
	<p data-bbox="256 264 544 297">Auditor Discussion</p> <p data-bbox="256 338 424 371">115.14(a-c)</p> <p data-bbox="256 412 1437 651">Pursuant to the PAQ, the Warden asserts the facility prohibits placing youthful detainees in a housing unit in which a youthful detainee will have sight, sound, or physical contact with any adult detainee through use of a shared dayroom or other common space, shower area, or sleeping quarters. The Warden further self reports youthful detainees are not housed at WCDC and that in the last 12 months, zero youthful detainees were housed at WCDC.</p> <p data-bbox="256 692 1469 763">During the facility tour and subsequent rounds throughout the facility, the auditor did not observe any youthful detainee(s).</p> <p data-bbox="256 875 1418 909">In view of the above, the auditor finds WCDC substantially compliant with 115.14.</p>

115.15	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	<p data-bbox="256 1451 544 1485">Auditor Discussion</p> <p data-bbox="256 1525 408 1559">115.15(a)</p> <p data-bbox="256 1599 1477 1839">Pursuant to the PAQ, the Warden self reports cross-gender strip or cross-gender visual body cavity searches of detainees are not conducted at WCDC. However, the existence of exigent circumstances dictates whether the same can be conducted pursuant to governing policy. The Warden further self reports that zero cross-gender strip or cross-gender visual body cavity searches of detainees were facilitated at WCDC during the last 12 months.</p> <p data-bbox="256 1879 1477 2040">CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 15, section (J)(3) reveals substantial compliance with 115.15(a). Policy Change Notice (PCN) 14-2(02) entitled Sexual Abuse Prevention and Response, page 2, section J(3) provides clarity in terms of 115.15(a) requirements.</p>

According to the non-medical staff involved in cross-gender strip or visual searches of detainees interviewee, female staff do not generally conduct cross-gender strip or visual searches of detainees at WCDC. However, when questioned regarding circumstances wherein cross-gender strip or visual searches might be warranted, the interviewee stated when a detainee is suspected (reasonable suspicion) of being in possession of hard contraband [e.g. a weapon(s), drugs] secreted in his/her rectum, the same would constitute an exigent circumstance. Additionally, a transgender woman who requests strip and/or pat searches by a female staff member may be a basis for cross-gender strip or visual search.

Strip searches are generally conducted in the intake area. The auditor's review of the same reveals no conditions of alarm in terms of privacy.

Pursuant to the auditor's review of PAQ information and random on-site conversations with staff and detainees, the auditor did not discover any violation(s) of 115.15(a).

In view of the above, the auditor finds WCDC substantially compliant with 115.15(a).

115.15(b)

Pursuant to the PAQ, the Warden self reports the facility does not permit cross-gender pat-down searches of female detainees, absent exigent circumstances. The Warden further self reports that zero pat-down searches of female detainees were conducted by male staff at WCDC during the last 12 months.

Pursuant to the auditor's review of the CC website and on-site observations, only male USMS detainees are housed at WCDC. The 12 random staff interviewees state that female USMS detainees are not housed at WCDC.

In view of the above, the auditor finds WCDC substantially compliant with 115.15(b).

115.15(c)

Pursuant to the PAQ, the Warden self reports facility policy requires that all cross-gender strip searches and cross-gender visual body cavity searches are documented. Additionally, policy requires documentation of cross-gender pat searches of female detainees. However, pursuant to supplemental memorandum signed by the Warden, he asserts that, in practice, cross gender pat searches are not facilitated at WCDC.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 14, section J(5) addresses 115.15(c).

The auditor notes that all strip searches are logged in the WCDC Cross-Gender Strip Search Log and on a Form 5-1B. He finds no violation of 115.15(c) requirements pursuant to random review of the aforementioned logs.

In view of the above, the auditor finds WCDC substantially compliant with 115.15(c).

115.15(d)

Pursuant to the PAQ, the Warden self reports policies and procedures have been implemented at WDCDC that enable detainees to shower, perform bodily functions, and change clothing without non-medical 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 (this includes viewing via video camera). The Warden further asserts policies and procedures require staff of the opposite gender to announce their presence when entering a detainee housing unit.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 15, sections J(6) and (7) address 115.15(d).

During the facility tour, the auditor reviewed facility cameras and at the time of the tour, female staff were assigned to the area(s) where the monitors are maintained.

The auditor's review of camera angles validated the premise that cameras do not capture unshielded shower/toilet areas, as well as, the dirty cell in Receiving and Discharge (R&D) and the Holding Area in the Medical Department. Toilets and showers in all areas are shielded either by block wall or PREA curtains. Detainees change clothing in the shower areas to ensure privacy.

Of note, the auditor observed a memorandum poster wherein detainees are advised to change clothes in the shower or rest room area to avoid any viewing.

During the facility tour and throughout the onsite visit, the auditor noted no instances wherein opposite gender staff failed to announce themselves when entering dormitory and cell areas. This practice appears to be institutionalized at WDCDC.

Additionally, the auditor observed a painted notice at each dormitory entry area reflecting that opposite gender staff must announce their gender upon entry into the area.

All 16 random detainee interviewees state that female staff announce their presence when entering opposite gender housing units. In regard to query as to whether detainees are ever naked or in full view of opposite gender staff while toileting, showering, or changing clothing, all 16 random detainee interviewees state they are not.

All 12 random staff interviewees state that female staff announce their presence when entering a dormitory wherein opposite gender detainees are housed.

Furthermore, all 12 random staff interviewees state detainees are able to dress, shower, and toilet without being viewed by staff of the opposite gender.

In view of the above, the auditor finds WDCDC substantially compliant with 115.15(d).

115.15(e)

Pursuant to the PAQ, the Warden self reports there is a WCDC policy prohibiting staff from searching or physically examining a transgender or intersex detainee for the sole purpose of determining the detainee's genital status. According to the Warden, no such searches have been conducted during the last 12 months.

CC Policy 14-9 entitled Management of Transgender and Intersex Inmates and Detainees in Prison and Jail Facilities, page 3, section C(1) addresses 115.15(e).

All 12 random staff interviewees assert the facility prohibits staff from searching or physically examining a transgender or intersex detainee for the sole purpose of determining the detainee's genital status. Similarly, all 12 interviewees were aware of the policy governing the same.

According to the PCM, zero transgender detainees were housed at WCDC during the onsite visit.

In view of the above, the auditor finds WCDC substantially compliant with 115.15(e).

115.15(f)

Pursuant to the PAQ, the Warden self reports that 100 percent of all security staff have received training on conducting cross-gender pat down searches and searches of transgender and intersex detainees in a professional and respectful manner, consistent with security needs.

The auditor's review of the CC Search Procedures Facilitator and Participant's Guides/slides, as well as, transgender/intersex search scenarios reveals substantial compliance with 115.15(f).

The auditor's review of 12 cumulative training reports covering 2023 and 2024 on-line and In-Service "Searches" training reveals all 12 WCDC staff participated in annual PREA training (ART) wherein the Search Procedures class was taught.

All 12 random staff interviewees state the facility provides training regarding cross-gender pat-down searches of female detainees and professional and respectful searches of transgender/intersex detainees and 11 of these interviewees completed the same. Nine of 12 interviewees state they completed such training between 2022 and 2024. The training is presented in a Power Point Presentation (PPT) format with lecture and a video.

The auditor's onsite review of all 12 random staff training files reveals compliance with 115.15(f) during either 2023 or 2024. Of note, this class was presented and documented during either pre-service or ART courses. The auditor's review of the training file for the one random staff interviewee who states he did not receive 115.15(f) training reveals he did complete the same in January, 2024.

In view of the above, the auditor finds WCDC substantially compliant with 115.15(f).

	<p>Accordingly, the auditor finds WDCDC substantially compliant with 115.15.</p>
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<p>115.16</p>	<p>Inmates with disabilities and inmates who are limited English proficient</p>
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>115.16(a)</p> <p>Pursuant to the PAQ, the Warden self reports there are established procedures to provide disabled detainees 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.</p> <p>PCN CC Policy 14-2(03) entitled Sexual Abuse Prevention and Response, pages 1 and 2, section H(7)(a) and (b) addresses 115.16(a).</p> <p>Within the PAQ information, a photograph of a TTY machine is present and the same is reportedly available in the case manager's office. This equipment is available for use by deaf detainees so they can converse with other individuals similarly situated. Additionally, the auditor's review of a memorandum reveals six agencies whose staff can assist with interpretation for blind, deaf, and physically handicapped detainees. The PREA video is available with subtitles for hearing impaired. The auditor notes that the CC PREA trifold pamphlet reveals the same is presented in both English and Spanish. Finally, a roster of 15 bilingual staff (primarily Spanish as second language) reveals availability across all three shifts.</p> <p>The auditor's review of a LanguageLine Services instructional document reveals a procedure is in place to provide interpretative services for non-English speaking and/or deaf detainees. Generally, solicitation of interpretational assistance through LanguageLine Services is facilitated on staff telephones.</p> <p>According to the Agency Head interviewee, the agency has established procedures to provide detainees with disabilities and detainees who are limited English proficient 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. Specifically, LanguageLine is used, when necessary, to communicate with limited English proficient (LEP) detainees. Generally speaking, staff translators can also be used.</p>

TTY units are available in every facility and arrangements are provided to assist those detainees who are blind.

Corporate office staff provide assistance to facility staff that enables them to locate potential vendors and/or agencies that provide support services for detainees with disabilities. The agency maintains a comprehensive contract with LanguageLine and some facilities have a Memorandum of Understanding (MOU) with organizations in the local community to provide translation services, when needed.

The physically disabled detainee interviewee stated the facility provides information about sexual abuse and sexual harassment he is able to understand. Educational posters were noted to be posted in areas easily accessible to and observable by the detainee population (e.g. pods, program areas, operational areas). Additionally, posters appear to be written in language understandable by the detainee population.

The intake staff interviewee states that the PREVENT. DETECT. RESPOND tri-fold pamphlet is captured in both English and Spanish. In the event of a blind detainee, she reads materials to them. In the event of a deaf detainee, she reads the materials provided. In the event of a Limited English Proficient (LEP) detainee, she accesses LanguageLine to translate for other than Spanish non-English speakers. She would use mental health staff resources to assist with cognitively impaired detainees.

In view of the above, the auditor finds WCDC substantially compliant with 115.16(a).

115.16(b)

Pursuant to the PAQ, the Warden self reports the agency has established procedures to provide LEP detainees 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.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 13, section k(8) addresses 115.16(b).

The auditor reviewed the contract between CC and LanguageLine Interpreter Services for provision of services to LEP detainees. Services for 200-plus languages are provided pursuant to this service. LanguageLine can be accessed from any staff telephone and is generally accessed by staff.

The auditor notes that the CC PREA trifold pamphlet is presented in both English and Spanish. Additionally, a roster of 15 bilingual staff reveals availability across all three shifts. Finally, the auditor's review of one PAQ victimization/aggressor screening tool reveals that the subject detainee was not English proficient and accordingly, a staff translator provided assistance.

Of note, the auditor learned that shift commanders and assistant shift commanders, intake staff, and above can access LanguageLine. The same can be accessed on any facility staff landline or authorized staff cell phones.

The auditor did test the LanguageLine on May 22, 2024 pursuant to telephone call originated on the chaplain's institutional telephone in his office. The call was successfully made, the CC contract number was entered, and the auditor heard the type of translation required prompt. At this point, the call was terminated and considered to be successful. In addition to the above, bi-lingual staff interpreters are available to provide Spanish translation as exemplified during four LEP detainee interviews.

A staff interpreter translated for four LEP interviewees and they (the detainees) stated they had received initial PREA educational materials and understood the same.

In view of the above, the auditor finds WCDC substantially compliant with 115.16(b).

115.16(c)

Pursuant to the PAQ, the Warden self reports agency policy prohibits use of detainee interpreters, detainee readers, or other types of detainee assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the detainee's safety, the performance of first-response duties under 115.64, or investigation of the detainee's allegations. The Warden further self reports that the facility documents the limited circumstances in individual cases where detainee interpreters, readers, or other types of detainee assistants are used.

Reportedly, there was zero instances, within the last 12 months, wherein detainee interpreters, readers, or other types of detainee assistants have been used and it was not the case that an extended delay in obtaining another interpreter could compromise the detainee's safety, the performance of first-response duties, or the investigation of the detainee's allegations.

All 12 random staff interviewees assert, to the best of their knowledge, detainee interpreters, detainee readers, or other types of detainee assistants have not been used in relation to sexual abuse or sexual harassment allegations during the last 12 months. It is noted that nine of 12 interviewees identified further physical injury to the victim and/or impeding an investigation as legitimate reason(s) to invoke 115.16(c) procedures. Nine of 12 interviewees state that agency policy prohibits use of detainee interpreters, detainee readers, or other types of detainee assistants for translation of a sexual abuse report, except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the detainee's safety, the performance of first-response duties under §115.64, or investigation of the detainee's allegations.

In view of the above, the auditor finds WCDC substantially compliant with 115.16(c).

Accordingly, the auditor finds WCDC substantially compliant with 115.16.

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115.17	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.17(a)</p> <p>Pursuant to the PAQ, the Warden self reports agency policy prohibits hiring or promoting anyone who may have contact with detainees and prohibits enlisting the services of any contractor who may have contact with detainees who:</p> <ul style="list-style-type: none"> Has engaged in sexual abuse in a prison, jail, lock-up, community confinement facility, juvenile facility, or other institution; 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; or Has been civilly or administratively adjudicated to have engaged in the activity described in the preceding bullet. <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 4, section B(1)(a-c) addresses 115.17(a).</p> <p>The auditor's review of one 2023 and one 2024 Self Declaration of Sexual Abuse/ Sexual Harassment forms (14-2H) included in the PAQ materials, for two employee applicants (all completed within the last 12 months) reveals compliance with this provision to the extent the three questions are specifically asked, and staff responded, in writing, to complete the form. Of note, the 115.17(b) question regarding sexual harassment is also included on the form. In each case, responses to the four questions were negative.</p> <p>The auditor's on-site random review of eight random staff Human Resources (HR) files relative to staff selected during the last 18 months reveals that the 14-2H questions were facilitated in a timely manner (included in the OAS materials). In four of the eight cases, criminal background record checks were likewise completed in a timely manner with no evidence of 115.17(a) or (b) violations. As indicated by the HR interviewee, Immigration and Customs Enforcement (ICE) staff complete criminal background record checks and the auditor notes that they appear to be behind in terms of selections. In all four promotion cases handled during the last 18 months, the 14-2H was completed in a timely manner. In three additional cases, inclusive of a contractor, staff were hired prior to July, 2022.</p> <p>Accordingly, the auditor finds WCDC substantially compliant with 115.17(a), (b), and (d).</p>

115.17(b)

Pursuant to the PAQ, the Warden self reports agency policy requires the consideration of 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 detainees.

The auditor's review of the aforementioned 14-2H forms, as reflected in the narrative for 115.17(a), reveals substantial compliance with 115.17(b) to the extent the three questions and an additional question regarding substantiated allegations of sexual harassment are specifically asked and staff applicants and contractors respond, in writing, to the questions.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 5, section B(2) addresses 115.17(b).

The auditor notes that while there is a question regarding sexual harassment on the 14-2H form, there is no method for validation of the employee's or contractor's response as reflected on the same. The HR interviewee states that the 115.17(a) and (b) questions are asked on the PREA Questionnaire for Prior Institutional Employers form (03-20-02B) which is forwarded to prior institutional employer(s), and the auditor validated the same. As none of the 15 random HR files reviewed included any staff with prior institutional employment, such documents could not be reviewed. The HR interviewee further states that she has not located any staff files reflective of prior institutional employment.

The HR interviewee states the facility considers prior incidents of sexual harassment when determining whether to hire or promote anyone, or to enlist the services of any contractor who may have contact with detainees. WCDC staff forward the 03-20-02B form to prior institutional employers (applies to staff applicants) for completion. The form includes a question regarding sexual harassment of detainees.

The 14-2H form [comprised of four questions- three 115.17(a) and one 115.17(b)] is administered to the prospective employee as an applicant, at hiring, and subsequently on an annual basis and the same is administered to contractors.

Substantiating information regarding previous incidents of sexual harassment may be gleaned pursuant to previous institutional employer inquiries.

In view of the above, the auditor finds WCDC substantially compliant with 115.17(b).

115.17(c)

Pursuant to the PAQ, the Warden self reports agency policy requires that before new employees who may have contact with detainees are hired, a criminal background record check is conducted and consistent with federal, state, and local law, best efforts are made 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.

The Warden further self reports during the last 12 months, 31 applicants who may have contact with detainees have had criminal background record checks completed. This equates to 100% of staff hired during this time frame.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 5, section B(7 and 8) addresses 115.17(c).

According to the HR interviewee, criminal background record checks are performed or pertinent civil or administrative adjudications are considered for all newly hired employees and contractors who may have contact with detainees. With respect to promotion applicants, a new criminal background record check is not completed for internal applicants as a vouchering process is utilized. As that employee has been under the continuous employ of CC pursuant to these circumstances, contact with the employee's current supervisor, review of any sexual abuse/harassment allegations and investigations, as well as, the employment record is deemed appropriate. The auditor concurs with this process.

The criminal background record investigation commences with HR submission of a Form 1100 to Immigration and Customs Enforcement (ICE) HR staff and they complete the specific investigation. ICE completes an NBIS criminal background record check (applicable to all 50 states), and subsequently, a fingerprint check is completed. The fingerprint check encompasses a seven-year period of time. Once completed, ICE investigators complete any follow-up regarding disparities.

Department of Homeland Security (DHS)/ICE staff indicate, in writing, whether the applicant can be hired. If disapproved, justification for the same is not provided.

Pursuant to a memorandum from the Warden, zero staff applicants during the last 12 months presented with prior institutional employers.

Accordingly, the auditor finds WCDC substantially compliant with 115.17(c).

115.17(d)

Pursuant to the PAQ, the Warden self reports agency policy requires that a criminal background record check is completed before enlisting the services of any contractor who may have contact with detainees. The Warden further self reports criminal background record checks were conducted with respect to 31 contractors who might have contact with detainees, during the last 12 months.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 5, section B(7) addresses 115.17(d).

The auditor notes that a WCDC spreadsheet tracking record reflects dates associated with the hiring process for both staff and contractors. One 2024 contractor hire is

highlighted on the same. The document is uploaded into OAS.

In view of the above, the auditor finds WCDC substantially compliant with 115.17(d).

115.17(e)

Pursuant to the PAQ, the Warden self reports that criminal background record checks are conducted at five-year employment intervals for current employees and contractors who may have contact with detainees.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 5, section B(7) addresses 115.17(e).

According to the HR interviewee, criminal background record checks are conducted by ICE for all staff and contractors at five-year intervals. Accordingly, ICE HR staff maintain tracking however, the interviewee also maintains a spreadsheet tracking record, reviewing the same at least quarterly.

As previously mentioned, a PAQ spread sheet reveals several dates germane to the date of hire approval, the five-year reinvestigation date, and various bench marks. The spread sheet is a tool to assist in timely management of the criminal background record check and reinvestigation processes.

The auditor's on-site random review of three of five applicable (hired during 2018 or prior) files reveals a current five-year criminal background record check was completed. While the same represents 60% of applicable five-year reinvestigations completed pursuant to standard provision, the auditor also notes that reinvestigations are completed by a customer agency.

In view of the above, the auditor finds WCDC substantially compliant with 115.17(e).

115.17(f)

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 5, section B(5) addresses 115.17(f).

The auditor's on-site review of 13 of 15 random staff, inclusive of one contractor, HR files reveals staff and the contractor completed the annual 14-2H form during the last 12 months. Accordingly, the auditor finds WCDC substantially compliant with 115.17(f).

Pursuant to the HR interviewee, the relevant questions are asked both in the on-line application and the 14-2H. Additionally, the 14-2H is administered during the applicant stage, subsequent to hire, and annually thereafter. The annual certification also addresses promotion actions. The interviewee states CC does not utilize written self evaluations and the auditor finds no contradictory evidence.

The HR interviewee further states the facility imposes a continuing affirmative duty to disclose any such previous misconduct as described at 115.17(a). This affirmative duty is addressed in staff PREA training, as well as, on the 14-2H form. As previously mentioned, the 14-2H form is signed and dated by the employee.

The auditor is familiar with the process utilized by CC and he finds the same to be commensurate with 115.17(f) expectations.

115.17(g)

Pursuant to the PAQ, the Warden self reports agency policy states material omissions regarding such misconduct, or the provision of materially false information, are grounds for termination.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 5, section B(6) addresses 115.17(g).

The auditor notes there is a caveat on the 14-2H wherein substantiation of the 115.17(g) requirement is established. As previously noted, the employee signs and dates the document, signifying their understanding of the caveat.

Document review findings are reflected throughout the 115.17 narrative. In view of the above, the auditor finds WCDC substantially compliant with 115.17(g).

115.17(h)

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 5, section B(9) addresses 115.17(h).

The HR interviewee asserts when a former employee applies for work at another institution and upon request from that institution, WCDC provides information on substantiated allegations of sexual abuse or sexual harassment involving the former employee, unless prohibited by law. She provides the same pursuant to the previous employee's written authorization on application documents.

In view of the above, the auditor finds WCDC substantially compliant with 115.17(h).

Accordingly, in view of the evidence articulated throughout this 115.17 narrative, the auditor finds WCDC non-compliant with 115.17.

Auditor Overall Determination: Meets Standard

Auditor Discussion

115.18(a)

Pursuant to the PAQ, the Warden self reports the facility has not made any substantial expansions or modifications to existing facilities since the last PREA audit.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 8, section E(1) and (2) addresses 115.18(a) in totality.

According to the Agency Head interviewee, when designing, acquiring, or planning substantial modifications to facilities, CC commences the process through land purchase(s) and then subsequent construction. A design team facilitates most of the preparation and standards compliance work. Architects are well versed in PREA and collaboration with the CCPC provides a global picture of PREA concerns and needs.

Lines of sight are assessed to enhance detainee sexual/personal safety and camera surveillance needs to address blind spots. Privacy concerns in areas such as showers, restrooms, and any areas where detainees may be in a state of undress are addressed with facility staff. The same protocol is utilized with regard to expansion and renovations. Requests for changes must be approved by the design team. The design team is part of the Real Estate Group.

During acquisitions, the staff making the site visits develop a preliminary assessment and the CCPC is involved in the review of physical plant issues. A Form 7-1B (PREA Physical Plant Considerations) is used to ensure PREA is considered when initiating a renovation/new construction.

According to the Warden, zero substantial expansions or modifications were added to the facility (in the areas occupied by USMS detainees) since the last PREA audit.

In view of the above, the auditor finds WCDC substantially compliant with 115.18(a).

115.18(b)

Pursuant to the PAQ, the Warden self reports the facility has installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since the last PREA audit.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 8, section E(3)addresses 115.18(b) in totality.

The Agency Head interviewee asserts that cameras are used to support direct/indirect staff supervision. Better quality systems have been installed and consideration for optimal coverage is addressed at the time of these upgrades. Camera placement also takes into consideration the privacy needs relative to cross-gender viewing in areas like restrooms and shower areas. Technology is discussed with facility staff

	<p>during the PREA Staffing Plan assessment that is reviewed each year by facility staff and the CCPC.</p> <p>The auditor's review of a Form 7-1B dated January 23, 2024 reveals that one camera (visiting area) was added to the facility. While the same does not appear to be a substantial change since the last PREA audit, the same is representative of PREA compliance. The basis for the camera upgrade is clearly articulated in this document and blind spots, amongst other PREA considerations, were clearly reviewed.</p> <p>In view of the above, the auditor finds WCDC substantially compliant with 115.18(b).</p> <p>Accordingly, the auditor finds WCDC substantially compliant with 115.18.</p>
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115.21	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.21(a)</p> <p>Pursuant to the PAQ, the Warden self reports the facility is responsible for conducting any administrative sexual abuse investigations (including detainee-on-detainee sexual abuse or staff sexual misconduct which has been released for administrative investigation). However, Laredo Police Department (LPD) investigator(s) facilitate criminal investigations of sexual abuse at WCDC. When conducting administrative investigations, WCDC PREA investigator(s) follow a uniform evidence protocol. Of note, pursuant to the MOU between CC and the LPD, they (LPD) are responsible for training investigators regarding sexual abuse investigations in a confinement setting.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 27, section (O)(4)(a and b) addresses 115.21(a).</p> <p>All 12 random staff interviewees state they are aware of the uniform evidence protocol utilized to ensure maximum possibility of obtaining usable physical evidence (first responder duties). Eleven of the 12 interviewees state they are responsible for preservation of physical evidence. Ten of 12 interviewees state that the victim and perpetrator are separated, the crime scene is secured, and they request that the victim not destroy physical evidence while ensuring the perpetrator doesn't destroy physical evidence. It is noted that all interviewees were in possession of a CC laminated card bearing the instructions as required by Standard 115.64(a).</p> <p>Eight of the 12 interviewees state the facility investigator facilitates administrative sexual abuse investigations and ten interviewees state that LPD investigator(s) facilitate criminal sexual abuse investigations at WCDC.</p>

In view of the above, the auditor finds WCDC substantially compliant with 115.21(a).

115.21(b)

Pursuant to the PAQ, the Warden self reports that the protocol is developmentally appropriate for youth and, as appropriate, youthful detainees although the same are not housed at WCDC. The Warden further self reports the protocol was adapted from or is otherwise based on the most recent edition of the DOJ'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.

CC Policy 13-79 entitled Sexual Assault Response, page 3, section (B)(7) addresses 115.21(b). This policy citation is commensurate with the provision.

Of note, the auditor's review of the CC protocol for obtaining usable physical evidence by WCDC staff and the WCDC investigator reveals substantial compliance with 115.21(b). WCDC staff preserve the crime scene and follow-up on physical evidence that may be on the victim/perpetrator pursuant to 115.64. LPD investigators utilize their protocol in terms of evidence collection in criminal matters and pursuant to the Memorandum of Understanding between WCDC and LPD, the same is commensurate with this provision.

In view of the above, the auditor finds WCDC substantially compliant with 115.21(b).

115.21(c)

Pursuant to the PAQ, the Warden asserts that all detainees who experience sexual abuse are afforded access to forensic medical examinations at the facility or off-site and the same are conducted pursuant to an MOU with Doctor's Hospital of Laredo.

Forensic medical examinations are offered without financial cost to the victim.

Where possible, examinations are conducted by Sexual Assault Nurse Examiners (SANEs). Efforts to provide SANEs are documented as reflected above. In the last 12 months, zero forensic medical examinations were conducted relative to a WCDC detainee who alleged sexual abuse.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 22, section 13 addresses 115.21(c). The auditor notes that consultation regarding facilitation of a forensic examination occurs with the LPD investigator.

The SANE interviewee states that six SANE trained Doctor's Hospital nurses [completed an International Association of Forensic Nurses (IAFN) 40-hour in person course, didactic training, as well as, supervised completion of clinical examinations and a testing component] provide SANE services at Doctor's Hospital. They have completed the aforementioned course and in-person forensic examinations under supervision. If a SANE-trained nurse is not available for some reason, the patient is

referred to Laredo Medical Center (LMC) for the conduct of the forensic examination. Infection prophylaxis is part of the forensic planning recommendation. Additionally, any applicable testing, inclusive of HIV, etc., dependent upon medical judgment, is likewise recommended pursuant to the planning notes. The planning notes and recommendations are provided to the facility physician and he/she is responsible for prescription purchase(s) and follow-through. Of note, the first dose of prophylaxis medication is administered as part of the forensic examination.

As female USMS detainees are not housed at WCDC, follow-up regarding pregnancy testing and pregnancy-related care is not facilitated by Doctor's Hospital SANEs.

In view of the above, the auditor finds WCDC substantially compliant with 115.21(c).

115.21(d)

Pursuant to the PAQ, the Warden self reports the facility attempts to make a trained staff victim advocate available to provide victim advocate services.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 23, sections 14 and 15 address 115.21(d) and (e).

The PCM asserts that if requested by the victim, victim advocates (VAs) are not presently activated by CC staff to provide support and information during investigatory interviews. The SANE interviewee states that VAs from Servicing Children and Adult Needs (SCAN) are available during the forensic examination to provide emotional support, crisis intervention, information, and referrals. SCAN VAs are contacted by Doctor's Hospital staff whenever a victim of sexual abuse is admitted to the hospital for a forensic examination and accordingly, they report automatically.

While VA presence during the forensic examination is addressed with respect to 115.21(d) and (e), presence during investigatory interviews is not. The MOU between CC and LPD reflects that arrangement for VA resources during investigatory interviews will be jointly accomplished by CC officials and LPD investigators. The auditor has not been provided any substantiating evidence to validate this procedure and accordingly, the auditor finds WCDC non-compliant with 115.21(e), imposing a 180-day corrective action period wherein the PCM will demonstrate compliance with and institutionalization of 115.21(d) and (e) requirements. The due date for completion of corrective action is November 25, 2024.

To demonstrate completion of corrective action, the auditor recommends that the Warden and executive staff identify at least one staff member who possesses the qualifications and aptitude to facilitate victim advocacy duties. The selected staff member should present those qualities of competence, empathy, compassion and an educational/vocational background compatible with the duties of a VA. The auditor suggests that both a primary and a secondary VA be identified.

Subsequent to selection, the VA(s) must complete the National Institute of Corrections (NIC) or similar course regarding victim-centered victim advocacy. Such course(s) is/ are generally completed in an online format. Additionally, seminars are sometimes provided by correctional training companies. Subsequent to completion of said training, the PCM will upload a copy of certificate(s) as evidence of completion of requisite training. Once properly trained, the VAs can facilitate duties pursuant to 115.21(d) and (e).

October 3, 2024 Update:

The auditor's review of a training roster dated August 23, 2024 reveals that four detention officers (DOs), the PCM, and the Warden completed this training. The training was facilitated by the Director, PREA Programs.

November 22, 2024 Update:

In addition to the information provided in the above October 3, 2024 Update, pursuant to a memorandum dated October 3, 2024, the aforementioned trainees were selected to perform such VA duties based on their years of service, experience in the corrections field, assistance with assessments and/or reassessments, and assistance to the SART team.

Of note, the auditor's review of this training curriculum reveals the same focuses on victim-centered victim advocacy. The aforementioned trained staff are now available to provide victim advocacy during investigative interviews.

The auditor notes that one detainee who reported a sexual abuse incident at WDCDC was housed at the facility during the on-site visit. This individual refused to be interviewed and accordingly, zero victim interviews were facilitated.

The fact patterns reflected in the three investigations did not warrant the conduct of a forensic examination.

In view of the above, the auditor now finds WDCDC substantially compliant with 115.21(d) and (e).

115.21(e)

Pursuant to the PAQ, the Warden self reports that if requested by the victim, a qualified agency staff member accompanies and supports the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals.

The PCM asserts that if requested by the victim, VAs are not presently available to provide support and information during investigatory interviews. The SANE

interviewee states that VAs from Servicing Children and Adult Needs (SCAN) are available during the forensic examination to provide emotional support, crisis intervention, information, and referrals. SCAN VAs are contacted by Doctor's Hospital staff whenever a victim of sexual abuse is admitted to the hospital for a forensic examination and accordingly, they report automatically.

While VA presence during the forensic examination is addressed with respect to 115.21(d) and (e), presence during investigatory interviews is not. The MOU between CC and LPD reflects that arrangement for VA resources during investigatory interviews will be jointly accomplished by CC officials and LPD investigators. The auditor has not been provided any substantiating evidence to validate this procedure and accordingly, the auditor finds WCDC non-compliant with 115.21(e), imposing a 180-day corrective action period wherein the PCM will demonstrate compliance with and institutionalization of 115.21(d) and (e). The due date for completion of corrective action is November 25, 2024.

To demonstrate completion of corrective action, the auditor recommends that the Warden and executive staff identify at least one staff member who possesses the qualifications and aptitude to facilitate victim advocacy duties. The selected staff member should present those qualities of competence, empathy, compassion and an educational/vocational background compatible with the duties of a VA. The auditor suggests that both a primary and a secondary VA be identified.

Subsequent to selection, the VAs must complete the National Institute of Corrections (NIC) or similar course regarding victim-centered victim advocacy. Such course(s) is generally completed in an online format. Additionally, seminars are sometimes provided by correctional training companies. Subsequent to completion of said training, the PCM will upload a copy of certificate(s) and evidence of completion of requisite training. Once properly trained, the VAs can facilitate duties pursuant to 115.21(d) and (e).

In view of the above, the auditor finds WCDC non-compliant with 115.21(e).

November 22, 2024 Update:

The auditor's review of a training roster dated August 23, 2024 reveals that four detention officers (DOs), the PCM, and the Warden completed this training. The training was facilitated by the Director, PREA Programs. Additionally, pursuant to a memorandum dated October 3, 2024, the aforementioned trainees were selected to perform such VA duties based on their years of service, experience in the corrections field, assistance with assessments and/or reassessments, and assistance to the SART team.

Of note, the auditor's review of this training curriculum reveals the same focuses on victim-centered victim advocacy. The aforementioned trained staff are now available to provide victim advocacy during investigative interviews.

In view of the above, the auditor now finds WCDC substantially compliant with 115.21(e).

115.21(f)

Pursuant to the PAQ, the Warden self reports if the agency is not responsible for investigating administrative or criminal allegations of sexual abuse and relies on another agency to conduct these investigations, the agency has requested that the responsible agency follow the requirements of paragraphs 115.21(a through e) of the PREA standards.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, pages 27, section O(4)(a-c) addresses 115.21(f).

The auditor's review of the MOU between WCDC and LPD clearly addresses the tenets of 115.21.

In view of the above, the auditor finds WCDC substantially compliant with 115.21(f).

115.21(h)

Pursuant to the PAQ, the Warden self reports that a qualified agency staff member shall be an individual who has been screened for appropriateness to serve in this role and has received education concerning sexual assault and forensic examination issues in general.

While VA presence during the forensic examination is addressed with respect to 115.21(d) and (e), presence during investigatory interviews is not. The MOU between CC and LPD reflects that arrangement for VA resources during investigatory interviews will be jointly accomplished by CC officials and LPD investigators. The auditor has not been provided any substantiating evidence to validate this procedure and accordingly, the auditor finds WCDC non-compliant with 115.21(e), imposing a 180-day corrective action period wherein the PCM will demonstrate compliance with and institutionalization of 115.21(d) and (e). The due date for completion of corrective action is November 25, 2024.

To demonstrate completion of corrective action, the Warden and executive staff will identify at least one staff member who possesses the qualifications and aptitude to facilitate victim advocacy duties. The selected staff member should present those qualities of competence, empathy, compassion and an educational/vocational background compatible with the duties of a VA. The auditor suggests that a primary and a secondary VA be identified.

Subsequent to selection, the VAs must complete the National Institute of Corrections (NIC) or similar course regarding victim-centered victim advocacy. Such course(s) is generally completed in an online format. Additionally, seminars are sometimes

provided by correctional training companies. Subsequent to completion of said training, the PCM will upload a copy of certificate(s) and evidence of completion of requisite training. Once properly trained, the VAs can facilitate duties pursuant to 115.21(d) and (e).

In view of the above and the corrective action required to also achieve compliance with 115.21(h), the auditor finds WCDC non-compliant with 115.21(h).

November 22, 2024 Update:

The auditor's review of a training roster dated August 23, 2024 reveals that four detention officers (DOs), the PCM, and the Warden completed this training. The training was facilitated by the Director, PREA Programs. Additionally, pursuant to a memorandum dated October 3, 2024, the aforementioned trainees were selected to perform such VA duties based on their years of service, experience in the corrections field, assistance with assessments and/or reassessments, and assistance to the SART team.

Of note, the auditor's review of this training curriculum reveals the same focuses on victim-centered victim advocacy. The aforementioned trained staff are now available to provide victim advocacy during investigative interviews.

Given the completed corrective actions articulated in the narratives for 115.21(d), (e), and (h), the auditor now finds WCDC substantially compliant with 115.21.

115.22	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.22(a)</p> <p>Pursuant to the PAQ, the Warden self reports the agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. Three administrative sexual abuse/harassment investigations were opened and all were completed during the last 12 months. None of these cases were referred for criminal investigation.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 26, section (N)(1) addresses 115.22(a and b) in totality.</p>

The auditor's on-site review of three random sexual abuse/harassment investigations validates the above statement regarding investigation opening and completion.

According to the Agency Head interviewee, an administrative or criminal investigation is completed for all allegations of sexual abuse or sexual harassment. Administrative investigations are completed by a PREA specialty trained CC investigator and criminal investigations are completed by LPD investigator(s).

In regard to the protocol relative to administrative/criminal sexual abuse or sexual harassment investigations, the Agency Head interviewee asserts the allegation triggers the rest of the investigative process. All allegations are reported in the CC Incident Reporting Database. This system requires multiple levels of administrative oversight and review. Allegations that could result, if substantiated, in criminal violations are referred to the appropriate law enforcement officials. CC staff work with outside law enforcement, upon request.

The administrative investigation is generally completed by the facility investigator. He/she does interview witnesses and assesses victim, perpetrator, and witness credibility. Finally, the administrative investigative staff writes an investigative report.

In view of the above, the auditor finds WCDC substantially compliant with 115.22(a).

115.22(b)

Pursuant to the PAQ, the Warden self reports the agency has a policy that requires allegations of sexual abuse and sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, including the agency if it conducts its own investigations, unless the allegation does not involve potentially criminal behavior. The Warden further self reports agency policy regarding the referral of allegations of sexual abuse or sexual harassment for criminal investigation is published on the agency website or made publicly available via other means. The agency documents all referrals of sexual abuse or sexual harassment allegations for criminal investigation. The auditor's review of the CC website validates that the policy is maintained on the same, as well as, a narrative regarding both administrative and criminal sexual abuse/harassment investigations.

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 27, section O(1) addresses 115.22(b).

The investigative staff interviewee states agency policy requires that allegations of sexual abuse or sexual harassment be referred to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. Criminal matters are referred to LPD investigator(s) for criminal investigation. Similarly, this investigative entity determines whether a forensic examination will be completed.

Of note, referrals for criminal investigations are documented in the CC Incident

	<p>Reporting Database.</p> <p>On December 11, 2024 and December 13, 2024, the auditor attempted to contact the LPD Sgt. who heads the Sex Crimes Division to facilitate an interview regarding the questions articulated above. On both occasions, the auditor was not able to make verbal contact and accordingly, he left a voice mail regarding the specifics of the proposed interview. Accordingly, the auditor cannot facilitate said interview.</p> <p>In view of the above, the auditor finds WCDC substantially compliant with 115.22(b).</p> <p>115.22(c)</p> <p>The auditor's review of the aforementioned policy reveals that the same clearly articulates investigative responsibilities for both LPD, as well as, the WCDC investigator. Additionally, the MOU between WCDC and LPD clearly addresses investigative responsibilities for both entities.</p> <p>In view of the above, the auditor finds WCDC substantially compliant with 115.22(c).</p> <p>Accordingly, based on the evidence articulated throughout this narrative, the auditor finds WCDC substantially compliant with 115.22.</p>
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115.31	Employee training
	Auditor Overall Determination: Exceeds Standard
	<p>Auditor Discussion</p> <p>115.31(a)</p> <p>Pursuant to the PAQ, the Warden self reports the agency trains all employees who may have contact with detainees regarding the ten topics listed in 115.31(a) as follows:</p> <p>The agency's zero-tolerance policy for sexual abuse and sexual harassment;</p> <p>How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;</p> <p>The right of detainees to be free from sexual abuse and sexual harassment;</p> <p>The right of detainees and employees to be free from retaliation for reporting sexual abuse and sexual harassment;</p>

The dynamics of sexual abuse and sexual harassment in confinement;

The common reactions of sexual abuse and sexual harassment victims;

How to detect and respond to signs of threatened and actual sexual abuse;

How to avoid inappropriate relationships with detainees;

How to communicate effectively and professionally with detainees, including lesbian, gay, bisexual, transgender, intersex, or gender-nonconforming detainees; and

How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, pages 5 and 6, section C(1 and 2)(a-j) addresses 115.31(a).

The auditor's limited review of the CC Inservice PREA Overview Facilitator and Participant's Guides, as well as slides, reveals substantial compliance with 115.31(a) in terms of the 10 required topics. Slides reveal that all requisite training [as applied to 115.31(a)] is available at WCDC. In addition to the above, the CC Facility Support Center (FSC) distributes PREA Refreshers and other PREA Resource Center (PRC) materials periodically. The auditor's review of in-service slides reveals substantial compliance with 115.31(a).

The auditor's onsite review of one 2021 and two 2024 random staff training records (CC PREA TRAINING ACKNOWLEDGMENT PRESERVICE and INSERVICE forms) reveals compliance with 115.31(a). As nine random files pertained to staff hired prior to July, 2021 and therefore outside the audit period, the same were not assessed for timeliness in terms of 115.31(a) training.

The signed and dated CC PREA TRAINING ACKNOWLEDGMENT PRESERVICE and INSERVICE forms reflect receipt and understanding of training, therefore establishing compliance with 115.31(a) and (d). Attendees print and sign the document, signifying completion of the same and understanding of the subject-matter presented.

Eleven of 12 random staff interviewees state they have received PREA training regarding the topics articulated in 115.31(a) above. Minimally, all random staff interviewees hired since the last PREA audit (four) received such training during the academy and prior to assumption of duties with detainees. Additionally, applicable random staff interviewees assert they completed either/or in-person or on-line PREA Annual Refresher Training (ART) regarding the aforementioned topics.

With respect to the two files pertaining to staff hired during the last 12 months, PREA pre-service training was provided, minimally, prior to contact with detainees.

Since the PREA basic or pre-service course is an online course, there is no 14-2A and the acknowledgment is signed and documented in a digital log with the training department. By virtue of electronic signature that each employee and/or contractor

sees when he/she completes the on-line PREA training module, 115.31(d) is substantiated. If staff/contractors do not acknowledge on this form, they will not be credited as complete on the training print out. These documents are included in OAS pertaining to both staff and contractors.

In view of the above, the auditor finds WCDC substantially compliant with 115.31(a).

115.31(b)

Pursuant to the PAQ, the Warden self reports training is tailored to the male gender of the detainees assigned to the facility. The Warden further self reports employees, who are reassigned from facilities housing the opposite gender, are given additional training. By virtue of a PAQ memorandum, the Warden states that zero staff who previously worked at exclusively female facilities were reassigned to WCDC during the last 12 months.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 5, section C(1) addresses 115.31(b).

As previously mentioned in the narrative for 115.31(a), the auditor's review of both curriculum and slides reveals substantial compliance with 115.31(b).

According to the WCDC PCM, zero staff have transferred to WCDC during the last 12 months from facilities wherein female detainees are exclusively housed.

In view of the above, the auditor finds WCDC substantially compliant with 115.31(b).

115.31(c)

Pursuant to the PAQ, the Warden self reports that between trainings, the agency provides refresher information about current policies regarding sexual abuse and sexual harassment to employees who may have contact with detainees. Minimally, staff receive PREA ART on an annual basis. The training tools addressed in the narrative for 115.31(a) clearly substantiate compliance with this provision.

The auditor's on-site review of nine of 10 CC PREA TRAINING ACKNOWLEDGMENT PRESERVICE and INSERVICE forms dated in 2024 reveals the affected staff completed PREA ART. These files pertained to staff hired prior to May, 2023.

In view of the above, the auditor finds that WCDC exceeds standard requirements with respect to 115.31(c) as PREA ART is provided on an annual basis, augmented by other PREA trainings and handout dissemination. 115.31(c) requires provision of refresher training on a bi-annual basis.

115.31(d)

	<p>Pursuant to the PAQ, the Warden self reports the agency documents that employees who may have contact with detainees understand the training they have received through employee signature or electronic verification.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 6, section C(3) addresses 115.31(d).</p> <p>The auditor's review of Training Acknowledgment Forms located in randomly selected employee training files, confirms that the "I understand" caveat is present on the forms and the employee signs and dates the same or provides an electronic signature.</p> <p>In view of the above, the auditor finds that WCDC is substantially compliance with 115.31(d).</p> <p>Accordingly, the auditor finds WCDC substantially compliant with 115.31.</p>
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115.32	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.32(a)</p> <p>Pursuant to the PAQ, the Warden self reports all contractors and volunteers, who have contact with detainees, have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse/harassment prevention, detection, and response. The Warden further self reports that 11 contractors and volunteers who have contact with detainees, have been trained in the agency's policies and procedures regarding sexual abuse/harassment prevention, detection, and response. Contractors [food service (Trinity)] receive the same training as all other facility employees. Additionally, Trinity provides PREA training to food service staff at WCDC.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, pages 6 and 7, section 8(a) addresses 115.32(a).</p> <p>The two food service contractor interviewees state they have been trained in their responsibilities regarding sexual abuse and sexual harassment prevention, detection,</p>

and response, per agency policy and procedure. Specifically, they participate (in person) in the CC PREA Orientation or ART training, whichever is applicable, with CC staff. Additionally, the assistant food service director provides Trinity staff PREA training on an annual basis.

The auditor's review of five CORECIVIC TRAINING ACKNOWLEDGMENT PRESERVICE and INSERVICE documents reveals random contractors completed either PREA Orientation (1) or PREA ART (4) training during 2023 or 2024.

The two volunteer interviewees state that they received PREA training during 2023 or 2024 and the same was presented in an in-person or on-line format. Additionally, they reviewed, signed, and dated a comprehensive CC PREA Overview: Training for Contractors and Volunteers form (14-2K-CC)

The training encompasses, but is not limited to, the agency's zero tolerance policy against sexual abuse/harassment of detainees, reporting options, description(s) of what sexual abuse/harassment looks like in a confinement setting and warning signs of the same, and the impact(s) of sexual abuse/harassment on the facility population.

In view of the above, the auditor finds WCDC substantially compliant with 115.32(a).

115.32(b)

Pursuant to the PAQ, the Warden self reports the level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with detainees. The Warden further self reports all volunteers and contractors who have contact with detainees have been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 7, section 8(b) addresses 115.32(b) in totality.

Trinity Food Service contractors participate in the same PREA ART as staff.

Accordingly, the auditor finds substantial compliance with 115.32(b). The two volunteer interviewees state that they received PREA training during 2023 or 2024 and the same was presented in an in-person or on-line format. Additionally, they reviewed, signed, and dated a comprehensive CC PREA Overview: Training for Contractors and Volunteers form (14-2K-CC). The auditor notes that the 14-2K-CC form provides substantial information regarding the CC PREA program and accordingly, contractors and volunteers receive adequate training.

In view of the above, the auditor finds WCDC substantially compliant with 115.32(b).

115.32(c)

Pursuant to the PAQ, the Warden self reports the agency maintains documentation

	<p>confirming that volunteers/contractors understand the training they have received.</p> <p>The auditor's review of five completed 2023 (1) and 2024 (4) CORECIVIC PREA TRAINING ACKNOWLEDGMENT PRESERVICE AND INSERVICE documents reveals that one contractor completed Pre-Service and four contractors completed In-Service PREA training. Each contractor signed and dated the form and each form contains the "I understand" caveat. Additionally, the auditor's review of two completed 2024 PREA Overview: Training for Contractors and Volunteers reveals substantial compliance with 115.32(c). Volunteer participants signed and dated the same and an "I understand" caveat is included within the document.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 7, section C(8)(c and d) addresses 115.32(c) in totality.</p> <p>In view of the above, the auditor finds WCDC substantially compliant with 115.32(c).</p> <p>Accordingly, the auditor finds WCDC substantially compliant with 115.32.</p>
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115.33	Inmate education
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>115.33(a)</p> <p>Pursuant to the PAQ, the Warden self reports detainees receive information at time of intake about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment. The Warden further self reports 154 detainees admitted to WCDC during the last 12 months were given this information at intake.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 11, section H(1) addresses 115.33(a).</p> <p>The intake staff interviewee states she provides detainees with information about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse/ harassment. Specifically, she issues the CC PREVENT. DETECT. RESPOND. tri-fold pamphlet (presented in English and Spanish), the WCDC Detainee Handbook, and the USMS tri-fold pamphlet to all incoming detainees. If the detainee is non-English speaking, either bi-lingual staff translators or LanguageLine is contacted to provide translation services. Mental health staff is utilized to translate for cognitively impaired detainees. Subsequently, additional information is conveyed during a case</p>

manager orientation. Additionally, the PREA video (English and Spanish) is displayed for detainees.

Fifteen of 16 random detainee interviewees report they received at least one or more of the WDCD Detainee Handbook, the aforementioned CC tri-fold pamphlet, the USMS tri-fold pamphlet, and the PREA video at intake (day of arrival) up to two days from the date of arrival. PREA education generally concludes with PREA orientation facilitated by the case manager, inclusive of showing the PREA video.

The auditor notes that the one detainee who states that he was not provided any of the requisite PREA information at intake (date of arrival), did receive requisite information, as identified in the preceding paragraph, on May 13, 2024. The same is validated by the Receiving and Discharge Checklist and PREA Education Acknowledgement, both signed and dated by the detainee.

The auditor's on-site review of nine random detainee files pertaining to detainees received at WDCD during the last 12 months reveals that the aforementioned USMS PREA tri-fold pamphlet, WDCD Detainee Handbook, CC PREVENT. DETECT. RESPOND tri-fold pamphlet, the Basic PREA Information form, and the PREA video were received by arriving detainees on the date of arrival. The six remaining files pertained to detainees received within the last 18 months.

In view of the above, the auditor finds WDCD substantially compliant with 115.33(a).

115.33(b)

Pursuant to the PAQ, the Warden self reports 108 detainees were admitted to WDCD during the last 12 months whose length of stay was 30 days or more. According to the Warden, all of those detainees received comprehensive PREA education within 30 days of intake.

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 11, section H(3) addresses 115.33(b).

According to the intake staff interviewee, much of the requisite information can be gleaned from the aforementioned packet of materials as described in the narrative for 115.33(a). Such education regarding the inmate's right to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents is generally provided in the intake materials and WDCD Detainee Handbook.

Additionally, a DO acting in the capacity of a case manager follows-up with each detainee within an unknown period of time following arrival at WDCD.

Fifteen of 16 random detainee interviewees report they received at least one or more of the WDCD Detainee Handbook, the aforementioned CC tri-fold pamphlet, the USMS tri-fold pamphlet, and the PREA video at intake (day of arrival) up to two days from the date of arrival. PREA education generally concludes with PREA orientation

facilitated by the case manager, inclusive of showing the PREA video.

In addition to the above, 15 of 16 random detainee interviewees state they were provided additional information regarding the following:

Their right to not be sexually abused or sexually harassed;

How to report sexual abuse or sexual harassment; and

Their right not to be punished for reporting sexual abuse or sexual harassment.

Nine of the 15 interviewees state they received the above comprehensive education at intake while three interviewees state they received the same within one week to 30 days of arrival at WCDC. Two interviewees stated they received comprehensive education within one to two days of arrival.

The auditor's on-site review of nine random detainee files pertaining to detainees received at WCDC during the last 12 months reveals that the aforementioned USMS PREA tri-fold pamphlet, WCDC Detainee Handbook, CC PREVENT. DETECT. RESPOND tri-fold pamphlet, the Basic PREA Information form, and the PREA video were received by arriving detainees on the date of arrival. The six remaining files pertained to detainees received within the last 18 months.

The auditor notes that he has been provided no documentary evidence validating that the comprehensive education was completed with respect to the aforementioned 15 random detainee files he reviewed.

In view of the above, the auditor finds WCDC non-compliant with 115.33(b) and accordingly, a 180-day corrective action period is imposed wherein the PCM and WCDC staff will demonstrate compliance with and institutionalization of 115.33(b) requirements. The due date for completion of corrective action is November 25, 2024.

To demonstrate compliance with and institutionalization of 115.33(b) requirements, the PCM will provide training to all stakeholders who are responsible for provision of 115.33(b) comprehensive PREA education. The training will encompass PREA standard and policy requirements surrounding provision of comprehensive PREA education, as well as, tips to ensure timeliness. Upon completion of this training, the PCM will upload the training syllabus, as well as, training documentation memorializing the attendee's completion of the training. Minimally, the auditor recommends that the DO who assumes duties as a case manager receives this training.

The auditor notes that two standards require corrective action within 30 days of arrival at the facility [standard provisions 115.33(b) and 115.41(f)]. Accordingly, the auditor recommends that both the comprehensive PREA training and the victimization/aggressor reassessment be completed within a 21-27 day range from the date of arrival. The auditor recommends that both processes be earmarked for completion on the same date.

Subsequent to completion of the above, the PCM will provide to the auditor a roster of all detainees received at WDCDC between the date of this interim report and November 25, 2024. This roster must reflect the date of arrival and housing assignment, minimally. The auditor will select a random sample of names and the PCM will upload both evidence validating provision of PREA education on the date of arrival and the 30-day comprehensive PREA education. Subsequently, the auditor will make a determination regarding compliance with 115.33(b).

In view of the above, the auditor finds WDCDC non-compliant with 115.33(b).

November 22, 2024 Update:

The auditor's review of CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 11, section H(3), which serves as the regulatory guideline for 115.33(b), reveals substantial compliance with the provision. The same was utilized to provide requisite training on August 8, 2024 as evidenced by the printed names and signatures of the quality assurance manager (QA), assistant warden (AW), learning development manager (LDM), COS/PCM, DO and investigator (FI) on a Training/Activity Attendance Roster. Accordingly, the auditor finds WDCDC compliant with the training component of the articulated corrective action.

In addition to the above, the auditor's review of 21 randomly selected (by the auditor) PREA Education Acknowledgement forms reflects timely provision of comprehensive PREA education within 30-days of arrival at WDCDC. Accordingly, the auditor now finds WDCDC substantially compliant with 115.33(b).

Of note, the auditor's review of an initial risk assessment/reassessment tool and initial/30-day PREA Education/Comprehensive PREA Education Acknowledgment reveals a viable mechanism to ensure compliance with 115.33(b).

In view of the above, the auditor finds WDCDC substantially compliant with 115.33(b).

115.33(c)

Pursuant to the PAQ, the Warden self reports that all detainees received within the last 12 months who remained at the facility for 30 days or more have been educated within 30 days of intake. The Warden further self reports agency policy requires that detainees who are transferred from one facility to another are educated regarding their rights to be free from both sexual abuse/harassment and retaliation for reporting such incidents and on agency policies and procedures for responding to such incidents to the extent that the policies and procedures for the new facility differ from those of the previous facility.

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 12, section H(6) addresses 115.33(c).

Given the finding articulated in the narrative for 115.33(b) above, the auditor likewise finds WCDC non-compliant with 115.33(c). The same corrective action is applicable to 115.33(c).

November 22, 2024 Update:

The auditor's review of CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 11, section H(3), which serves as the regulatory guideline for 115.33(b) and (c), reveals substantial compliance with the provision. The same was utilized to provide requisite training on August 8, 2024 as evidenced by the printed names and signatures of the quality assurance manager (QA), assistant warden (AW), learning development manager (LDM), COS/PCM, DO and investigator (FI) on a Training/Activity Attendance Roster. Accordingly, the auditor finds WCDC compliant with the training component of the articulated corrective action.

In addition to the above, the auditor's review of 21 randomly selected (by the auditor) PREA Education Acknowledgement forms reflects timely provision of comprehensive PREA education within 30-days of arrival at WCDC. Accordingly, the auditor now finds WCDC substantially compliant with 115.33(b) and (c).

Of note, the auditor's review of an initial risk assessment/reassessment and initial PREA education/comprehensive PREA education tool reveals a viable mechanism to ensure compliance with 115.33(b) and (c).

In view of the above, the auditor finds WCDC substantially compliant with 115.33(c).

115.33(d)

Pursuant to the PAQ, the Warden self reports education is available in accessible formats for all detainees, including those specific groups listed in the narrative for 115.16(a).

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 11, section H(2) addresses 115.33(d).

Within the PAQ information, a photograph of a TTY machine is present and the same is reportedly available in the case manager's office. This equipment is available for use by deaf detainees so they can converse with other individuals similarly situated. Additionally, the auditor's review of a memorandum reveals six agencies whose staff can assist with interpretation for blind, deaf, and physically handicapped detainees. The PREA video is available with subtitles for hearing impaired. The auditor notes that the CC PREA trifold pamphlet reveals the same is presented in both English and Spanish. Finally, a roster of 15 bilingual staff (primarily Spanish as second language) reveals availability across all three shifts.

The auditor's review of a LanguageLine Services instructional document reveals a

procedure is in place to provide interpretative services for non-English speaking and/or deaf detainees. Generally, solicitation of interpretational assistance through LanguageLine Services is facilitated on staff telephones.

According to the Agency Head interviewee, the agency has established procedures to provide detainees with disabilities and detainees who are limited English proficient 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. Specifically, LanguageLine is used, when necessary, to communicate with limited English proficient (LEP) detainees. Generally speaking, staff translators can also be used. TTY units are available in every facility and arrangements are provided to assist those detainees who are blind.

Corporate office staff provide assistance to facility staff that enables them to locate potential vendors and/or agencies that provide support services for detainees with disabilities. The agency maintains a comprehensive contract with LanguageLine and some facilities have a Memorandum of Understanding (MOU) with organizations in the local community to provide translation services, when needed.

The physically disabled detainee interviewee stated the facility provides information about sexual abuse and sexual harassment he is able to understand. Educational posters were noted to be posted in areas easily accessible to and observable by the detainee population (e.g. pods, program areas, operational areas). Additionally, posters appear to be written in language understandable by the detainee population.

The intake staff interviewee states that the PREVENT. DETECT. RESPOND tri-fold pamphlet is captured in both English and Spanish. In the event of a blind detainee, she reads materials to them. In the event of a deaf detainee, she reads the materials provided. In the event of a Limited English Proficient (LEP) detainee, she accesses LanguageLine to translate for other than Spanish non-English speakers. She would use mental health staff resources to assist with cognitively impaired detainees.

The auditor reviewed the contract between CC and LanguageLine Interpreter Services for provision of services to LEP detainees. Services for 200-plus languages are provided pursuant to this service. LanguageLine can be accessed from any staff telephone and is generally accessed by staff.

The auditor notes that the CC PREA trifold pamphlet is presented in both English and Spanish. Additionally, a roster of 15 bilingual staff reveals availability across all three shifts. Finally, the auditor's review of one PAQ victimization/aggressor screening tool reveals that the subject detainee was not English proficient and accordingly, a staff translator provided assistance.

Of note, the auditor learned that shift commanders and assistant shift commanders, intake staff, and above can access LanguageLine. The same can be accessed on any facility staff landline or authorized staff cell phones.

The auditor did test the LanguageLine on May 22, 2024 pursuant to telephone call originated on the chaplain's institutional telephone in his office. The call was

successfully made, the CC contract number was entered, and the auditor heard the type of translation required prompt. At this point, the call was terminated and considered to be successful. In addition to the above, bi-lingual staff interpreters are available to provide Spanish translation as exemplified during four LEP detainee interviews.

In view of the above, the auditor finds WCDC substantially compliant with 115.33(d)

115.33(e)

The auditor's review of two each completed documents entitled Receiving and Discharge Checklist (signed and dated by the detainee at intake), PREA Education Acknowledgment, and the WCDC Basic PREA Education form reveals substantial compliance with 115.33(e) in that documentation resources are available.

The auditor's on-site review of nine random detainee files pertaining to detainees received at WCDC during the last 12 months reveals that the aforementioned USMS PREA tri-fold pamphlet, WCDC Detainee Handbook, CC PREVENT. DETECT. RESPOND tri-fold pamphlet, the Basic PREA Information form, and the PREA video were received by arriving detainees on the date of arrival. The six remaining files pertained to detainees received within the last 18 months.

In view of the above, the auditor finds WCDC substantially compliant with 115.33(e).

115.33(f)

Pursuant to the PAQ, the Warden self reports the agency ensures key information about the agency's PREA policies is continuously and readily available or visible through posters, inmate handbooks, or other written formats.

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 12, section H(5) addresses 115.33(f).

The auditor's review of one photograph included with the PAQ reveals a telephone protocol to anonymously contact the USMS or ICE OIG with a report of sexual abuse/harassment. As mentioned in the narrative for 115.51(b), the auditor's attempted test of that telephone number proved to be frustrating and ineffective. Additionally, the WCDC Detainee Handbook and WCDC Basic PREA Education form also reflects the number noted on the poster. Clearly, the information provided is not user-friendly for detainees.

In addition to the above, the auditor notes that The Rape Crisis Center of San Antonio telephone number and address are noted as outside emotional support services in the WCDC Detainee Handbook and the WCDC Basic PREA Education form. Such services have not been provided to WCDC detainees during, minimally, the last 12 months. In view of the findings articulated in 115.53, all Rape Crisis Center of San

Antonio references should be deleted from the aforementioned documents.

In view of the above, the auditor finds WDCDC non-compliant with 115.33(f) and he imposes a 180-day corrective action period wherein the PCM and staff will demonstrate compliance with and institutionalization of 115.33(f) requirements. The due date for corrective action completion is November 25, 2024.

To demonstrate compliance with and institutionalization of 115.33(f) requirements, the PCM will amend the WDCDC Detainee Handbook and WDCDC PREA Basic Education form to reflect the correct information as addressed above. Additionally, the PCM will research the appropriate USMS or ICE telephone number for detainee sexual abuse/harassment reporting. Once the correct telephone number has been identified, any necessary adjustments to policy, the WDCDC Detainee Handbook, poster(s), and the PREA Basic Education form must be effected. If the PCM determines to use LPD as the 115.51(b) reporting source, the PCM will upload any instructional memorandums or posters bearing the LPD address, etc. The PCM will upload amended copies of the same for the auditor's review.

Finally, an informational memorandum will be posted in dormitories and units, advising of the changes. Given the heavy Hispanic population at WDCDC, the informational memorandum must be presented in both English and Spanish.

In view of the above, the auditor now finds WDCDC substantially compliant with 115.33(f).

November 27, 2024 Update:

The auditor's review of the updated or amended WDCDC Detainee Handbook reveals that the address for the Laredo Police Department is clearly identified as the 115.51(b) reporting source. Additionally, a memorandum dated November 25, 2024 and accompanying photographs of this clarification notice have been uploaded into OAS, as well as a separate memorandum poster reflecting the LPD address. The memorandum poster is posted in the vicinity of the detainee telephones and the same provides information necessary for outside reporting.

Accordingly, the auditor finds WDCDC compliant with 115.33(f) corrective action requirements pertaining to this issue.

The auditor also notes that the aforementioned memorandum poster reflects the telephone number for RAINN as an emotional support resource. Both the explanatory memorandum and the memorandum poster reflect such information. As noted, this information is readily available to detainees in need of the same.

Given the completed corrective actions noted in the narratives for 115.33(b), (c), and (f), the auditor now finds WDCDC substantially compliant with 115.33. In view of the above, the auditor finds WDCDC substantially compliant with 115.33.

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115.34	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.34(a)</p> <p>Pursuant to the PAQ, the Warden self reports agency policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 6, section C(5) addresses 115.34(a).</p> <p>The administrative investigative staff interviewee states he has completed training specific to investigating sexual abuse in confinement settings. Specifically, he has completed the web based National Institute of Corrections (NIC) training course entitled PREA: Conducting Investigations of Sexual Abuse in a Confinement Setting through CC and a similar class presented by Relias. The three hour online class included scenarios and the topics listed in the narrative for 115.34(b).</p> <p>The auditor's review of the CC certificate provided to him reveals that the administrative investigator completed the requisite NIC web-based course on February 1, 2022. A CC Certificate for the NIC course reveals that another WCDC staff member (Assistant Warden) is also certified to facilitate such investigations and his certificate was issued on October 11, 2023.</p> <p>On December 11, 2024 and December 13, 2024, the auditor attempted to contact the LPD Sgt. who heads the Sex Crimes Division to facilitate an interview regarding the questions articulated above. On both occasions, the auditor was not able to make verbal contact and accordingly, he left a voice mail regarding the specifics of the proposed interview. Accordingly, the auditor cannot facilitate said interview.</p> <p>The auditor's review of the lesson plan from the PREA: Conducting Investigations of Sexual Abuse in a Confinement Setting course reveals discussions regarding techniques for interviewing sexual abuse victims, Miranda and Garrity rights, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral, amongst other relevant topics.</p> <p>In view of the above, the auditor finds WCDC substantially compliant with 115.34(a).</p>

115.34(b)

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 6, section C(5)(a) addresses 115.34(b).

The investigative staff interviewee states that specialized training included:

Techniques for interviewing sexual abuse victims;
Proper use of Miranda and Garrity warnings;
Sexual abuse evidence collection in confinement settings; and
The criteria and evidence required to substantiate a case for administrative action or prosecution referral.

On December 11, 2024 and December 13, 2024, the auditor attempted to contact the LPD Sgt. who heads the Sex Crimes Division to facilitate an interview regarding the questions articulated above. On both occasions, the auditor was not able to make verbal contact and accordingly, he left a voice mail regarding the specifics of the proposed interview. Accordingly, the auditor cannot facilitate said interview.

In view of the above, the auditor finds WCDC substantially compliant with 115.34(b).

115.34(c)

Pursuant to the PAQ, the Warden self reports the agency maintains documentation showing investigator(s) have completed the required training.

The Warden further self reports WCDC currently employs one administrative PREA investigator and he completed the requisite training. As mentioned in the narrative for 115.34(a), a second administrative investigator has also completed requisite training, as validated by his certificate.

The auditor's review of the CC certificate provided to him reveals that the administrative investigator completed the requisite NIC web-based course on February 1, 2022. A CC Certificate for the NIC course reveals that another WCDC staff member is also certified to facilitate such investigations and his certificate was issued on October 11, 2023.

In view of the above, the auditor finds WCDC substantially compliant with 115.34(c).

Accordingly, the auditor finds WCDC substantially compliant with 115.34.

115.35	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

115.35(a)

Pursuant to the PAQ, the Warden self reports the agency has a policy related to the training of medical and mental health practitioners who work regularly in its facilities. According to the Warden, all 16 medical and mental health care practitioners who work regularly at the facility, have received the requisite training.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 6, section C(6) addresses 115.35(a).

The auditor's cursory review of the National Institute of Corrections (NIC)/PREA Resource Center (PRC) PREA Medical Standards random slides reveals substantial compliance with 115.35(a). The four requisite topics are addressed.

According to the medical/mental health interviewees, the medical practitioner completed specialized training regarding sexual abuse and sexual harassment by virtue of an on-line class that addressed the following:

- How to detect and assess signs of sexual abuse and sexual harassment;
- How to preserve physical evidence of sexual abuse;
- How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and
- How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

The auditor's review of electronic training rosters captures all 18 WCDC medical and mental health staff who have completed specialty PREA medical and mental health training during 2023 and 2024 and three of four medical/mental health contractors have likewise completed requisite specialty training. While WCDC staff have demonstrated substantial compliance with 115.35(a), the remaining contract dentist must also complete the same specialty training. Additionally, the WCDC medical and mental health staff completed requisite PREA ART training pursuant to 115.31.

In view of the above, the auditor finds WCDC substantially compliant with 115.35(a).

115.35(b)

Pursuant to the PAQ, the Warden self reports forensic examinations are not facilitated by WCDC SANEs. Assessment of SANE service practice and procedure is clearly articulated in the narrative for 115.21(c).

Accordingly, the auditor finds 115.35(b) not-applicable to WCDC.

115.35(c)

Pursuant to the PAQ, the Warden self reports the agency maintains documentation showing that medical and mental health practitioners have completed the required

	<p>training.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 6, section C(7) addresses 115.35(c).</p> <p>The auditor's review of electronic training rosters captures all 18 WCDC medical and mental health staff who have completed specialty PREA medical and mental health training during 2023 and 2024 and three of four medical/mental health contractors have likewise completed requisite specialty training. While WCDC staff have demonstrated substantial compliance with 115.35(a), the remaining contract dentist must also complete the same specialty training.</p> <p>In view of the above, the auditor finds WCDC substantially compliant with 115.35(c).</p> <p>115.35(d)</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, pages 5 and 6, section C(1 and 2)(a-j) addresses 115.35(d).</p> <p>The auditor's review of 17 2024 CORECIVIC PREA TRAINING ACKNOWLEDGMENT PRESERVICE AND INSERVICE forms reveals 17 medical/mental health staff completed PREA ART training. Staff sign and date these forms, signifying completion of the courses.</p> <p>In view of the above, the auditor finds WCDC substantially compliant with 115.35(d).</p> <p>Accordingly, the auditor finds WCDC substantially compliant with 115.35.</p>
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115.41	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.41(a)</p> <p>Pursuant to the PAQ, the Warden self reports the agency has a policy requiring screening (upon admission to a facility or transfer to another facility) for risk of sexual</p>

abuse victimization or sexual abusiveness towards other detainees.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 9, section G(1) addresses 115.41(a).

The staff who performs initial screening for risk of victimization and abusiveness interviewee states she does screen detainees upon admission to WCDC for risk of sexual abuse victimization or sexual abusiveness (victimization/abusiveness screening) towards other detainees. The interviewee states that screenings are facilitated one-on-one and away from other detainees. Initial screenings are conducted in the Receiving and Discharge area wherein four separate screening stations, separated by partial concrete block walls, are utilized. Because of the relatively small USMS movements, detainees are screened in either the 1st and 4th stations or one detainee in the screening area at a time. Thus, sufficient space between the detainee(s) being screened and other detainee(s) is accomplished. She does review the USM-129 form and/or additional historical information prior to the detainee's arrival.

While the auditor did observe the area in which victimization/aggressor screenings are conducted, he did not observe an actual assessment. As reflected above, the auditor asked specific questions of the interviewee from which to determine protocol and effectiveness in the screening process. He also reviewed completed initial assessments and reassessments to determine comprehensiveness.

Seven of eight applicable random detainee interviewees who arrived at WCDC during the last 12 months state they did receive an initial PREA assessment screening at intake. The auditor's review of the file related to the one random detainee who stated he was not asked if he had ever been in jail or prison before; whether he had ever been sexually abused; whether he identifies as lesbian, gay, or bisexual; and whether he thinks he might be in danger of sexual abuse at WCDC, reveals that all of these questions were asked on the day of arrival at intake. The remaining seven detainees clearly articulated that all requisite questions were asked at intake.

The auditor's on-site review of 15 random detainee files, inclusive of the eight files mentioned above, reveals that the initial victimization/aggressor screening was completed on the date of arrival in all cases. Screenings appear to be comprehensive, addressing all requisite questions, minimally.

In view of the above, the auditor finds WCDC substantially compliant with 115.41(a).

115.41(b)

Pursuant to the PAQ, the Warden self reports policy requires detainees to be screened for risk of sexual victimization or risk of abusing other detainees within 72 hours of their intake. In the last 12 months, the Warden self reports 154 detainees entered the facility (either through intake or transfer) whose length of stay in the facility was 72 hours or more who were screened for risk of sexual victimization or risk of sexually

abusing other detainees, within 72 hours of entry into the facility. The auditor notes that pursuant to the facility information section reflected in this report, 154 detainees were received at the facility during the last 12 months (either through intake or transfer) whose length of stay in the facility was 72 hours or more. Accordingly, based on the Warden's assertion, all detainee commitments were initially screened within 72 hours of arrival at WCDC. This equates to 100% of those screened pursuant to the criteria specified in the preceding sentence.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 9, section G(2) addresses 115.41(b). According to this provision, detainees are screened within 24 hours of arrival at the facility.

The auditor's review of four PAQ initial victimization/aggressor screenings reveals substantial compliance with 115.41(a and b). Screenings were completed on the date of arrival in all cases. Screenings appear to be comprehensive, addressing all requisite questions, minimally.

The auditor's on-site review of 15 random detainee files, inclusive of the eight files mentioned above, reveals that the initial victimization/aggressor screening was completed on the date of arrival in all cases. Screenings appear to be comprehensive, addressing all requisite questions, minimally.

The staff who performs screening for risk of sexual victimization and abusiveness interviewee states she screens detainees for risk of sexual victimization or risk of sexually abusing others on the day of arrival (following the security intake process), within a maximum of 24 hours.

In view of the above, the auditor finds WCDC substantially compliant with 115.41(b).

115.41(c)

Pursuant to the PAQ, the Warden self reports the risk assessment is conducted using an objective screening instrument.

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 9, section G(3) addresses 115.41(c).

The auditor's on-site review of the 15 previously mentioned initial screening documents and accompanying printouts facilitated during this audit period reveals the same do reflect the questions articulated in 115.41(d) and (e). The weighting system is clearly articulated on page 2 of the sample screening document uploaded into OAS. Pursuant to the same, detainees are classified as either Potential Victims (PVs)/Known Victims (KVs) or Potential Aggressors (PAs)/Known Aggressors (KAs). Unrestricted classifications are assessed whenever the detainee meets none of the aforementioned classifications. Of note, the weighting system is contingent upon the responses to specific question(s).

The questions are weighted, however, the weight is not assigned by the individual

completing the form. The computer system assesses the response and assigns the weight according to programming. For example a "yes" response to the question regarding prior victimization would be weighted higher than a "yes" response on being held for civil immigration.

In view of the above, the auditor finds WCDC substantially compliant with 115.41(c).

115.41(d)

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 10, section G(4) reveals the intake screening considers, at a minimum, the following criteria to assess detainees for risk of sexual victimization:

Whether the detainee has a mental, physical, or developmental disability;

The age of the detainee;

The physical build of the detainee;

Whether the detainee has previously been incarcerated;

Whether the detainee's criminal history is exclusively nonviolent;

Whether the detainee has prior convictions for sex offenses against an adult or child;

Whether the detainee is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming (question is asked by the screener, as well as, assessed pursuant to observation);

Whether the detainee has previously experienced sexual victimization;

The detainee's own perception of vulnerability; and

Whether the detainee is detained solely for civil immigration purposes.

The staff member who performs initial screening for risk of victimization and abusiveness interviewee states that screening questions, minimally, encompass:

History of sexual victimization (both institutional and community);

History of sexual aggression;

Age;

Physical stature;

Physical handicaps;

Mental capacity; and

Criminal history.

In view of the above, the auditor finds WCDC substantially compliant with 115.41(d).

115.41(e)

Pursuant to the PAQ, the Warden asserts that the initial screening shall consider prior

acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the agency, in assessing detainees for risk of being sexually abusive.

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 10, section G(5) reveals that 115.41(e) questions are addressed in the screening instrument.

Pursuant to the auditor's review of the screening instrument, he finds that the requisite questions are addressed in the same.

In view of the above, the auditor finds WCDC substantially compliant with 115.41(e).

115.41(f)

Pursuant to the PAQ, the Warden self reports policy requires that the facility reassess each detainee's risk of victimization or abusiveness within a set time period, not to exceed 30 days after the detainee's arrival at the facility, based upon any additional, relevant information received by the facility since the intake screening. In the last 12 months, the Warden self reports 108 detainees entered the facility (either through intake or transfer) whose length of stay in the facility was 30 days or more who were screened for risk of sexual victimization or risk of sexually abusing other detainees, within 30 days of entry into the facility. The auditor again notes that pursuant to the facility information section reflected in this report, 108 detainees were received at the facility during the last 12 months (either through intake or transfer) whose length of stay in the facility was 30 days or more.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 11, section G(13) addresses 115.41(f).

The auditor's review of four PAQ 2023 and 2024 initial victimization/aggressor assessments reveals that all were completed on the date of arrival at WCDC. The corresponding reassessments were also completed within 30-days of arrival at WCDC. Accordingly, all four examples were completed in a timely manner.

The staff responsible for risk screening interviewee states within 30 days of arrival at WCDC, a DO assuming duties as a case manager, facilitates a reassessment.

Four of the eight applicable random detainee interviewees who arrived at WCDC during the last 12 months, state they were asked screening questions again since their date of arrival at the facility. Two reassessments for detainees who have not been at WCDC for 30-days were not yet due.

The auditor's review of files pertaining to the two remaining random detainee interviewees who state they were not re-screened reveals that reassessment information was completed in a timely manner.

The auditor's further on-site review of 15 randomly selected detainee files (accompanying reassessment files for detainees who were initially screened at

WCDC) reveals two reassessments were untimely and two reassessments were not yet due given the date of their arrival at WCDC.

In view of the above, the auditor finds WCDC substantially compliant with 115.41(f).

115.41(g)

Pursuant to the PAQ, the Warden self reports the policy requires that a detainee's risk level be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the detainee's risk of sexual victimization or abusiveness.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 11, section G(15) and (16) addresses 115.41(g).

The WCDC PCM states that during the last 12 months, zero reassessments of USMS detainees were facilitated when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the detainee's risk of sexual victimization or abusiveness. The auditor notes that one detainee-on-detainee sexual abuse investigation was substantiated and accordingly, a reassessment should have been completed.

In view of the above, the auditor finds WCDC non-compliant with 115.41(g). As a result, WCDC is placed in a 180-day corrective action period wherein the PCM and WCDC staff will demonstrate compliance with and institutionalization of 115.41(g) requirements. The corrective action due date is November 25, 2024.

To demonstrate compliance with 115.41(g), the PCM will provide training to stakeholders regarding the nuances of 115.41(g). Specifically, stakeholders [Warden, AW, PCM, investigator, and screener(s)] will receive training regarding reassessments as required by receipt of new information, a referral, and the results of an investigation. A copy of the training plan, as well as, a training roster bearing the participant's printed name, title, and signature will be uploaded into OAS. The name of the training, trainer's name, and date of the same will also be affixed to the training roster.

In addition to the above, the PCM will upload a copy of the investigation roster encompassing all investigations conducted between the date of this interim report and November 25, 2024. The auditor will select appropriate investigations, requesting a copy of the entire investigative packet, as well as, a copy of the reassessment, if applicable.

Subsequently, following review, the auditor will make a finding regarding compliance with 115.41(g).

The staff who performs screening for risk of victimization and abusiveness interviewee states that the DO who facilitates case management duties reassesses detainee risk levels, as needed, due to a referral, request, incident of sexual abuse, or

receipt of additional information that bears on the detainee's risk of sexual victimization or abusiveness. The PCM or investigator may alert the DO to the need for such reassessment.

In view of the above, the auditor finds WCDC non-compliant with 115.41(g).

October 3, 2024 Update:

The auditor's review of a training syllabus regarding initial victimization/aggressor and 30-day reassessments reveals a discussion regarding 115.41(g) requirements. The same is clear and written in concise terms. Among the six attendees, the quality assurance manager (QAM), associate warden (AW), PCM, learning development manager (LDM), and the detention officer (DO) who completes reassessments received the training. These four staff are most likely involved in such reassessments.

In addition to the above, the auditor's review of an email from the PCM reveals that zero sexual abuse or sexual harassment incidents were reported between the dates of July 16, 2024 and October 3, 2024. Accordingly, actual reassessment pursuant of 115.41(g) cannot be completed.

The auditor now finds WCDC substantially compliant with 115.41(g) based on completion of prescribed corrective action.

115.41(h)

Pursuant to the PAQ, the Warden self reports the policy prohibits disciplining detainees for refusing to answer (or for not disclosing complete information related to) questions regarding:

Whether or not the detainee has a mental, physical, or developmental disability;
Whether or not the detainee is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming;
Whether or not the detainee has previously experienced sexual victimization; and
The detainee's own perception of vulnerability.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 10, section G(7) addresses 115.41(h).

The staff who performs screening for risk of sexual victimization and sexual abusiveness interviewee states detainees are not disciplined for any of the reasons articulated in the preceding two paragraphs. The auditor found no evidence of deviation from either policy or provision.

Pursuant to a memorandum dated May 10, 2024 and uploaded into OAS, the Warden states that zero detainees have been disciplined for failure or refusal to provide response(s) to the above questions

	<p>In view of the above, the auditor finds WCDC substantially compliant with 115.41(h).</p> <p>115.41(i)</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, pages 10 and 11, section G(12)(a-d) addresses 115.41(i).</p> <p>According to the CCPC, WCDC PCM, and the staff who performs screening for risk of victimization and abusiveness interviewees, the agency has outlined who should have access to a detainee's risk assessment within the facility in order to protect sensitive information from exploitation. According to the WCDC PCM, such information consumption is generally limited to the Warden, PCM, AW, sergeant, investigator, and mental health staff. The CCPC asserts that access is generally limited to the case manager. Assessments and reassessments generated electronically are password protected. The staff responsible for risk screening interviewee states access to assessments/reassessments is limited to the PCM, medical and mental health staff, and screening staff.</p> <p>The auditor notes that victimization/aggressor assessments are maintained in detainee files in locked file cabinets in the Records Area. During the facility tour, the auditor did observe the same. Access to electronic documentation can be accessed only by those staff who have been granted system privileges.</p> <p>In view of the above, the auditor finds WCDC substantially compliant with 115.41(i).</p> <p>Based on completion of corrective action as articulated in the narrative for 115.41(g) and the lack of findings with respect to the remaining provisions of 115.41, the auditor now finds WCDC substantially compliant with 115.41.</p>
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115.42	Use of screening information
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.42(a)</p> <p>Pursuant to the PAQ, the Warden self reports the facility uses information from the risk screening to inform housing, bed, work, education, and program assignments with the goal of keeping separate those detainees at high risk of being sexually victimized from those at high risk of being sexually abusive.</p>

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 9 section (G)(1) and page 12, section I(1) address 115.42(a).

The PCM and the staff responsible for risk screening interviewee assert that the screener keys response and response values into the Offender Management System (OMS) and the same assigns PV, KV, PA, KA, and Unrestricted status for each initial and reassessment screening. Victims and aggressors are not housed in the same cell or immediate bunk area. In open dorms, Vs are housed in a separate area in comparison to As. Housing notes and flags are entered by the screener(s) and reviewed by the lieutenants and captains during the housing assignment process to address any sexual safety concerns. A DO who is assigned as a case manager likewise reviews housing assignments. Victims are not housed with aggressors. Of note, the PCM asserts that OMS will not allow housing of victims and aggressors in the same bunk area or cell.

Pursuant to the auditor's observations during the facility tour, program and work assignments are supervised by staff. Accordingly, the auditor finds WCDC substantially compliant with 115.42(a).

The auditor does recommend that a roster be utilized to ensure Vs and As are not housed together. If the aforementioned classifications can be added to the roster and linked with individual detainee names, the same will assist those staff who assign housing, etc. in terms of ensuring sexual safety. Additionally, third party reviewers will have a tangible record of assignments to review as a check and balance system.

In view of the above, the auditor finds WCDC substantially compliant with 115.42(a).

115.42(b)

Pursuant to the PAQ, the Warden self reports the facility makes individualized determinations about how to ensure the safety of each detainee.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 13, section I(4) addresses 115.42(b). Additionally, CC Policy 14-9 entitled Management of Transgender and Intersex Inmates in Prison and Jail Facilities, pages 6-8, sections F(1-17) and G(1-5) address 115.42(b) and (c) minimally. These policies reflect the following:

The decision whether to assign a transgender or intersex detainee to a male or female facility will generally be made by the contracting agency prior to arrival at a CC facility. The Warden shall consult with his/her approving contracting agency representative, CC Managing Director, Operations CC FSC PREA Coordinator in the event there are concerns with a placement.

In deciding whether to house a transgender/intersex detainee in a male or female pod or dormitory within the facility subsequent to arrival, or, when making other housing and programming assignments for such detainees, the facility will consider whether placement would ensure the detainee's health and safety and whether the placement

would present management or security problems.

The procedure identified in the narrative for 115.42(a) reveals the mechanics of assigning victims and aggressors. Individual assessments dictate placement of detainees throughout the facility.

In view of the above, the auditor finds WCDC substantially compliant with 115.42(b).

115.42(c)

Pursuant to the PAQ, the Warden self reports the facility makes housing and program assignments for transgender and intersex detainees in the facility on a case-by-case basis however, designation to WCDC is accomplished by the USMS.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 13 section (I)(7)(b) addresses 115.42(c). Additionally, CC Policy 14-9 entitled Management of Transgender and Intersex Inmates in Prison and Jail Facilities, pages 6-8, sections F(1-17) and G(1-5) address 115.42(b) and (c) minimally. These policies reflect the following:

The decision whether to assign a transgender or intersex detainee to a male or female facility will generally be made by the contracting agency prior to arrival at a CC facility. The Warden shall consult with his/her approving contracting agency representative, CC Managing Director, Operations CC FSC PREA Coordinator in the event there are concerns with a placement.

In deciding whether to house a transgender/intersex detainee in a male or female pod or dormitory within the facility subsequent to arrival, or, when making other housing and programming assignments for such detainees, the facility will consider whether placement would ensure the detainee's health and safety and whether the placement would present management or security problems.

As reflected in the document entitled Transgender/Intersex Assessment and Treatment Plan, the same is utilized subsequent to referral from intake, referral post intake, and any reassessments. Various sexual safety assessment/reassessment factors are addressed in that document to assist staff with sexual safety decision-making within the facility, inclusive of placement in a male or female room, cell, or dormitory. Of note, the detainees, as well as, members of the Sexual Abuse Response Team (SART) sign and date this document.

The PCM asserts housing assignments for transgender/intersex detainees are determined pursuant to review of the screening results. Transgender/intersex detainees are dispersed throughout the facility, dependent upon security and safety concerns. Transgender/intersex detainees are not placed in specific pods or areas but rather, the safest environment based on historical and current information. All programming areas are supervised by staff.

Members of the SART meet with the transgender/intersex detainee to address

management preferences and needs. The agency considers whether the placement will ensure the detainee's health and safety. Additionally, the agency considers whether the placement would present management or security problems.

When questioned, the PCM stated that detainees are designated to WDCD by USMS staff.

According to the PCM, zero transgender/intersex detainees were housed at WDCD at the time of the onsite visit. Accordingly, such interviewees could not be facilitated.

Clearly, initial victimization/aggressor screening is conducted with respect to new arrivals. Staff do assess the safest situation in which to place the detainee.

In view of the above, the auditor finds WDCD substantially compliant with 115.42(c).

115.42(d)

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 14 section I(7)(d) addresses 115.42(d).

The PCM asserts placement and programming assignments for each transgender/intersex detainee are reassessed a minimum of two times per year for any threats to safety experienced by the detainee. This assessment is managed by the SART team. In addition to the Transgender/Intersex Assessment and Treatment Plan, such meetings are documented in OMS and social case notes. The staff responsible for risk screening interviewee states that placement and programming assignments for each transgender/intersex detainee are reassessed a minimum of two times per year for any threats to safety experienced by the detainee.

Since zero transgender/intersex detainee(s) were housed at WDCD during the onsite visit and the auditor was not advised regarding any other transgender/intersex detainees during the last 12 months, review of relevant documentation could not be completed.

In view of the above, the auditor finds WDCD substantially compliant with 115.42(d).

115.42(e)

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 14, section I(7)(c) addresses 115.42(e).

The PCM asserts transgender/intersex detainee's own views with respect to his/her safety are given serious consideration in placement and programming assignments. The staff responsible for risk screening interviewee validates the statement of the PCM.

In view of the above, the auditor finds WDCD substantially compliant with 115.42(e).

115.42(f)

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 17, section g addresses 115.42(f).

The PCM and staff responsible for risk screening assert transgender/intersex detainees are given the opportunity to shower separately from other detainees. Separate showers may be initiated by the detainee via tablet and routed through the SART team with the PCM having final approval. Separate showers may be accommodated either in R&D or in a vacant dormitory.

In view of the above, the auditor finds WCDC substantially compliant with 115.42(f).

115.42(g)

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 14, section (l)(7)(e) addresses 115.42(g).

According to the CCPC, facility staff in all CC facilities are keenly aware that designated facilities, wings, etc. are unacceptable for the housing of lesbian, gay, bisexual, transgender, or intersex detainees unless the agency or facility is subject to a consent decree, legal settlement, or legal judgment for the purpose of protecting such detainees. Housing assignments are made at the local level, utilizing the risk assessment screening tool. Such assignments are subject to review during internal audits, mock PREA audits, and partner agency audits. Of note, transgender/intersex detainees are reviewed individually with consideration made for their own safety concerns.

The PCM asserts the facility is not subject to a consent decree, legal settlement, or legal judgment requiring that it establish a dedicated facility, unit, or wing for lesbian, gay, bisexual, transgender, or intersex detainees.

In view of the above, the auditor finds WCDC substantially compliant with 115.42(g).

Accordingly, in view of the evidence identified throughout this narrative, the auditor finds WCDC substantially compliant with 115.42.

115.43	Protective Custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

115.43(a)

Pursuant to the PAQ, the Warden self reports the agency has a policy prohibiting the placement of detainees 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. The Warden further self reports zero detainees at risk of sexual victimization were held in involuntary segregated housing within the last 12 months for one to 24 hours awaiting completion of assessment.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 13, section I(8)(a) addresses 115.43(a).

The Warden asserts agency policy prohibits placing detainees at high risk for sexual victimization or who have alleged sexual abuse in involuntary segregated housing in lieu of other housing areas, unless an assessment has determined there are no alternative means of separation from potential abusers. The Warden further asserts a detainee can be placed in such status temporarily for up to 24 hours while alternative placement(s) are researched. If a detainee requests protective custody, he may be placed in segregated housing, subject to Restricted Housing Unit (RHU) policies and procedures.

In view of the above, the auditor finds WCDC substantially compliant with 115.43(a).

115.43(b)

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 13, section I(8)(b) addresses 115.43(b).

According to the Warden, zero detainees have been placed in involuntary segregated housing pursuant to 115.43(a) provisions. Accordingly, that interview could not be conducted.

The staff who supervises detainees in segregated housing interviewee states that detainees would only be placed in RHU pending investigation for other matters or at their request. If detainees are placed in segregated housing for protection from sexual abuse or after having alleged sexual abuse, they would still have access to the following:

Programs (Detainees can request main library services);

Privileges (Telephone, recreation, use of the tablet, and commissary are available to detainees);

Education (education is not available at WCDC); and

Work opportunities (work opportunities are not available at WCDC).

If access to programs, privileges, or education is restricted, the opportunities that have been limited are documented on the Confinement Activity Record (CAR). The opportunities that have been limited, the duration of the limitations, and the reasons

for such limitations are documented on the CAR. Of note, during the facility tour, the auditor observed the CAR process and information provided on the same. Additionally, the same is documented on the hard drive log.

In view of the above, the auditor finds WCDC substantially compliant with 115.43(b).

115.43(c)

Pursuant to the PAQ, the Warden self reports that during the last 12 months, zero detainees at risk of sexual victimization were assigned to involuntary segregated housing for longer than 30 days while awaiting alternative placement.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 13, section I(8)(d) addresses 115.43(c).

The Warden asserts detainees at high risk for sexual victimization or who have alleged sexual abuse may be placed in involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged. If the same were to occur, the longest placement under such circumstances would generally be 24 hours.

The staff member who supervises detainees in RHU interviewee states that sexual abuse victims are not placed in RHU unless an alternative means of separation from likely abusers cannot be arranged. Such victims can request protective custody, however. He further states that the longest placement would generally be less than 30 days.

In view of the above, the auditor finds WCDC substantially compliant with 115.43(c).

115.43(d)

As previously indicated in the narrative for 115.43(a), the Warden self reports zero detainees at risk for sexual victimization were held in involuntary segregated housing within the last 12 months for one to 24 hours awaiting completion of assessment.

Pursuant to random review of sexual abuse/harassment investigations, the auditor has not discovered any 115.43 violations and accordingly, requisite 115.43(d) documentation is not available.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 13, section I(8)(e) addresses 115.43(d).

The auditor finds that the 115.43(d) process is in place should the need arise.

In view of the above, the auditor finds WCDC substantially compliant with 115.43(d).

	<p>115.43(e)</p> <p>Pursuant to the PAQ, the Warden self reports if an involuntary segregation housing assignment is made, the facility affords each such detainee a review every 30 days to determine whether there is a continuing need for separation from the general population.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 13, section I(8)(f) addresses 115.43(e).</p> <p>The staff member who supervises detainees in segregated housing interviewee states that if placed in involuntary RHU housing, a victim would be reviewed every seven days to determine whether general population return is feasible.</p> <p>In view of the above, the auditor finds WCDC substantially compliant with 115.43(e).</p> <p>Accordingly, the auditor finds WCDC substantially compliant with 115.43.</p>
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115.51	Inmate reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.51(a)</p> <p>Pursuant to the PAQ, the Warden self reports the agency has established procedures allowing for multiple internal ways for detainees to report privately to agency officials about:</p> <p>Sexual abuse or sexual harassment; Retaliation by other detainees or staff for reporting sexual abuse and sexual harassment of detainees; and Staff neglect or violation of responsibilities that may have contributed to such incidents.</p> <p>Reporting options, as articulated in the WCDC Inmate Handbook during pre-audit review of materials uploaded into OAS include the following:</p> <p>Contact the National Sexual Assault Hotline via telephone protocol articulated in the WCDC Inmate Handbook;</p>

Contact the Detention Reporting and Information Line (DRIL) via telephone protocol articulated in the WCDC Inmate Handbook;

Contact the Office of the Inspector General Hotline (ICE) via telephone protocol articulated in the WCDC Inmate Handbook;

Contact the Joint Intake Center via telephone protocol articulated in the WCDC Inmate Handbook;

Contact the State Sexual Abuse Hotline via telephone protocol articulated in the WCDC Inmate Handbook;

Send a letter to the Warden marked confidential;

Send a letter to the Managing Director, Facility Operations at 5501 Virginia Way, Suite 110, Brentwood, TN 37027;

Detainees may notify any staff member either verbally or in writing so they may report the incident;

Detainees may submit a request to meet with Health Services staff and/or report to Health Services staff during sick call; and

Detainees may forward a letter to security staff marked confidential.

Detainees may telephonically contact the WCDC PREA Hotline.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, pages 17 and 18, section K(1)(a and b)(i-vii) addresses 115.51(a).

The auditor did discuss mailing procedures at WCDC with the staff member assigned to the mail room. The interviewee stated that mail to the above agencies, as well as LPD, is treated as legal mail and the same is not opened unless something suspicious is observed (e.g. an item secreted therein, odd writing on the envelope suggesting a code, or the legal mail is partially opened). Of note, the detainee seals outgoing legal mail prior to deposit in the locked mail depositories located in the vestibules separating dormitories.

If an irregular condition is observed by the mail room officer, the COS, AW, or Warden observes the same, as well as, the accompanying search by the mail room officer. During the facility tour, the auditor did observe the locked outgoing detainee mail boxes as described by the mail room officer. Mail room staff retrieve outgoing mail Monday through Friday, excluding Saturdays, Sundays, and federal holidays. While all outgoing mail is placed in these locked mail receptacles, the mail room officer separates and identifies outgoing legal mail.

Generally, detainees can either provide outgoing mail to staff for deposit in the aforementioned depositories or they can deposit outgoing mail by requesting staff to open the dormitory door for mail placement in the depository. Additionally, they can deposit outgoing mail whenever they leave the dormitory enroute to recreation, medical, the library, or court. The same is applicable to detainees housed in the

RHU.

All 12 random staff interviewees were able to cite at least one method for detainees to report sexual abuse/harassment, retaliation, and staff neglect or violation of responsibilities at WCDC. Specifically, detainees can report via verbal report(s) to staff, submission of a written report, reporting via the USMS or ICE Office of the Inspector General (OIG) Hotline, the CC Ethics Line, third party report, and submission of an emergency grievance.

All sixteen random detainee interviewees were able to cite at least one method of reporting sexual abuse/harassment at WCDC. Methods of reporting cited are as follows:

USMS or ICE OIG PREA Hotline;

Verbal report to staff;

Third party;

Tablet;

Written;

Anonymous report.

On May 21, 2024, the auditor tested the posted telephone number for the USMS or ICE OIG Hotline from a detainee telephone in Unit 1. Initially, the auditor was under the impression that the USMS or ICE OIG Hotline was intended to serve as the 115.51(b) reporting source. When he attempted the telephone call, the telephone was operable however, he finally reached an office in the financial management section. The telephone call was subsequently forwarded by the answering staff member to (956)725-2522, an alleged telephone number in the PREA section of the USMS or ICE.

Following the auditor's advisement that he was testing the outside reporting resource for sexual abuse incidents occurring at WCDC, he inquired as to the protocol the USMS or ICE would implement to address the sexual abuse report. The auditor was advised that the sexual abuse information would be reported to a supervisor. When the auditor inquired as to the length of time before the report would be forwarded to the facility Warden, the auditor was advised that the same would not occur in view of confidentiality requirements. The auditor re-framed the question and was advised that confidentiality issues prevented reporting the alleged sexual abuse to the facility for follow-up.

In view of the above, it is clear that neither the USMS or ICE OIG is not a legitimate 115.51(b) reporting source. While the initial telephone number is broadly posted throughout the USMS portion of the facility, the posted telephone number is either not legitimate to facilitate reporting or a mechanical flaw in the system prevents effective reporting. While the USMS or ICE OIG is a legitimate 115.51(a) reporting source, corrective action must be taken to address the above issues. The due date for corrective action completion is November 25, 2024.

To demonstrate compliance with and institutionalization of 115.51(a), the PCM will

contact USMS and/or ICE officials to determine a legitimate telephone number for sexual abuse/harassment reporting. Once obtained, the PCM will work with the WDCD telephone service provider to correct the contact number in the system. This should be a mechanical issue easily addressed by the service provider.

If any telephone number changes or procedural changes are identified, the PCM will update the WDCD Detainee Handbook, posters, and he will work with the CCPC to address any policy changes. Changes will be communicated to the USMS detainee population through posting of an informational memorandum in the dormitories/units, minimally. Photographs of amended posters and the informational memorandum, as well as, the amended WDCD Detainee Handbook will be uploaded into OAS.

Upon completion of the same, the auditor will render a compliance or non-compliance finding.

In view of the above, the auditor finds WDCD non-compliant with 115.51(a).

115.51(b)

Pursuant to the PAQ, the Warden self reports the agency provides at least one way for detainees to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency.

The Warden further self reports the agency does have a policy requiring detainees detained solely for civil immigration purposes be provided information on how to contact relevant consular officials and relevant officials of the Department of Homeland Security. The auditor notes that ICE detainees are not housed in the USMS section of the facility and this audit addresses only USMS detainees.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 18, section K(1)(c and d) addresses 115.51(b). Pursuant to controlling policy, contact can be made with any of the aforementioned telephonic receivers to report a sexual abuse/harassment incident to a non-CC or partner receiver.

The PCM asserts that detainees can report sexual abuse/harassment to the USMS or ICE OIG as a public or private entity or office that is not part of the agency. According to the PCM, LPD is the primary. The auditor notes that LPD is not identified as a 115.51(b) reporting source in either policy or the WDCD Detainee Handbook.

All sixteen random detainee interviewees were able to cite at least one method of reporting sexual abuse/harassment at WDCD. Methods of reporting cited are as follows:

USMS or ICE OIG PREA Hotline;

Verbal report to staff;

Third party;

Tablet;

Written;
Anonymous report.

Thirteen of 16 random detainee interviewees state they are allowed to make a report without giving their name.

As of the date of the onsite visit, the auditor neither discovered nor was he provided any evidence of a legitimate 115.51(b) reporting source. Accordingly, he finds WCDC non-compliant with 115.51(b) and imposes a 180-day corrective action period (ending on November 25, 2024) wherein the PCM will develop and implement a plan wherein at least one method for detainees to report abuse or harassment to a public or private entity or office that is not part of the agency, is provided. That resource must be able to receive and immediately forward detainee reports of sexual abuse and sexual harassment to agency officials, allowing the detainee to remain anonymous upon request.

The auditor recommends that WCDC officials work with LPD officials regarding this plan and he is under the impression that this may have already occurred. If amenable, the auditor recommends that the logistics of the plan be reduced to writing in an MOU and if adopted, the auditor recommends that the report be accomplished via telephone call, writing, or both. Of course, language stipulating the time frame in which LPD officials will contact the Warden regarding the report, must also be scripted in the MOU. Finally, the ability for the reporter to maintain anonymous must also be scripted.

If this option is adopted, the PCM will upload a copy of the MOU and/or plan into OAS. Additionally, policy, the WCDC Detainee Handbook, and poster(s), etc. must be amended. The PCM will upload copies of the same, inclusive of photographs of any poster(s) hung in the units/dormitories/etc.

In view of the above, the auditor finds WCDC non-compliant with 115.51(b).

November 27, 2024 Update:

The auditor's review of the updated or amended WCDC Detainee Handbook reveals that the address for the Laredo Police Department is clearly identified as the 115.51(b) reporting source. Additionally, a memorandum dated November 25, 2024 and accompanying photographs of this clarification notice have been uploaded into OAS. The memorandum poster reflecting the LPD address is posted in the vicinity of the detainee telephones and the same provides information necessary for reporting. Accordingly, the auditor finds WCDC compliant with corrective action requirements.

As previously noted in the narrative for 115.51(a), the auditor did discuss mailing procedures at WCDC with the staff member assigned to the mail room. The interviewee stated that mail to the above agencies, as well as LPD, is treated as legal mail and the same is not opened unless something suspicious is observed (e.g. an item secreted therein, odd writing on the envelope suggesting a code, or the legal

mail is partially opened). Of note, the detainee seals outgoing legal mail prior to deposit in the locked mail depositories located in the vestibules separating dormitories.

If an irregular condition is observed by the mail room officer, the COS, AW, or Warden observes the same, as well as, the accompanying search by the mail room officer.

During the facility tour, the auditor did observe the locked outgoing detainee mail boxes as described by the mail room officer. Mail room staff retrieve outgoing mail Monday through Friday, excluding Saturdays, Sundays, and federal holidays. While all outgoing mail is placed in these locked mail receptacles, the mail room officer separates and identifies outgoing legal mail.

Generally, detainees can either provide outgoing mail to staff for deposit in the aforementioned depositories or they can deposit outgoing mail by requesting staff to open the dormitory door for mail placement in the depository. Additionally, they can deposit outgoing mail whenever they leave the dormitory enroute to recreation, medical, the library, or court. The same is applicable to detainees housed in the RHU.

Of note, it is the auditor's understanding that USMS officials expect that the telephone number provided remain as their contact number.

Given the above, the auditor now finds WCDC compliant with 115.51(b).

115.51(c)

Pursuant to the PAQ, the Warden self reports the agency has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties. The Warden further self reports staff are required to immediately document verbal reports of sexual abuse/harassment received from detainees.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 19, section K(2)(b) addresses 115.51(c).

All 12 random staff interviewees state when a detainee alleges sexual abuse or sexual harassment, he/she can do so verbally, in writing, anonymously, and from third parties. Similarly, all 12 random staff interviewees state they immediately document verbal reports of sexual abuse and sexual harassment.

All 16 random detainee interviewees state they can make reports of sexual abuse or sexual harassment both in person or in writing.

In view of the above, the auditor finds WCDC substantially compliant with 115.51(c).

115.51(d)

	<p>Pursuant to the PAQ, the Warden self reports the agency has established procedures for staff to privately report sexual abuse and sexual harassment of detainees.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 19, section K(2)(h) addresses 115.51(d).</p> <p>All 12 random staff interviewees state staff can privately report sexual abuse and sexual harassment by any of the following methods:</p> <p>Submission of a written report to the Warden/PCM/ADO/supervisory staff; Closed door verbal report(s) to the same staff; Call Ethics Hotline; Call USMS or ICE OIG Hotline;</p> <p>Written report; Email; and Contact supervisor via telephone.</p> <p>In view of the above, the auditor finds WCDC substantially compliant with 115.51(d).</p> <p>Based on the findings articulated in the narratives for 115.51(a) and (b), the auditor now finds WCDC substantially compliant with 115.51.</p>
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115.52	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.52(a-g)</p> <p>Pursuant to the PAQ, the Warden self reports the agency does not have an administrative procedure for dealing with detainee grievances regarding sexual abuse. As reflected in the following policy citation, there is no policy but rather, a practice, in terms of processing sexual abuse reports.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 17, section K(1)(e)(1 and 2) addresses 115.52. All sexual abuse/harassment issues submitted as a grievance are immediately forwarded to the facility investigator or ado for investigation pursuant to this policy.</p> <p>Clearly, sexual abuse/harassment matters are managed pursuant to the facilitation of</p>

	<p>an investigation as defined throughout these standards. Accordingly, the auditor finds that WCDC is exempt from 115.52(a-g).</p> <p>In view of the above, the auditor finds WCDC substantially compliant with the intent of 115.52.</p>
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115.53 Inmate access to outside confidential support services	
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>115.53(a)</p> <p>Pursuant to the PAQ, the Warden self reports the facility provides detainees with access to outside victim advocates for emotional support services related to sexual abuse by:</p> <ul style="list-style-type: none"> Giving detainees mailing addresses and telephone numbers (including toll-free Hotline numbers where available) for local, state, or national advocacy or rape crisis organizations; Giving detainees mailing addresses and telephone numbers (including toll-free Hotline numbers where available) for immigrant services agencies for persons detained solely for civil immigration purposes; and Enabling reasonable communication between detainees and these organizations in as confidential manner as possible. <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, pages 8 and 9, sections F(3, 4, and 6) addresses 115.53(a). Pursuant to controlling policy, 115.53(a) services are available through The Rape Crisis Center of San Antonio and the address/ telephone number are articulated therein.</p> <p>The above policy clearly reflects that The Rape Crisis Center of San Antonio is an emotional support service. Based on WCDC Detainee Handbook information and the WCDC Basic PREA Education form provided in the PAQ, The Rape Crisis Center of San Antonio is mentioned as an outside support service. Accordingly, it is reasonable to infer that detainees are informed regarding 115.53(a) services. As noted in the following paragraphs, however, The Rape Crisis Center of San Antonio is not a viable 115.53(a) resource.</p> <p>During the pre-audit phase, the auditor learned that The Rape Crisis Center of San Antonio no longer provides 115.53(a) victim advocacy services to WCDC detainees. At this point, services are not provided pursuant to any alternate rape crisis center (RCC), etc. As the auditor understands, the issue is focused on the inability to use</p>

federal funds (VOCA and VAWA), as interpreted by unknown State of Texas official(s), to provide these services to detainees. Specifically, such funding cannot be used by RCC staff to provide follow-up VA services to detainees, etc.

The auditor has learned that the former CCPC addressed this matter with Just Detention International (JDI) officials at least one year ago following termination of services by The Rape Crisis Center of San Antonio. Additionally, he has pursued agreements with other Texas RCCs for provision of those services articulated in 115.53(a). RCC officials have advised that they cannot provide such services in view of the rationale cited in the preceding paragraph.

Efforts to address this matter have continued, as recent as, July 11, 2024. This attempt was accomplished by the recently appointed CCPC pursuant to contact with JDI officials. While a couple strategies are in process, nothing has changed at this point in view of the ability of State of Texas officials to implement these restrictions regarding use of the VOCA and VAWA grant monies.

Undoubtedly, this situation presents far reaching consequences for providers, agencies located within the State of Texas, and detainees. At this point, it appears there are no solutions to the issue within the State of Texas.

Review of page 37162 of the Federal Register addresses the PREA Final Rule (administrative regulation). Of course, comments from stakeholders regarding the proposed regulations and responses from the proposing entities are noted on this page of the Federal Register. The paraphrased language articulated in one comment and response is reflected below:

Comment: The American Jail Association (AJA) noted that many jails are in rural areas and do not have local agencies (Auditor's Note: RRCs) to assist (Auditor's Note: assist with 115.53 services).

Response: In such cases, the jail would need only to document its efforts to obtain such assistance and show that there are no local programs that can help.

Clearly, the respondent(s) recognized the potential issues which correctional facilities/agencies might face and made allowances for the same. While WCDC is not necessarily located in a remote area, the principle is the same. Documented attempts to secure services have been made with the same result on each occasion. Implementation of federal grant money distribution to RCCs impedes their (RCCs) ability to provide services to the facility/correctional entity.

Twelve of 16 random detainee interviewees state they are aware that there are services outside of the facility for dealing with sexual abuse, if needed. Similarly, 12 of 16 random detainee interviewees could not identify a name or type of organization who could provide such emotional support services.

Thirteen of 16 random detainee interviewees state mailing addresses and telephone numbers for such emotional support services are provided by the facility. Four of these interviewees state that the same are noted in the WCDC Detainee Handbook,

posted on walls, or noted on the tablets. Twelve of 16 random detainee interviewees state that the numbers are free to call. Four of 16 random detainee interviewees state that contact with support services staff can be made anytime while eight interviewees state that contact may be made during telephone hours and pursuant to staff assistance during non-telephone hours.

The detainee who reported a sexual abuse incident at WDCDC refused to participate in an interview and accordingly, that particular interview questionnaire could not be administered.

In view of the above evidence and findings, the auditor finds WDCDC substantially compliant with 115.53(a).

115.53(b)

Pursuant to the PAQ, the Warden self reports the facility informs detainees, prior to giving them access to outside support services, of the extent to which such communications will be monitored. The Warden further self reports the facility informs detainees, prior to giving them access to outside support services, of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant federal, state, or local law.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 9, section F(5)(a and b) addresses 115.53(b).

The auditor's review of the CC tri-fold brochure entitled Prevent. Detect. Respond., section entitled Confidentiality, addresses 115.53(b). Each detainee receives a copy of the same at intake.

Fourteen of 16 random detainee interviewees state that what they say to staff from these services remains confidential and eight interviewees state that there are no exceptions to the confidentiality rule. Five interviewees state there may be exceptions to the confidentiality rule with three interviewees stating that being compelled to testify, conversations regarding self harm, and conversations regarding criminal activity at the facility constitute legitimate and legal reasons for sharing the content of conversations.

The detainee who reported a sexual abuse incident at WDCDC refused to participate in an interview and accordingly, that particular interview questionnaire could not be administered.

The auditor notes that all detainees have the opportunity to be aware of 115.53(b) entitlements, as reflected above.

In view of the above, the auditor finds WDCDC substantially compliant with 115.53(b).

	<p>115.53(c)</p> <p>Pursuant to the PAQ, the Warden self reports the facility maintains a Memorandum of Understanding (MOU) or other agreement with community service providers that are able to provide detainees with emotional support services related to sexual abuse. The Warden further self reports the facility maintains a copy of the agreement.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 8, section F(1 and 2) addresses 115.53(c).</p> <p>While there is an MOU between The Rape Crisis Center of San Antonio and CC, The Rape Crisis Center no longer provides services to WCDC. It is clear, based on emails to officials from the Rape Crisis Center of San Antonio, that attempts have been made to address service provision. This issue reverts to the discussion articulated in the narrative for 115.53(a).</p> <p>In view of the above, the auditor finds WCDC substantially compliant with 115.53(c).</p> <p>In view of the above evidence and findings, the auditor finds WCDC substantially compliant with 115.53.</p>
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115.54	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.54(a)</p> <p>Pursuant to the PAQ, the Warden self reports the agency or facility provides a method to receive third-party reports of detainee sexual abuse or sexual harassment allegations.</p> <p>Pursuant to the auditor's review of the CC website, any detainee or third-party reporter of sexual abuse/sexual harassment may report anonymously to the Warden (via letter or telephone). The facility address, telephone number, and name of the Warden are clearly documented on the website. Reports can also be reported on-line to the CC Ethics Division.</p> <p>The Warden further self reports the agency or facility distributes information to detainees regarding methods to report detainee sexual abuse or sexual harassment.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 18, section 2(h and i) addresses 115.54(a). This policy stipulates CC employees, contractors, volunteers, and interested third parties may report allegations of sexual abuse and sexual harassment (including anonymous reports) to the CC 24-hour Ethics Line at</p>

	<p>1-800-461-9330/1-866-757-4448 or through www.CoreCivic.ethicspoint.com.</p> <p>The auditor's review of the CC website reveals option(s) for third-party reporting. Additionally, several Ethics Line posters are hung in the front lobby for public consumption regarding incident reporting. The posters are written in concise, understandable terms and the same is not obscured.</p> <p>On July 5, 2024 at 9:45AM, the auditor did test the CC Ethics Line by telephonic report. The auditor received email confirmation that the test report was forwarded to WCDC staff at 10:00AM on the same date. The auditor finds that the process is "user-friendly."</p> <p>In view of the above, the auditor finds WCDC substantially compliant with 115.54(a).</p> <p>Accordingly, the auditor finds WCDC substantially compliant with 115.54.</p>
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115.61	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.61(a)</p> <p>Pursuant to the PAQ, the Warden self reports the agency requires all staff to report immediately and according to agency policy:</p> <p>Any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency;</p> <p>Any retaliation against detainees or staff who reported such an incident;</p> <p>Any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 17, section K(2)(a) addresses 115.61(a). CC PCN 14-2(03) entitled Sexual Abuse Prevention and Response, page 2, section Change To: K(2)(a) expounds upon CC Policy 14-2.</p> <p>The auditor's review of three alleged sexual abuse/harassment investigations that occurred during the last 12 months reveals substantial compliance with 115.61(a). Investigations commenced in close proximity following report of the alleged sexual abuse incident.</p> <p>All 12 random staff interviewees assert agency policy requires:</p> <p>All staff to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility;</p>

Retaliation against detainees or staff who reported such an incident; and
Any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

Minimally, 11 interviewees state these issues must be reported immediately to their supervisor, shift commander, the PCM, medical, or the AW while one additional interviewee states such reporting must be accomplished as soon as possible to his/her supervisor. These 11 interviewees were aware that such reports also include supervisors and executive staff.

In view of the above, the auditor finds WCDC substantially compliant with 115.61(a).

115.61(b)

Pursuant to the PAQ, the Warden self reports that apart from reporting to designated supervisors or officials and designated local service agencies, agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 17, section K(2)(e) addresses 115.61(b).

Eleven random staff interviewees state the aforementioned issues must be reported immediately to their supervisor, shift commander, the PCM, medical, or the AW while one additional interviewee states such reporting must be accomplished as soon as possible to his/her supervisor. These 11 interviewees were aware that such reports also include supervisors and executive staff. The auditor's review of the investigations conducted regarding the three sexual abuse allegations that were reported during the last 12 months reveals the allegation reporting was limited in terms of officials receiving the same.

In view of the above, the auditor finds WCDC substantially compliant with 115.61(b).

115.61(c)

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 17, section K(2)(f) addresses 115.61(c).

According to the medical (Med) and mental health (MH) interviewees, disclosure of confidentiality limitations and duty to report is provided to detainees prior to initiation of services. The Med and MH interviewees state that Informed Consent is addressed with the detainee upon admission and verbalized to him prior to administration of treatment. The same is documented in the notes.

Reporting any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment to a designated supervisor or official immediately upon

learning of the same, is policy driven. The Med and MH interviewees report such incidents to the health services administrator (HSA) or PCM.

The Med interviewee states she has not become aware of an incident during the last 12 months at WCDC and the MH interviewee states that he became aware of an incident that allegedly occurred at another facility.

In view of the above, the auditor finds WCDC substantially compliant with 115.61(c).

115.61(d)

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 21, section M(11)(f) addresses 115.61(d).

The Warden asserts no detainees under the age of 18 are currently housed at WCDC. USMS officials would make appropriate contact(s) with local or state service agencies with respect to sexual abuse of any vulnerable adult(s).

According to the CCPC, state law dictates reporting requirements and as such, in most states, notification to law enforcement and the partner agency triggers notification to other affected agencies.

Absent any evidence to the contrary, the auditor finds WCDC substantially compliant with 115.61(d).

115.61(e)

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 17, section K()(i) addresses 115.61(e).

The Warden asserts that the ADO receives the initial call and he/she advises the Warden and AW of the incident. The Warden then directs the ADO to contact the investigator with all relevant information surrounding the incident.

The auditor's review of investigations reveals that the investigator is immediately included in the loop whenever sexual abuse/harassment allegations are reported.

In view of the above, the auditor finds WCDC substantially compliant with 115.61(e).

Accordingly, the auditor finds WCDC substantially compliant with 115.61.

115.62	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.62(a)</p> <p>Pursuant to the PAQ, the Warden self reports when the agency or facility learns a detainee is subject to substantial risk of imminent sexual abuse, it takes immediate action to protect the detainee (i.e. it takes some action to assess and implement appropriate protective measures without unreasonable delay). The Warden further self reports in the last 12 months, zero instances occurred wherein the facility determined a detainee was at substantial risk of imminent sexual abuse.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 17, section K(2)(c) addresses 115.62(a).</p> <p>The Agency Head interviewee asserts immediate removal of the potential victim from the area is the initial response to a report of substantial risk of imminent sexual abuse. It may be feasible to move the potential victim to another housing unit within the facility, dependent upon the circumstances. The potential perpetrator would be placed in segregated housing status. The contractual requirements of the partner will dictate the ability to transfer the potential perpetrator. Minimally, we would work with contract monitor(s) to make the best decision under the circumstances.</p> <p>The Warden asserts the potential victim is removed from the danger zone and moved to a safe location until alternative housing can be arranged. The potential victim may be moved to another limited population or zero population dormitory or he could work with the respective customer jurisdiction to relocate the potential victim if circumstances dictated the same. If movement of the perpetrator is warranted, coordination with the customer, based upon the contract, would be an option.</p> <p>All 12 random staff interviewees assert the potential victim would be immediately removed from the danger zone when it is learned he is in imminent danger of sexual abuse.</p> <p>In view of the above evidence, the auditor finds WCDC substantially compliant with 115.62.</p>

115.63	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

115.63(a)

Pursuant to the PAQ, the Warden self reports the agency has a policy requiring that, upon receiving an allegation a detainee was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred. The Warden further self reports in the last 12 months, two allegations of sexual abuse (USMS detainees) were received at WCDC where a detainee was abused while confined at another facility.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, pages 23, section 17(a)(i) addresses 115.63(a) in totality.

The auditor's review of one email authored by the facility investigator to USMS officials reveals there is no date on which WCDC staff became aware of the alleged sexual abuses at another facility nor is there any mention of the previous facility. Accordingly, the auditor cannot determine the timeliness of this notification pursuant to 115.63(b). The notification required pursuant to 115.63(a) requires that the same be generated under the Warden's email or letterhead and signature. Finally, the auditor has not been provided any evidence related to the second detainee.

Accordingly, the auditor finds WCDC non-compliant with 115.63(a-c) and he imposes a 180-day corrective action period wherein the PCM will demonstrate compliance with and institutionalization of 115.63 requirements. The corrective action due date is November 25, 2024.

To demonstrate compliance with and institutionalization of 115.63(a-c) requirements, the PCM will provide training to stakeholders who facilitate victimization/abusiveness screenings, the investigator, executive staff, and any other staff who may receive such reports, regarding the nuances of 115.63. Specifically, all screeners must identify any instances in which the detainee interviewee states he was sexually abused while housed at another facility (e.g. county, state, federal, juvenile), ensuring that specifics of the alleged abuse include the name of the facility and abusers, if known, date of the alleged incidents, and the date on which the notification occurred. The PCM will develop a protocol as to how the information is funneled to him and who is responsible for preparation of the letter from the Warden to the USMS.

The PCM will upload a copy of the training plan, inclusive of the protocol, into OAS. Additionally, the PCM will upload a copy of documentation validating stakeholder attendance at and completion of the training.

The PCM will ensure that all future such written notifications are signed, dated, and mailed or emailed by the Warden within 72 hours of notification by the detainee. Between the date of the interim PREA report and November 25, 2024, the PCM will upload any 115.63 allegations received, the sexual victimization/aggressor screening reflective of the report and/or other documentation regarding the allegation, and notification letters/emails generated under the Warden's signature. The auditor will subsequently review the same and make a determination regarding compliance and

institutionalization.

In view of the above, the auditor finds WCDC non-compliant with 115.63(a-c).

October 3, 2024 Update:

The auditor's review of a training syllabus regarding detainee reporting of sexual abuse that occurred in a prior confinement setting and required staff follow-up reporting, reveals a logical procedure to ensure compliance with 115.63(a-c). The same is clear and written in concise terms. Six training attendees [the quality assurance manager (QAM), associate warden (AW), PCM, learning development manager (LDM), the detention officer (DO) who completes reassessments, and the facility investigator (FI)] completed this training, . These six staff are most likely involved in such reporting requirements.

All six employees printed and signed their names on a Training Activity/Attendance Roster, signifying their attendance. Additionally, the date of training was affixed to the roster.

The auditor's review of 15 initial risk screenings (victimization/aggressor) reveals that zero detainees reported institutional sexual victimization in previous confinement facilities. Accordingly, actual practice review was not feasible.

The auditor now finds WCDC substantially compliant with 115.63(a-c) based on completion of prescribed corrective action.

115.63(b)

Pursuant to the PAQ, the Warden self reports agency policy requires that the facility head provides such notification as soon as possible, but no later than 72 hours after receiving the allegation.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, pages 23, section 17(a)(i) addresses 115.63(b).

The auditor's review of one email authored by the facility investigator to USMS officials reveals there is no date on which WCDC staff became aware of the alleged sexual abuses at another facility nor is there any mention of the previous facility. Accordingly, the auditor cannot determine the timeliness of this notification pursuant to 115.63(b). The notification required pursuant to 115.63(a) requires that the same be generated under the Warden's email or letterhead and signature. Finally, the auditor has not been provided any evidence related to the second detainee.

Accordingly, the auditor finds WCDC non-compliant with 115.63(a-c) and he imposes a 180-day corrective action period wherein the PCM will demonstrate compliance with and institutionalization of 115.63 requirements. The corrective action due date is November 25, 2024.

To demonstrate compliance with and institutionalization of 115.63(a-c) requirements, the PCM will provide training to stakeholders who facilitate victimization/abusiveness screenings, the investigator, executive staff, and any other staff who may receive such reports, regarding the nuances of 115.63. Specifically, all screeners must identify any instances in which the detainee interviewee states he was sexually abused while housed at another facility (e.g. county, state, federal, juvenile), ensuring that specifics of the alleged abuse include the name of the facility and abusers, if known, date of the alleged incident(s), and the date on which the notification occurred. The PCM will develop a protocol as to how the information is funneled to him and who is responsible for preparation of the letter from the Warden to the USMS.

The PCM will upload a copy of the training plan, inclusive of the protocol, into OAS. Additionally, the PCM will upload a copy of documentation validating stakeholder attendance at and completion of the training.

The PCM will ensure that all future such written notifications are signed, dated, and mailed or emailed by the Warden within 72 hours of notification by the detainee. Between the date of the interim PREA report and November 25, 2024, the PCM will upload any 115.63 allegations received, the sexual victimization/aggressor screening reflective of the report and/or other documentation regarding the allegation, and notification letters/emails generated under the Warden's signature. The auditor will subsequently review the same and make a determination regarding compliance and institutionalization.

October 3, 2024 Update:

The auditor's review of a training syllabus regarding detainee reporting of sexual abuse that occurred in a prior confinement setting and required staff follow-up reporting, reveals a logical procedure to ensure compliance with 115.63(a-c). The same is clear and written in concise terms. Six training attendees [the quality assurance manager (QAM), associate warden (AW), PCM, learning development manager (LDM), the detention officer (DO) who completes reassessments, and the facility investigator (FI)] completed this training, . These six staff are most likely involved in such reporting requirements.

All six employees printed and signed their names on a Training Activity/Attendance Roster, signifying their attendance. Additionally, the date of training was affixed to the roster.

The auditor's review of 15 initial risk screenings (victimization/aggressor) reveals that zero detainees reported institutional sexual victimization in previous confinement facilities. Accordingly, actual practice review was not feasible.

In view of the above, the auditor now finds WDCDC substantially compliant with 115.63(a-c).

115.63(c)

Pursuant to the PAQ, the Warden self reports the facility documents that it has provided such notification within 72 hours of receiving the allegation.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 23, section 17(a)(iii) addresses 115.63(c).

The auditor's review of one email authored by the facility investigator to USMS officials reveals there is no date on which WCDC staff became aware of the alleged sexual abuses at another facility nor is there any mention of the previous facility. Accordingly, the auditor cannot determine the timeliness of this notification pursuant to 115.63(b). The notification required pursuant to 115.63(a) requires that the same be generated under the Warden's email or letterhead and signature. Finally, the auditor has not been provided any evidence related to the second detainee.

Accordingly, the auditor finds WCDC non-compliant with 115.63(a-c) and he imposes a 180-day corrective action period wherein the PCM will demonstrate compliance with and institutionalization of 115.63 requirements. The corrective action due date is November 25, 2024.

To demonstrate compliance with and institutionalization of 115.63(a-c) requirements, the PCM will provide training to stakeholders who facilitate victimization/abusiveness screenings, the investigator, executive staff, and any other staff who may receive such reports, regarding the nuances of 115.63. Specifically, all screeners must identify any instances in which the detainee interviewee states he was sexually abused while housed at another facility (e.g. county, state, federal, juvenile), ensuring that specifics of the alleged abuse include the name of the facility and abusers, if known, date of the alleged incidents, and the date on which the notification occurred. The PCM will develop a protocol as to how the information is funneled to him and who is responsible for preparation of the letter from the Warden to the USMS.

The PCM will upload a copy of the training plan, inclusive of the protocol, into OAS. Additionally, the PCM will upload a copy of documentation validating stakeholder attendance at and completion of the training.

The PCM will ensure that all future such written notifications are signed, dated, and mailed or emailed by the Warden within 72 hours of notification by the detainee. Between the date of the interim PREA report and November 25, 2024, the PCM will upload any 115.63 allegations received, the sexual victimization/aggressor screening reflective of the report and/or other documentation regarding the allegation, and notification letters/emails generated under the Warden's signature. The auditor will subsequently review the same and make a determination regarding compliance and institutionalization.

October 3, 2024 Update:

The auditor's review of a training syllabus regarding detainee reporting of sexual abuse that occurred in a prior confinement setting and required staff follow-up reporting, reveals a logical procedure to ensure compliance with 115.63(a-c). The same is clear and written in concise terms. Six training attendees [the quality assurance manager (QAM), associate warden (AW), PCM, learning development manager (LDM), the detention officer (DO) who completes reassessments, and the facility investigator (FI)] completed this training, . These six staff are most likely involved in such reporting requirements.

All six employees printed and signed their names on a Training Activity/Attendance Roster, signifying their attendance. Additionally, the date of training was affixed to the roster.

The auditor's review of 15 initial risk screenings (victimization/aggressor) reveals that zero detainees reported institutional sexual victimization in previous confinement facilities. Accordingly, actual practice review was not feasible.

In view of the above, the auditor now finds WCDC substantially compliant with 115.63(a-c).

115.63(d)

Pursuant to the PAQ, the Warden self reports WCDC requires that allegations received from other facilities/agencies regarding sexual abuse incidents which originated at WCDC are investigated in accordance with PREA standards. The Warden further self reports in the last 12 months, zero allegations of sexual abuse were received from other facilities regarding incidents alleged to have originated at WCDC.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, pages 23 and 24, section 17(b)(i-iii) addresses 115.63(d).

The Agency Head interviewee asserts that if another agency or facility within another agency refers allegations of sexual abuse or sexual harassment that occurred within a CC facility, the Warden is generally the administrator who receives the call or notification letter. Any other staff who might receive such a report are well aware that the information must then be forwarded to the Warden for appropriate action. The report is then added into the incident reporting system and PREA protocols are initiated.

The Warden asserts a full investigation is initiated by the facility investigator in such scenarios. The Warden further asserts that zero such reports were received at WCDC during the last 12 months.

Accordingly, the auditor finds WCDC substantially compliant with 115.63(d).

	In view of the completed corrective actions noted in the narratives for 115.63(a-c), the auditor now finds WCDC substantially compliant with 115.63.
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115.64	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.64(a)</p> <p>Pursuant to the PAQ, the Warden self reports that the agency has a first responder policy for allegations of sexual abuse. The policy requires that, upon learning of an allegation that a detainee was sexually abused, the first security staff member to respond to the report:</p> <p>Separates the alleged victim and abuser; Preserves and protects any crime scene until appropriate steps can be taken to collect any physical evidence; If the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report requests that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and If the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report will 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.</p> <p>The Warden further self reports that in the last 12 months, three allegations of detainee sexual abuse have been reported. Of these allegations of sexual abuse reported during the last 12 months, the first security staff member to respond to the report separated the alleged victim and abuser on each occasion. The first security staff member to respond to the report secured the crime scene on zero occasions and on zero occasions, staff were notified within a time period that still allowed for the collection of physical evidence.</p> <p>The auditor's review of all three sexual abuse investigations completed during the last 12 months reveals that the victim and perpetrator were separated in all three cases. The same is validated pursuant to review of ancillary documentation, as well as, the corresponding Sexual Abuse Incident Reviews (SAIRs).</p> <p>With respect to the auditor's review of each investigative packet, the auditor notes that the CC Sexual Abuse Check Sheet dated July 7, 2023 (captures various events and elements associated with the sexual abuse resolution protocol) clearly reflects completion of the 115.64(a) action steps. Completion dates and times are noted on</p>

the form.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, pages 20 and 21, sections M(2)(a-d), (5), and (6) address 115.64(a).

Both the security and non-security first responder interviewees properly cited all four 115.64(a) requirements and responsibilities. All 12 random staff interviewees state they are aware of the uniform evidence protocol utilized to ensure maximum possibility of obtaining usable physical evidence (first responder duties). Eleven of the 12 interviewees state they are responsible for preservation of physical evidence.

Ten of 12 interviewees state that the victim and perpetrator are separated, the crime scene is secured, and they request that the victim not destroy physical evidence while ensuring the perpetrator doesn't destroy physical evidence. It is noted all interviewees were in possession of a CC laminated card bearing the instructions as required by Standard 115.64(a).

The sole detainee who reported a sexual abuse incident at WCDC (and who was onsite during the facility visit) interviewee refused to participate in the interview process and accordingly, the relevant interview could not be facilitated.

In view of the above, the auditor finds WCDC substantially compliant with 115.64(a).

115.64(b)

Pursuant to the PAQ, the Warden self reports agency policy requires that if the first responder is not a security staff member, the first responder shall be required to request the alleged victim not take any actions that could destroy physical evidence, and then notify security staff.

The Warden further self reports that, of the allegations made that a detainee was sexually abused within the last 12 months, zero non-security staff members were the first responders. .

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 21, section M(3) addresses 115.64(b).

Both the security and non-security first responder interviewees properly cited all four 115.64(a) requirements and responsibilities. All 12 random staff interviewees state they are aware of the uniform evidence protocol utilized to ensure maximum possibility of obtaining usable physical evidence (first responder duties). Eleven of the 12 interviewees state they are responsible for preservation of physical evidence.

Ten of 12 interviewees state that the victim and perpetrator are separated, the crime scene is secured, and they request that the victim not destroy physical evidence while ensuring the perpetrator doesn't destroy physical evidence. It is noted all interviewees were in possession of a CC laminated card bearing the instructions as required by Standard 115.64(a).

Of note, all EDC staff receive the same 1st responder training and accordingly, all

	<p>staff are trained as security staff 1st responders.</p> <p>In view of the above evidence, the auditor finds WCDC substantially compliant with 115.64(b).</p> <p>Based on the evidence cited throughout the above provisions, the auditor finds WCDC substantially compliant with 115.64.</p>
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115.65	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.65(a)</p> <p>Pursuant to the PAQ, the Warden self reports the facility has developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, pages 18-27, sections L through S addresses 115.65(a).</p> <p>The auditor's review of the WCDC PREA Coordinated Response Plan, as scripted in the above policy and unique to WCDC, reveals a detailed and understandable document available to all staff. Additionally, the auditor's review of the accompanying Sexual Abuse Incident Check Sheet reveals a chronological aid the designated stakeholder completes to memorialize events and actions that were taken in response to the allegation(s)/incident(s).</p> <p>The Warden asserts the facility has a plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership in response to an incident of sexual abuse. The Warden further asserts CC Policy 14-2 captures specific coordinated response procedures unique to WCDC.</p> <p>In view of the above, the auditor finds WCDC substantially compliant with 115.65.</p>

115.66	Preservation of ability to protect inmates from contact with abusers
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	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.66(a)</p> <p>Pursuant to the PAQ, the Warden self reports the agency, facility, or any other governmental entity responsible for collective bargaining on the agency's behalf has not entered into or renewed any collective bargaining agreement or other agreement since the last PREA audit.</p> <p>The Agency Head interviewee advises that CC, as an agency, has not entered into and/or renewed collective bargaining agreements since the last PREA Audit. Collective Bargaining Agreements permit the agency to remove alleged staff sexual abusers from contact with any detainee pending an investigation or disciplinary action.</p> <p>As the auditor finds no deviation from standard, he finds WCDC substantially compliant with 115.66.</p>

115.67 Agency protection against retaliation	
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.67(a)</p> <p>Pursuant to the PAQ, the Warden self reports the agency has a policy to protect all detainees and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other detainees or staff. The agency designates staff member(s) or charges department(s) with monitoring for possible retaliation. The PCM asserts that the facility investigator is the retaliation monitor for staff while a detention officer who acts in the role of a case manager is the retaliation monitor for detainees.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 23, section M(16)(b)(ii) addresses 115.67(a).</p> <p>In view of the above, the auditor finds WCDC substantially compliant with 115.67(a).</p> <p>115.67(b)</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 23, section M(16)(b)(ii) addresses 115.67(b).</p>

According to the Agency Head interviewee, for both detainees and staff who have reported allegations of sexual abuse, retaliation monitoring is provided for a 30/60/90 day period (longer, if needed) to protect against retaliation by detainees or staff.

These reviews are documented on a policy attachment. The review takes into consideration any actions which may be perceived as retaliatory whether it be housing and/or job assignments with detainees and shift changes, etc. for staff. Policies and practices prohibit retaliation for any reason and this premise is included in staff training. Any violations are acted upon accordingly.

The retaliation monitoring interviewee states that she is aware, by virtue of both her role in the management of PREA sexual abuse investigations and referral by the PCM, of the victims of sexual abuse and accordingly, she reaches out to them, advising of the retaliation monitoring process. She closely monitors staff and detainee actions to determine the likelihood of retaliation. She is assigned to monitor only detainee victims of sexual abuse and retaliation.

The retaliation monitor interviewee states that she ensures the perpetrator, if known, is housed in the Restricted Housing Unit (RHU). If prudent, she facilitates movement of the victim to another housing situation. She recommends that detainees are offered emotional support through increased mental health services. Dependent upon the circumstances in terms of physical safety and/or sexual safety, she may request transfer of the victim. Additionally, she may coordinate a family call.

In regard to staff, the facility investigator may recommend a shift change or transfer to another local facility. He may also recommend participation in the Employee Assistance Program (EAP).

Retaliation monitoring meetings are facilitated at least every 30 days. The retaliation monitor (for detainees) may meet with victims of sexual abuse or retaliation weekly if need be. Meetings and results, inclusive of infrequent meetings are documented on the 14-2D form.

As previously mentioned, the detainee who reported a sexual abuse incident at WCDC refused to be interviewed. The auditor notes that meeting minutes are documented every 30 days, minimally, for a period of 90 days on his 14-2D form. In the other two matters investigated during the last 12 months, one investigation was deemed to be unfounded while the other matter was deemed to be unsubstantiated. Regardless, retaliation monitoring was initiated in both matters and continued until each detainee was transferred to another facility. Requisite meetings were conducted in a timely manner.

In view of the above evidence, the auditor finds WCDC substantially compliant with 115.67(b).

115.67(c)

Pursuant to the PAQ, the Warden self reports the facility monitors the conduct and

treatment of detainees or staff who reported sexual abuse and of detainees who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by detainees or staff. The Warden further self reports the facility monitors the conduct or treatment for 90 days or more, if necessary.

As reflected above, the facility continues such monitoring beyond 90 days if the initial monitoring indicates a continuing need. Reportedly, there were zero times an incident of retaliation occurred in the last 12 months.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, pages 23 and 24, section M(16)(b)(i, ii, iv, v, vi, and vii) addresses 115.67(c).

As noted in the narrative for 115.67(b), the auditor notes that he has been provided requisite completed 14-2D documentation with respect to the meetings or periodic status checks relative to the to the three applicable sexual abuse investigations he reviewed. Accordingly, he finds WCDC substantially compliant with 115.67(c).

In regard to detainee victims of retaliation, sharing of the actual retaliation threat with the retaliation monitor, changes in interactions with staff and other detainees (more sheltered and isolated), failing to maintain eye contact with staff whom they generally associate, hygiene decompensation, increased accrual of disciplinary charges, and decreased appetite may be key indicators of retaliation for detainees. Additionally, an increase in call-offs, tardiness, decreased productivity, and decreased communication with other staff may be key indicators regarding staff. The Warden essentially corroborates the statement of the retaliation monitor interviewee with respect to the above.

The interviewee also states retaliation monitoring is facilitated for a minimum of 90 days with check-ins. Retaliation monitoring may continue until the detainee departs the facility, if necessary.

In view of the above evidence, the auditor finds WCDC substantially compliant with 115.67(c).

115.67(d)

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, pages 23 and 24, section M(16)(b)(ii and iv) addresses 115.67(d).

Retaliation monitoring meetings are facilitated at least every 30 days. The retaliation monitor (for detainees) may meet with victims of sexual abuse or retaliation weekly if need be. Meetings and results, inclusive of infrequent meetings are documented on the 14-2D form.

In view of the above, the auditor finds WCDC substantially compliant with 115.67(d).

115.67(e)

	<p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 24, section M(16)(b)(x) addresses 115.67(e).</p> <p>When a staff member or detainee who cooperates with an investigation expresses a fear of retaliation, the Agency Head interviewee asserts he or she receives the same benefits and treatment as articulated in the narratives for 115.67(a-d).</p> <p>The auditor has found no evidence reflecting that another staff member or detainee, who was involved in a sexual abuse or harassment investigation, has requested or been placed under retaliation monitoring within the last 12 months.</p> <p>In view of the above, the auditor finds WCDC substantially compliant with 115.67(e).</p> <p>Accordingly, in view of the evidence articulated in the narratives for 115.67(a-e), the auditor finds WCDC substantially compliant with 115.67.</p>
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115.68	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>115.68(a)</p> <p>Pursuant to the PAQ, the Warden self reports the agency has a policy prohibiting the placement of detainees who allege to have suffered sexual abuse 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. The Warden further self reports zero detainees alleged to have suffered sexual abuse, were held in involuntary segregated housing during the last 12 months for one to 24 hours awaiting completion of assessment. If an involuntarily segregated housing assignment is made, the facility affords each such detainee a review every 30 days to determine whether there is a continuing need for separation from the general population.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, pages 13 and 14, section I(8) addresses 115.68(a).</p> <p>The Warden asserts that agency policy prohibits placing detainees at a high risk for sexual victimization or who have alleged sexual abuse in involuntary segregated housing in lieu of other housing areas unless an assessment has determined there are</p>

no alternative means of separation from potential abusers. Generally, such temporary placements [following an initial finding regarding alternative placement(s)] would be limited to up to 24 hours. The Warden further asserts a detainee may request protective custody placement in segregated housing.

The staff who supervises detainees in segregated housing interviewee states that detainees would only be placed in RHU pending investigation for other matters or at their request. If detainees were involuntarily placed in segregated housing for protection from sexual abuse or after having alleged sexual abuse, they would still have access to the following:

- Programs (detainees can request library services in the main library);
- Privileges (Telephone, recreation, and commissary are available to detainees);
- Education (detainees can request access to a tablet); and
- Work opportunities (there are no work opportunities in the RHU at WCDC).

If access to programs, privileges, or education is restricted, the opportunities that have been limited are documented on the Confinement Activity Record (CAR). The opportunities that have been limited, the duration of the limitations, and the reasons for such limitations are documented on the CAR. Of note, during the facility tour, the auditor observed the CAR process and information provided on the same.

The staff member who supervises detainees in RHU interviewee states that sexual abuse victims are placed in RHU only if an alternative means of separation from likely abusers cannot be arranged. However, such victims can request protective custody.

Pursuant to the PAQ, the Warden self reports if an involuntary segregation housing assignment is made, the facility affords each such detainee a review every 30 days to determine whether there is a continuing need for separation from the general population.

The staff member who supervises detainees in segregated housing interviewee states that if placed in involuntary RHU housing, a victim would be reviewed every seven days to determine whether general population return is feasible.

The auditor finds that the 115.68(a) process is in place should the need arise and accordingly, WCDC is substantially compliant with 115.68.

115.71	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.71(a)

Pursuant to the PAQ, the Warden self reports the facility has a policy related to criminal and administrative agency sexual abuse investigations. Specifically, criminal investigations are facilitated by LPD and administrative Investigations are conducted by facility investigator(s).

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 26, sections N(2) and (4) address 115.71(a).

The administrative investigative staff interviewee states if he is on site, the sexual abuse/harassment investigation commences immediately. If a report of sexual abuse is received during non-regular business hours, he reports to the facility for all sexual abuse/harassment cases. He lives 20-25 minutes from the facility and if he is not home, he may instruct the captain regarding initial investigative steps.

The administrative investigative interviewee states there is no difference in investigative protocols between an anonymously reported or third-party report of sexual abuse vs. a regular report. Every allegation is treated as a serious allegation.

On December 11, 2024 and December 13, 2024, the auditor attempted to contact the LPD Sgt. who heads the Sex Crimes Division to facilitate an interview regarding the questions articulated above. On both occasions, the auditor was not able to make verbal contact and accordingly, he left a voice mail regarding the specifics of the proposed interview. Accordingly, the auditor cannot facilitate said interview.

The auditor's review of three sexual abuse/harassment investigations reveals substantial compliance with 115.71. All three investigations are uploaded into OAS.

In view of the above, the auditor finds WCDC substantially compliant with 115.71(a).

115.71(b)

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 26, section N(5) addresses 115.71(b) with respect to the conduct of administrative investigations.

The auditor's review of the CC certificate provided to the primary sexual abuse/harassment investigator reveals that the administrative investigator completed the requisite NIC web-based course on February 1, 2022. A CC Certificate for the NIC course reveals that another WCDC staff member (Assistant Warden) is also certified to facilitate such investigations and his certificate was issued on October 11, 2023.

The auditor's review of the lesson plan for the course(s) reveals discussions regarding techniques for interviewing sexual abuse victims, implementation of Miranda and Garrity rights, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral, amongst other relevant topics.

According to the administrative investigative staff interviewee, he did receive training specific to conducting sexual abuse investigations in confinement settings.

Specifically, he completed a three hour on-line training that included scenarios, as well as, a testing component. Of note, the training did address the following:

Techniques for interviewing sexual abuse victims;
Implementation of Miranda and Garrity rights;
Sexual abuse evidence collection in confinement settings; and
The criteria and evidence required to substantiate a case for administrative action or prosecution referral, amongst other relevant topics.

On December 11, 2024 and December 13, 2024, the auditor attempted to contact the LPD Sgt. who heads the Sex Crimes Division to facilitate an interview regarding the questions articulated above. On both occasions, the auditor was not able to make verbal contact and accordingly, he left a voice mail regarding the specifics of the proposed interview. Accordingly, the auditor cannot facilitate said interview.

In view of the above, the auditor finds WCDC substantially compliant with 115.71(b).

115.71(c)

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 27, section O(6)(a) addresses 115.71(c) in terms of gathering and preservation of evidence.

The administrative investigative staff interviewee states that his investigative protocol includes the following:

Ensure first responder duties are completed; (60 minutes);
Facilitate threshold victim interview to identify potential witness(es) and potential evidence; (30 minutes);

Contact LPD regarding sexual abuse allegations; (five minutes);

Interview witness(es); (15-30 minutes/witness);

Review video and download; (one day-one week)

Review detainee, medical, grievance, and staff files; (30-60 minutes)

Interview the perpetrator if the case has been released by LPD; (0-10 minutes)

Re-interviews, if warranted; (10 minutes/interview) and

Write report; (1.5- 3 hours)

The administrative investigative interviewee states he is responsible for review and processing of video, logs, interview notes, and files.

On December 11, 2024 and December 13, 2024, the auditor attempted to contact the LPD Sgt. who heads the Sex Crimes Division to facilitate an interview regarding the questions articulated above. On both occasions, the auditor was not able to make verbal contact and accordingly, he left a voice mail regarding the specifics of the

proposed interview. Accordingly, the auditor cannot facilitate said interview.

In view of the above, the auditor finds WCDC substantially compliant with 115.71(c).

115.71(d)

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 27, section O(6)(b) addresses 115.71(d) with respect to the use of compelled interviews.

According to the administrative investigative staff interviewee, LPD investigators would handle all prosecution liaison and compelled interviews.

On December 11, 2024 and December 13, 2024, the auditor attempted to contact the LPD Sgt. who heads the Sex Crimes Division to facilitate an interview regarding the questions articulated above. On both occasions, the auditor was not able to make verbal contact and accordingly, he left a voice mail regarding the specifics of the proposed interview. Accordingly, the auditor cannot facilitate said interview.

In view of the above, the auditor finds WCDC substantially compliant with 115.71(d).

115.71(e)

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, pages 27 and 28, section O(6)(c) addresses 115.71(e) with respect to victim and witness credibility and the use of polygraph examinations or other truth telling devices.

The administrative investigative staff interviewee states he assesses credibility of an alleged victim, suspect, or witness based on the consistency in their narrative vs. the evidence as it unfolds. Is there more evidence validating their statement(s) than not? Are there factors which make the victim more believable than not? Witnesses, victim, and perpetrators are considered believable until impeachable evidence dictates otherwise.

The administrative investigative staff interviewee further states he would not require a detainee who alleges sexual abuse to submit to a polygraph examination or truth-telling device as a condition for proceeding with an investigation. The same would be a law enforcement function.

On December 11, 2024 and December 13, 2024, the auditor attempted to contact the LPD Sgt. who heads the Sex Crimes Division to facilitate an interview regarding the questions articulated above. On both occasions, the auditor was not able to make verbal contact and accordingly, he left a voice mail regarding the specifics of the proposed interview. Accordingly, the auditor cannot facilitate said interview.

The detainee who reported a sexual abuse incident at WCDC refused to be interviewed.

In view of the above, the auditor finds WCDC substantially compliant with 115.71(e).

115.71(f)

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 26, section N(6)(a-f) addresses 115.71(f).

The administrative investigative staff interviewee states he collaborates with the PCM throughout the process and checks the fact pattern, timeline, and evidence against the Code of Conduct and policy to determine if any Code of Ethics issues are existent.

On December 11, 2024 and December 13, 2024, the auditor attempted to contact the LPD Sgt. who heads the Sex Crimes Division to facilitate an interview regarding the questions articulated above. On both occasions, the auditor was not able to make verbal contact and accordingly, he left a voice mail regarding the specifics of the proposed interview. Accordingly, the auditor cannot facilitate said interview.

In regard to report preparation, the administrative investigative staff interviewee states he does document administrative investigations in written reports. The following topics are included in the report:

Synopsis of allegations, time line, and a thumb nail sketch of fact pattern findings in chronological sequence;

Documents reviewed;

Interview(s);

Indirect evidence credibility analysis;

Perpetrator interview; and

Conclusion(s).

On December 11, 2024 and December 13, 2024, the auditor attempted to contact the LPD Sgt. who heads the Sex Crimes Division to facilitate an interview regarding the questions articulated above. On both occasions, the auditor was not able to make verbal contact and accordingly, he left a voice mail regarding the specifics of the proposed interview. Accordingly, the auditor cannot facilitate said interview.

The auditor notes that during the facility tour and interviews, he observed locked file cabinets in the administrative investigative staff interviewee's locked office wherein all hard copy investigations are housed. Electronic copies are retained on a server wherein only those staff with privileges can access documents. The auditor found no concerns.

The auditor's review of the aforementioned three administrative investigations validates compliance with 115.71(f).

In view of the above, the auditor finds WCDC substantially compliant with 115.71(f).

115.71(g)

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 28, section O(6)(f) addresses 115.71(g) with respect to the contents of the criminal report.

It is noted criminal investigations are facilitated by LPD detectives. According to the administrative investigative interviewee, criminal investigations are documented, generally in a similar manner as an administrative investigation with the exception of inclusion of a physical evidence analysis. However, he has not received copy(ies) of any criminal investigation(s). WCDC officials can request copies of criminal reports from LPD officials.

On December 11, 2024 and December 13, 2024, the auditor attempted to contact the LPD Sgt. who heads the Sex Crimes Division to facilitate an interview regarding the questions articulated above. On both occasions, the auditor was not able to make verbal contact and accordingly, he left a voice mail regarding the specifics of the proposed interview. Accordingly, the auditor cannot facilitate said interview.

In view of the above, the auditor finds WCDC substantially compliant with 115.71(g).

115.71(h)

Pursuant to the PAQ, the Warden self reports substantiated allegations of conduct that appear to be criminal shall be referred for prosecution by LPD investigators. The Warden further self reports zero substantiated allegations of conduct that appeared to be criminal were referred for prosecution since the last PREA audit.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 28, section O(6)(e) addresses 115.71(h) with respect to referral of investigation(s) for criminal prosecution.

The administrative investigative interviewee states he does not refer case(s) for prosecution as the same falls under the purview of LPD officials.

On December 11, 2024 and December 13, 2024, the auditor attempted to contact the LPD Sgt. who heads the Sex Crimes Division to facilitate an interview regarding the questions articulated above. On both occasions, the auditor was not able to make verbal contact and accordingly, he left a voice mail regarding the specifics of the proposed interview. Accordingly, the auditor cannot facilitate said interview.

In view of the above, the auditor finds WCDC substantially compliant with 115.71(h).

115.71(i)

Pursuant to the PAQ, the Warden self reports the agency retains all written reports pertaining to the administrative or criminal investigation (if the criminal investigation is provided to WCDC staff) of alleged sexual abuse or sexual harassment for as long

as the alleged abuser is incarcerated or employed by the agency, plus five years.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 28, section O(6)(g) addresses 115.71(i) with respect to retention of investigatory records.

Throughout the on-site visit, the auditor found no evidence of deviation from 115.71(i). Storage and retention of sexual abuse/harassment investigations is addressed throughout the aforementioned narratives.

In view of the above, the auditor finds WCDC substantially compliant with 115.71(i).

115.71(j)

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 28, section O(6)(d) addresses 115.71(j).

The administrative investigative interviewee states that when a staff member alleged to have committed sexual abuse terminates employment prior to a completed investigation into his/her conduct, the investigation continues. This is also the case when a detainee victim who alleges sexual abuse or sexual harassment or an alleged abuser leaves the facility prior to a completed investigation into the incident.

On December 11, 2024 and December 13, 2024, the auditor attempted to contact the LPD Sgt. who heads the Sex Crimes Division to facilitate an interview regarding the questions articulated above. On both occasions, the auditor was not able to make verbal contact and accordingly, he left a voice mail regarding the specifics of the proposed interview. Accordingly, the auditor cannot facilitate said interview.

The auditor has not discovered any evidence contrary to the meaning and intent of 115.71(j).

In view of the above, the auditor finds WCDC substantially compliant with 115.71(j).

115.71(l)

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 27, section O(5) addresses 115.71(l).

The Warden and PCM assert that the administrative facility investigator remain(s) in weekly or monthly contact with LPD detectives or investigators regarding the status of criminal investigations. Such communication is accomplished by email, telephone calls, and texts. The CCPC relates that, on a global basis, it depends on the customer as to how the agency remains abreast of the progress of an investigation facilitated by an outside agency. However, generally, designated facility staff follow-up with the outside agency on a schedule determined at the local level.

The administrative investigative staff interviewee states LPD detectives and/or

	<p>investigators handle criminal investigation(s) in entirety and he provides support as a liaison/facilitator, assisting with investigative organization, interviews, etc.</p> <p>On December 11, 2024 and December 13, 2024, the auditor attempted to contact the LPD Sgt. who heads the Sex Crimes Division to facilitate an interview regarding the questions articulated above. On both occasions, the auditor was not able to make verbal contact and accordingly, he left a voice mail regarding the specifics of the proposed interview. Accordingly, the auditor cannot facilitate said interview.</p> <p>In view of the above, the auditor finds WCDC substantially compliant with 115.71(l).</p> <p>Accordingly, based on the totality of the above, the auditor finds WCDC substantially compliant with 115.71.</p>
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115.72	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.72(a)</p> <p>Pursuant to the PAQ, the Warden self reports the agency imposes a standard of a preponderance of the evidence or a lower standard of proof when determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 26, section N(8) addresses 115.72.</p> <p>The administrative investigative staff interviewee states the standard of proof in an administrative matter is "preponderance". Preponderance can best be described as more evidence is present that the incident occurred than not.</p> <p>On December 11, 2024 and December 13, 2024, the auditor attempted to contact the LPD Sgt. who heads the Sex Crimes Division to facilitate an interview regarding the questions articulated above. On both occasions, the auditor was not able to make verbal contact and accordingly, he left a voice mail regarding the specifics of the proposed interview. Accordingly, the auditor cannot facilitate said interview.</p> <p>The auditor's on-site review of three sexual abuse/harassment investigations reveals substantial compliance with 115.72(a).</p> <p>In view of the above, the auditor finds WCDC substantially compliant with 115.72.</p>

115.73	Reporting to inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.73(a)</p> <p>Pursuant to the PAQ, the Warden self reports the agency has a policy requiring that any detainee who makes an allegation he suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency. The Warden further self reports three criminal and/or administrative investigations of alleged sexual abuse were completed by the facility during the last 12 months and two alleged detainee victims were notified in writing upon completion of the sexual abuse investigation regarding 115.73(a) findings. As one of the alleged victims had been transferred to another facility prior to conclusion of the investigation, the notification was not provided to him nor was the same required as articulated in 115.73(f). The auditor's review of three sexual abuse investigations completed during the last 12 months reveals that the standard for sexual abuse was met in each case.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 29, section R(1) addresses 115.73(a).</p> <p>The Warden asserts the WCDC investigator notifies a detainee who makes an allegation of sexual abuse when the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation. A written Notification Form is completed and issued to the affected detainee.</p> <p>The administrative investigative staff interviewee states that agency procedure requires that a detainee who makes an allegation of sexual abuse must be informed as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation. He further states that he generally initiates such written notification(s).</p> <p>The one detainee who reported a sexual abuse incident at WCDC and was onsite during the facility visit, declined to be interviewed. Accordingly, that interview questionnaire was not administered.</p> <p>The auditor's review of the aforementioned three alleged sexual abuse investigations reveals that the requisite notification was provided to the victim in two of the three cases. As one of the alleged victims had transferred to another facility prior to conclusion of the investigation, the notification was not provided to him. The WCDC administrative investigative staff issued a properly executed Offender PREA Allegation Status Notification to the alleged victims in the two cases.</p> <p>In view of the above, the auditor finds that WCDC is substantially compliant with 115.73(a).</p>

115.73(b)

Pursuant to the PAQ, the Warden self reports that if an outside entity conducts such investigations, the agency requests the relevant information from the investigative entity in order to inform the detainee of the outcome of the investigation.

The Warden further self reports two alleged detainee sexual abuse investigations, during the last 12 months, were considered by an outside agency.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 29, section R(1) addresses 115.73(b).

Pursuant to the auditor's review of the aforementioned investigations, it is readily apparent that the WCDC administrative investigator maintains close contact with LPD investigators throughout the investigative process.

In view of the above, the auditor finds WCDC substantially compliant with 115.73(b).

115.73(c)

Pursuant to the PAQ, following a detainee's allegation that a staff member has committed sexual abuse against the detainee, the facility subsequently informs the detainee (unless the agency has determined that the allegation is unfounded) whenever:

The staff member is no longer posted within the detainee's unit;

The staff member is no longer employed at the facility;

The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or

The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

The auditor's review of two investigations of sexual abuse allegedly perpetrated by staff members against detainees at WCDC during the last 12 months reveals one was determined to be unfounded while the other was determined to be unsubstantiated.

Accordingly, 115.73(c) notifications were provided to the respective detainees however, none of the four 115.73(c) criteria were applicable in either case.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 29, section R(2) addresses 115.73(c).

In view of the evidence identified in the above narrative, the auditor finds WCDC substantially compliant with 115.73(c).

115.73(d)

	<p>Pursuant to the PAQ, the Warden self reports following a detainee's allegation that he or she has been sexually abused by another detainee at WCDC, the agency subsequently informs the alleged victim whenever:</p> <p>The agency learns the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or The agency learns the alleged abuser has been convicted on a charge related to sexual abuse within the facility.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 29, section R(3) addresses 115.73(d).</p> <p>With respect to the one detainee-on-detainee sexual abuse allegation, the same was determined to be substantiated. However, the requisite notification was not provided to the detainee as he was transferred to the United States Penitentiary Atwater, CA prior to conclusion of the investigation.</p> <p>In view of the above, the auditor finds WCDC substantially compliant with 115.73(d).</p> <p>115.73(e)</p> <p>Pursuant to the PAQ, the Warden self reports that all notifications to detainees described in this standard are documented. The Warden further self reports that zero documented notices were provided to victims of sexual abuse as described in 115.73(a-d) however, the auditor finds that two notifications were provided to alleged victims while the third documented notification could not be provided in view of the detainee victim's transfer from the facility prior to conclusion of the investigation.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 29, section R(4) addresses 115.73(e) in totality.</p> <p>Given the findings articulated in the narrative for 115.73(e), the auditor finds WCDC substantially compliant with 115.73(e).</p> <p>Accordingly, the auditor finds WCDC substantially compliant with 115.73.</p>
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115.76	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.76(a)

Pursuant to the PAQ, the Warden self reports staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 30, section S(2)(a) addresses 115.76(a).

The auditor's review of five signed Code of Conduct forms (for staff across several facility disciplines) reveals substantial compliance with 115.76. The same describes employee obligations in terms of reporting incidents, minimally.

In view of the above, the auditor finds WCDC substantially compliant with 115.76(a).

115.76(b)

Pursuant to the PAQ, the Warden self reports zero active facility staff members have violated agency sexual abuse or sexual harassment policies during the last 12 months.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 30, section S(2)(b) addresses 115.76(b).

In view of the above, the auditor finds WCDC substantially compliant with 115.76(b).

115.76(c)

Pursuant to the PAQ, the Warden self reports disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. Reportedly, during the last 12 months, zero facility staff were disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies (other than actually engaging in sexual abuse).

Of note, the auditor validated the same pursuant to review of the aforementioned three sexual abuse/harassment investigations completed during the last 12 months.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 30, section S(2)(c) addresses 115.76(c).

In view of the above, the auditor finds WCDC substantially compliant with 115.76(c).

115.76(d)

Pursuant to the PAQ, the Warden self reports all terminations for violations of sexual

	<p>abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. The Warden further self reports in the last 12 months, zero staff members from the facility were reported to criminal investigators or licensing agencies following the administrative investigation.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 30, section S(2)(d) addresses 115.76(d).</p> <p>Based on the above, the auditor finds WCDC substantially compliant with 115.76(d).</p> <p>In view of the above, the auditor finds WCDC substantially compliant with 115.76.</p>
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115.77 Corrective action for contractors and volunteers	
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.77(a)</p> <p>Pursuant to the PAQ, the Warden self reports any contractor or volunteer who engages in sexual abuse is prohibited from contact with detainees and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. In the last 12 months, zero contractors or volunteers have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of detainees.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 30, section S(2)(e) addresses 115.77(a).</p> <p>Pursuant to PAQ memorandum, the Warden asserts zero incidents involving contractors or volunteer perpetuation of sexual abuse/harassment incidents occurred at WCDC during the last 12 months. The same is validated pursuant to the auditor's review of the three sexual abuse/harassment investigations facilitated during the last 12 months.</p> <p>In view of the above, the auditor finds WCDC substantially compliant with 115.77(a).</p>
	<p>115.77(b)</p> <p>Pursuant to the PAQ, the Warden self reports the facility takes appropriate remedial measures and considers whether to prohibit further contact with detainees in the case of any other violation of agency sexual abuse or sexual harassment policies by a</p>

	<p>contractor or volunteer.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 30, section S(2)(f) addresses 115.77(b).</p> <p>The Warden asserts a contractor or volunteer's access privileges would be suspended pending investigation in the case of any alleged violation of agency sexual abuse or sexual harassment policies. The contractor/volunteer would have no access to the facility and consequently, detainees. If the investigation is substantiated, privileges would be rescinded on a permanent basis.</p> <p>In view of the above, the auditor finds WCDC substantially compliant with 115.77(b).</p> <p>Accordingly, the auditor finds WCDC substantially compliant with 115.77.</p>
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115.78	Disciplinary sanctions for inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.78(a)</p> <p>Pursuant to the PAQ, the Warden self reports detainees are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative investigative finding that the detainee engaged in detainee-on-detainee sexual abuse. The Warden further self reports detainees are subject to disciplinary sanctions only pursuant to a formal disciplinary process following a criminal finding of guilt for detainee-on-detainee sexual abuse.</p> <p>The Warden self reports that during the last 12 months, one administrative investigation was determined to be substantiated for detainee-on-detainee sexual abuse that occurred at the facility. Pursuant to the auditor's review of the aforementioned three random sexual abuse/harassment investigations, he finds the same to be validated.</p> <p>According to the AW, the perpetrator in the aforementioned substantiated sexual abuse case was transferred to another facility on June 5, 2023 while the investigation was not concluded until June 14, 2023. A misconduct report was not issued in that matter.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 28, section</p>

S(1)(a) addresses 115.78(a).

According to PAQ documentation, there has been zero incidents of disciplinary sanctions imposed on detainees during the last 12 months for:

Administratively substantiated detainee-on-detainee sexual abuse; or
A criminal finding of guilt for detainee-on-detainee sexual abuse, nor for detainee-on-staff sexual contact/abuse.

In view of the above, the auditor finds WCDC substantially compliant with 115.78(a).

115.78(b)

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 29, section S(1)(c) addresses 115.78(b).

The Warden asserts varying degrees of sanctions are available pursuant to the CC disciplinary process. A sexual misconduct charge could warrant up to 30 days in Restricted Housing (RH), amongst other sanctions.

The Warden further asserts sanctions are proportionate to the nature and circumstances of the abuses committed, the detainee's disciplinary history, and the sanction(s) imposed for similar offenses by other detainees with similar histories. Additionally, assessment of mental disability or mental illness is built into the policy for use in appropriate cases.

In view of the above, the auditor finds WCDC substantially compliant with 115.78(b).

115.78(c)

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 29, section S(1)(d) addresses 115.78(c).

Assessment of mental disability or mental illness is built into the policy for use in appropriate cases. Given the lack of any disciplinary actions with respect to the three aforementioned investigations, there is no documentary review of 115.78(c) requirements.

In view of the above, the auditor finds WCDC substantially compliant with 115.78(c).

115.78(d)

Pursuant to the PAQ, the Warden self reports the facility does not offer therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse. The Warden further self reports that the facility

does not consider whether to require the offending detainee to participate in such interventions as a condition of access to programming or other benefits as such services are voluntary.

The auditor did find that a nurse referred an aggressor for mental health assessment and he was interviewed on May 22, 2024. This interview followed the alleged incident that occurred on May 20, 2024. The auditor's review of the Mental Health Note v 11 pertinent to this detainee reveals substantial compliance with the intent of 115.78(d).

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 29, section (S)(1)(i) addresses 115.78(d).

According to the mental health interviewee, therapy, one-on-one counseling, or other intervention services designed to address and correct the underlying reasons or motivations for sexual abuse are offered to both victims and perpetrators. Even if offered, detainee access to programming or other benefits would not be contingent upon participation in such services as the same would be voluntary.

In view of the above, the auditor finds WCDC substantially compliant with 115.78(d).

115.78(e)

Pursuant to the PAQ, the Warden self reports the agency disciplines a detainee for sexual contact with staff only upon a finding that the staff member did not consent to such contact.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 29, section (S)(1)(e) addresses 115.78(e).

During the last 12 months, zero detainees were disciplined for sexual contact with staff only upon a finding that the staff member did not consent to such contact.

In view of the above, the auditor finds WCDC substantially compliant with 115.78(e).

115.78(f)

Pursuant to the PAQ, the Warden self reports the agency prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation(s).

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 29, section (S)(1)(g) addresses 115.78(f).

During the last 12 months, zero disciplinary actions were imposed for a detainee report of sexual abuse made in bad faith. Of note, the auditor has not located any

	<p>contradictory evidence.</p> <p>In view of the above, the auditor finds WCDC substantially compliant with 115.78(f).</p> <p>115.78(g)</p> <p>Pursuant to the PAQ, the Warden self reports the agency prohibits all sexual activity between detainees. The Warden further self reports the agency disciplines detainees for such activity only if it is determined the sexual abuse activity is coerced.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 29, section (S)(1)(f) addresses 115.78(g).</p> <p>The auditor has not discovered nor has he been provided any evidence validating that detainees have been found guilty or convicted of non-coerced sexually abusive activity during the last 12 months.</p> <p>In view of the above, the auditor finds WCDC substantially compliant with 115.78(g).</p> <p>Accordingly, absent any findings to the contrary, the auditor finds WCDC substantially compliant with 115.78.</p>
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115.81	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.81(a) and (c)</p> <p>Pursuant to the PAQ, the Warden self reports all detainees at this facility who have disclosed any prior sexual victimization during a screening pursuant to 115.41, are offered a follow-up meeting with a medical or mental health practitioner. The Warden further self reports the follow-up meeting is offered within 14 days of the intake screening. In the last 12 months, two detainees who disclosed prior victimization and behavior during the screening process were offered a follow-up meeting with a medical and/or mental health practitioner. Reportedly, medical and mental health staff maintain secondary materials (e.g., form, log) documenting compliance with the above required services.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 10, section 9</p>

addresses 115.81(a and c).

The auditor's review of two PAQ victimization/aggressor screenings dated October 7, 2023 and January 4, 2024 respectively, two Allscripts referral memos to mental health practitioners dated October 10, 2023 and January 9, 2024 respectively, and two Comprehensive Mental Health Evaluation forms dated October 10, 2023 and January 11, 2024 (all related to the same two detainees who reported sexual victimization at intake) reveals that timely 115.81 follow-up occurred within 14 days of arrival at the facility. The auditor notes that these two examples pertained to detainees housed pursuant to ICE custody. Both ICE and USMS detainees are housed at WCDC.

The auditor's onsite review of 15 random detainee (USMS) files reveals that one detainee reportedly experienced community or institutional sexual abuse. Two files pertained to detainees who perpetrated community or institutional sexual abuse. The auditor's review of all three files reveals substantial compliance with 115.81(a) and (b) based on the documents (mostly as cited above) uploaded into OAS.

The staff who performs initial screening for risk of sexual victimization and abusiveness interviewee states she offers a follow-up meeting with a medical and/or mental health practitioner whenever the screening indicates a detainee has experienced prior sexual victimization, whether in an institutional setting or in the community. She accomplishes the same by forwarding a Referral Form to Medical and they coordinate any follow-up appointments with MH staff. Generally, Medical meetings occur almost immediately.

The PCM asserts that zero detainees who reported historical community and/or institutional sexual abuse were housed at WCDC as of the dates of the onsite visit. Accordingly requisite interview questionnaires pertaining to 115.81(a) and (b) could not be administered.

In view of the above, the auditor finds WCDC substantially compliant with 115.81(a) and (c).

115.81(b)

Pursuant to the PAQ, the Warden self reports if detainees previously perpetrated sexual abuse either in a confinement or community setting, they are offered a follow-up meeting with a mental health practitioner. The Warden further self reports the follow-up meeting is offered within 14 days of the intake screening. In the last 12 months, zero detainees who have previously perpetrated sexual abuse, as indicated during the screening pursuant to § 115.41, were offered a follow-up meeting with a mental health practitioner within 14 days of the screening. Mental health staff reportedly maintain secondary materials (e.g., form, log) documenting compliance with the above required services.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 10, section 8 addresses 115.81(b).

The staff who performs initial screening for risk of sexual victimization and abusiveness interviewee states she offers a follow-up meeting with a mental health practitioner whenever the screening indicates a detainee is an aggressor, whether in an institutional setting or in the community. She accomplishes the same by forwarding a Referral Form to Medical and they coordinate any follow-up appointments with MH staff. Generally, Medical meetings occur almost immediately.

The auditor's onsite review of 15 random detainee (USMS) files reveals substantial compliance with 115.81(b) in both cases wherein detainees, who perpetrated community or institutional sexual abuse, were properly assessed by the mental health practitioner. This is validated by documents (mostly as cited above) that are uploaded into OAS.

In view of the above, the auditor finds WCDC substantially compliant with 115.81(b).

115.81(d)

Pursuant to the PAQ, the Warden self reports information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners. The same is available to other staff to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law.

According to the CCPC, WCDC PCM, and the staff who performs screening for risk of victimization and abusiveness interviewees, the agency has outlined who should have access to a detainee's risk assessment within the facility in order to protect sensitive information from exploitation. According to the WCDC PCM, such information consumption is generally limited to the Warden, PCM, AW, sergeant, investigator, and mental health staff. The CCPC asserts that access is generally limited to case managers and treatment staff. Assessments and reassessments generated electronically are password protected. The staff responsible for risk screening interviewee states access to assessments/reassessments is limited to the PCM, medical and mental health staff, and screening staff.

As mentioned throughout this report, hard copies of investigative materials, inclusive of forensic medical documentation associated with the respective investigation, as well as, digital information are securely maintained by the investigator and PCM.

Medical/MH information is likewise stored in password protected systems and hard copies of referral documentation are stored in secure file cabinet(s) in MH staff secured offices and medical files in the Medical Department.

The auditor notes that victimization/aggressor assessments are maintained in detainee files in locked file cabinets in the Records Area. During the facility tour, the auditor did observe the same. Access to electronic documentation can be accessed only by those staff who have been granted system privileges.

	<p>In view of the above, the auditor finds WCDC substantially compliant with 115.81(d).</p> <p>115.81(e)</p> <p>Pursuant to the PAQ, the Warden self reports medical and mental health practitioners obtain informed consent from detainees before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the detainee is under the age of 18.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 18, section K(2)(g) addresses 115.81(e).</p> <p>The MH and medical staff interviewees state, as a matter of routine, they do ensure that they advise detainees regarding informed consent before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the detainee is under the age of 18. The verbal informed consent is documented in the notes and the equivalent of an informed consent, completed at intake, is maintained in the detainee's file. Of note, detainees under the age of 18 are not housed at WCDC.</p> <p>In view of the above, the auditor finds WCDC is substantially compliant with 115.81(e).</p> <p>Accordingly, in view of the above, the auditor finds WCDC substantially compliant with 115.81.</p>
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115.82	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>115.82(a)</p> <p>Pursuant to the PAQ, the Warden self reports detainee victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The Warden further self reports the nature and scope of such services are determined by medical and mental health practitioners according to their professional</p>

judgment. Medical and mental health staff maintain secondary materials (e.g. form, log) documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis.

The auditor's review of three sexual abuse investigations reveals that the detainees were examined by medical and/or mental health staff at the facility following report of the alleged incident. Review of the Sexual Abuse Incident Check Sheet and the investigation reports validate the same.

The medical and mental health interviewees state victims of sexual abuse receive timely and unimpeded access to emergency medical treatment and crisis intervention services. This occurs almost immediately following decision-making and a brief life-saving medical examination at WCDC. The nature and scope of these services are determined according to the professional judgment of the provider, in addition to the physician, if available.

The detainee who reported a sexual abuse incident at WCDC refused to participate in an interview. Accordingly, the requisite questionnaire was not administered.

The non-security and security first responder interviewees properly cited all four 115.64(a) requirements and responsibilities. Ten of 12 random staff interviewees state they are aware of the uniform evidence protocol utilized to ensure maximum possibility of obtaining usable physical evidence (first responder duties) and they were able to cite the four steps. Eight of 12 random staff interviewees state that Medical and MH staff would be contacted as part of their first responder duties. It is noted that all interviewees were in possession of a CC laminated card bearing the instructions as required by Standard 115.64(a).

In view of the above, the auditor finds WCDC substantially compliant with 115.82(a).

115.82(b)

Pursuant to the PAQ, the Warden asserts that if no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, security staff first responders shall take preliminary steps to protect the victim pursuant to § 115.62 and shall immediately notify the appropriate medical and mental health practitioners.

The non-security and security first responder interviewees properly cited all four 115.64(a) requirements and responsibilities. Ten of 12 random staff interviewees state they are aware of the uniform evidence protocol utilized to ensure maximum possibility of obtaining usable physical evidence (first responder duties) and they were able to cite the four steps. Eight of 12 random staff interviewees state that Medical and MH staff would be contacted as part of their first responder duties. It is

noted that all interviewees were in possession of a CC laminated card bearing the instructions as required by Standard 115.64(a).

In view of the above, the auditor finds WCDC substantially compliant with 115.82(b).

115.82(c)

Pursuant to the PAQ, the Warden self reports detainee victims of sexual abuse while incarcerated are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. Medical and mental health staff maintain secondary materials (e.g., form, log) documenting timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis.

CC Policy 13-79 entitled Sexual Assault Response, page 3, section B(10) addresses 115.82(c).

The medical staff interviewee states that victims of sexual abuse would be offered timely information about access to emergency transmitted infection prophylaxis during the forensic examination process. If medication is prescribed, the same would be purchased by and administered at the facility.

According to the SANE interviewee, Infection prophylaxis is part of the forensic planning recommendation. Additionally, any applicable testing, inclusive of HIV, etc., dependent upon medical judgment, is likewise recommended pursuant to the planning notes. The planning notes and recommendations are provided to the facility physician and he/she is responsible for prescription purchase(s) and follow-through.

Of note, the first dose of prophylaxis medication is administered as part of the forensic examination.

The detainee who reported a sexual abuse at WCDC refused to participate in an interview and accordingly, the requisite questionnaire was not administered.

In view of the above, the auditor finds WCDC substantially compliant with 115.82(c).

115.82(d)

Pursuant to the PAQ, the Warden self reports treatment services shall be 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.

CC Policy 13-79 entitled Sexual Assault Response, page 4, section B(16) addresses

	<p>115.82(d).</p> <p>The auditor has not found any evidence suggesting that charges were assessed to victims of sexual abuse at WCDC during the last 12 months.</p> <p>In view of the above, the auditor finds WCDC substantially compliant with 115.82(d).</p> <p>Accordingly, in view of the above, the auditor finds WCDC substantially compliant with 115.82.</p>
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115.83	Ongoing medical and mental health care for sexual abuse victims and abusers
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>115.83(a)</p> <p>Pursuant to the PAQ, the Warden self reports the facility offers medical and mental health evaluation and, as appropriate, treatment to all detainees who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.</p> <p>CC Policy 13-79 entitled Sexual Assault Response, page 4, section B(11) addresses 115.83(a).</p> <p>Pursuant to the auditor's review of three random sexual abuse investigations facilitated within the last 12 months, he finds that medical/mental health assessments and treatment were offered and completed in each scenario. Medical and mental health assessment of sexual abuse reports originating in other facilities is addressed in the narrative for 115.81(a).</p> <p>The auditor's review of two PAQ victimization/aggressor screenings dated October 7, 2023 and January 4, 2024 respectively, two Allscripts referral memos to mental health practitioners dated October 10, 2023 and January 9, 2024 respectively, and two Comprehensive Mental Health Evaluation forms dated October 10, 2023 and January 11, 2024 (all related to the same two detainees who reported sexual victimization at intake) reveals that timely 115.81 follow-up occurred within 14 days of arrival at the facility. The auditor notes that these two examples pertained to detainees housed</p>

pursuant to ICE custody. Both ICE and USMS detainees are housed at WCDC.

The auditor's onsite review of 15 random detainee (USMS) files reveals that one detainee reportedly experienced community or institutional sexual abuse. Two files pertained to detainees who perpetrated community or institutional sexual abuse. The auditor's review of all three files reveals substantial compliance with 115.83(a).

In view of the above, the auditor finds WCDC substantially compliant with 115.83(a).

115.83(b)

Pursuant to the PAQ, the Warden self reports that the evaluation and treatment of such victims shall 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.

CC Policy 13-79 entitled Sexual Assault Response, page 4, section B(12) addresses 115.83(b).

In regard to medical care provided at the facility following a sexual abuse event, the medical staff interviewee states she facilitates a threshold interview with the victim to determine basic medical information and she takes vitals and facilitates a clothed body inspection looking for cuts, bruising, etc. If the same is discovered, basic or advanced first-aid is administered. The CC physician would recommend a forensic examination, if warranted.

The mental health staff interviewee states he reaches out to the victim and offers a voluntary assessment. He facilitates threshold questioning of the victim and attempts to calm him/her. He facilitates a suicide check, questioning the individual as to how he/she is feeling. He provides educational information regarding services and follow-up upon the detainee's return from the forensic examination.

As previously indicated throughout this report, the detainee who reported a sexual abuse at WCDC refused to participate in an interview. Accordingly, the interviewee questionnaire could not be administered.

Based on the auditor's review of three random sexual abuse investigations facilitated during the last 12 months, there is no evidence of failure to comply with the requirements of 115.83(b).

In view of the above, the auditor finds WCDC substantially compliant with 115.83(b).

115.83(c)

Pursuant to the PAQ, the Warden self reports that the facility provides such victims with medical and mental health services consistent with the community level of care.

CC Policy 13-79 entitled Sexual Assault Response, page 4, section B(13) addresses 115.83(c).

Both the medical and mental health staff interviewees state that services offered at the facility are consistent with the community level of care, using established protocols. The auditor has found no evidence to the contrary.

In view of the above, the auditor finds WCDC substantially compliant with 115.83(c).

115.83(d)

Pursuant to the PAQ, the Warden self reports that female USMS detainees are not housed at WCDC. The auditor's observations during the facility tour validate the Warden's assertion.

In view of the above, the auditor finds that 115.83(d) is not applicable to WCDC.

115.83(e)

Pursuant to the PAQ, the Warden self reports that female USMS detainees are not housed at WCDC. The auditor's observations during the facility tour validate the Warden's assertion.

In view of the above, the auditor finds that 115.83(e) is not applicable to WCDC.

115.83(f)

Pursuant to the PAQ, the Warden self reports that detainee victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate.

CC Policy 13-79 entitled Sexual Assault Response, page 3, section B(10) addresses 115.83(f).

The SANE interviewee states that any applicable testing, inclusive of HIV, etc., dependent upon medical judgment, is likewise recommended pursuant to the planning notes. The planning notes and recommendations are provided to the facility physician and he/she is responsible for prescription purchase(s) and follow-through.

As noted throughout this report, zero forensic examinations were facilitated during the last 12 months. Pursuant to the auditor's review of the fact patterns in each of the three investigations, there is no evidence suggesting the need for a forensic examination.

In view of the above, the auditor finds WCDC substantially compliant with 115.83(f).

115.83(g)

Pursuant to the PAQ, the Warden self reports that treatment services are 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.

CC Policy 13-79 entitled Sexual Assault Response, page 4, section B(16) addresses 115.82(g).

The auditor has not found any evidence suggesting that charges were assessed to victims of sexual abuse at WCDC during the last 12 months. .

In view of the above, the auditor finds WCDC substantially compliant with 115.83(g).

115.83(h)

Pursuant to the PAQ, the Warden self reports that If the facility is a prison, appropriate staff attempt to conduct a mental health evaluation of all known detainee-on-detainee abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate by mental health practitioners.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 11, section G(17) addresses 115.83(h).

The mental health staff interviewee states that WCDC is considered to be a jail facility however, he does conduct a mental health evaluation of all known detainee-on-detainee sexual abusers and offers treatment, if appropriate. A full mental health evaluation is completed regarding each detainee within 14 days of arrival at WCDC.

Based on documentation included in OAS, timely and relevant 115.83(h) mental health evaluations were completed in the cases referred for such evaluation.

In view of the above, the auditor finds WCDC substantially compliant with 115.83(h).

Accordingly, in view of the above, the auditor finds WCDC substantially compliant with 115.83.

115.86	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard

Auditor Discussion

115.86(a)

Pursuant to the PAQ, the Warden self reports the facility conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be "unfounded". The Warden further self reports that in the last 12 months, two criminal and/or administrative investigations of alleged sexual abuse were completed at the facility.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 27, section P(1) addresses 115.86(a).

As previously indicated throughout this audit narrative, the auditor's review of three random sexual abuse investigations completed during the last 12 months reveals that one investigation was substantiated, one was unsubstantiated, and one was unfounded. Sexual Abuse Incident Reviews (SAIRs) have been completed in two cases (the substantiated and unsubstantiated cases) and the auditor has reviewed the same for standard compliance.

In view of the above, the auditor finds WCDC substantially compliant with 115.86(a).

115.86(b)

Pursuant to the PAQ, the Warden self reports the facility ordinarily conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation. The Warden further self reports that in the last 12 months, three criminal and/or administrative investigations of alleged sexual abuse were completed at the facility and two were followed by a sexual abuse incident review within 30 days, excluding only "unfounded" incidents.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 27, section P(3) addresses 115.86(b).

Pursuant to the auditor's review of the SAIRs conducted in the aforementioned two cases, both were facilitated within 30 days of the closure of the administrative investigation.

In view of the above, the auditor finds WCDC substantially compliant with 115.86(b).

115.86(c)

Pursuant to the PAQ, the Warden self reports the sexual abuse incident review team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 27, section P(2)

addresses 115.86(c). PCN 14-2 02) entitled Sexual Abuse Prevention and Response, page 3, section O(2) also addresses 115.86(c).

The Warden asserts that a SART team is utilized and available at WCDC. The team does include upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners.

Pursuant to the auditor's review of the aforementioned SAIR reports, it is clear that the review team is comprised of staff from diverse disciplines. Specifically, the Warden, PCM/COS, the investigator, the health services administrator (HSA), and the mental health designee generally comprise the review team.

In view of the above, the auditor finds WCDC substantially compliant with 115.86(c).

115.86(d)

Pursuant to the PAQ, the Warden self reports that the review team shall:

Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;

Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification status or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility;

Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;

Assess the adequacy of staffing levels in that area during different shifts;

Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and

Prepare a report of its findings, including but not necessarily limited to, determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section, and any recommendations for improvement and submit such report to the facility head and PREA compliance manager.

The Warden asserts that the SART team assesses issues noted above to make necessary changes, if required, and/or highlight positive performance. The same includes assessment of training needs and video monitoring needs. The mission of the SART team is to "enhance all things PREA" at WCDC.

The PCM asserts that a report is prepared of the review proceedings encompassing the issues articulated above. He generates the report and serves as a member of the SART. If there are recommendations, he follows through with the same or documents the basis for non-compliance.

The SART team interviewee validated the issues addressed above as requisite review items.

The auditor's review of two SAIR reports facilitated during the last 12 months reveals

	<p>that one investigation was determined to be unfounded and accordingly, the conduct of a SAIR was not necessary. The two reports reflect substantial compliance with 115.86(a-e).</p> <p>In view of the above, the auditor finds WCDC substantially compliant with 115.86(d).</p> <p>115.86(e)</p> <p>Pursuant to the PAQ, the Warden self reports that the facility implements the recommendations for improvement or documents its reasons for not doing so.</p> <p>The auditor notes that zero recommendations were reflected in the two SAIR reports mentioned throughout this narrative.</p> <p>In view of the above, the auditor finds WCDC substantially compliant with 115.86(e).</p> <p>Accordingly, the auditor finds WCDC substantially compliant with 115.86(e).</p>
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115.87	Data collection
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>115.87(a)</p> <p>Pursuant to the PAQ, the Warden self reports the agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 29, section T(1) addresses 115.87(a).</p> <p>The auditor's review of the 2022 CC Annual PREA Report reveals the same captures the SSV data and information requisite to compliance with 115.87(a).</p> <p>In view of the above, the auditor finds WCDC substantially compliant with 115.87(a).</p> <p>115.87(b)</p> <p>Pursuant to the PAQ, the Warden self reports the agency aggregates the incident-</p>

based sexual abuse data at least annually.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 29, section T(3) addresses 115.87(b).

The auditor's cursory review of PREA Annual Reports on the CC website for 2021 and 2022 reveals annual aggregation of incident-based sexual abuse data for WCDC.

In view of the above, the auditor finds WCDC substantially compliant with 115.87(b).

115.87(c)

Pursuant to the PAQ, the Warden further self reports the standardized instrument includes, 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.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 29, section T(3) addresses 115.87(c).

The auditor's review of the 2021 and 2022 CC Annual PREA Reports reveals the same captures the SSV data and information requisite to compliance with 115.87(c).

In view of the above, the auditor finds WCDC substantially compliant with 115.87(c).

115.87(d)

Pursuant to the PAQ, the Warden self reports the agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 29, section T(2) addresses 115.87(d).

In view of the above, the auditor finds WCDC substantially compliant with 115.87(d).

115.87(e)

The auditor has learned WCDC does not contract with any other private facilities for the confinement of any detainees designated to their care, custody, and control. Accordingly, the auditor finds 115.87(e) not applicable to WCDC.

115.87(f)

Pursuant to the PAQ, the Warden self reports that WCDC was selected by the USDOJ

	<p>to submit the SSV in 2023. The auditor's review of the SSV validates the Warden's statement.</p> <p>In view of the above, the auditor finds WCDC substantially compliant with 115.87(f).</p> <p>Accordingly, the auditor finds WCDC substantially compliant with 115.87.</p>
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115.88	Data review for corrective action
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>115.88(a)</p> <p>Pursuant to the PAQ, the Warden asserts that the agency reviews 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, and training, including:</p> <p>Identifying problem areas; Taking corrective action on an ongoing basis; and Preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as, the agency as a whole.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 29, section T(4 and 5) addresses 115.88(a).</p> <p>The Agency Head interviewee asserts that CC accesses data from various sources on a daily, monthly, and annual basis. Incident data is provided daily to select Facility Support Center (FSC) staff in a Daily PREA Report. Monthly and annually, the data is reported as metrics in a format that can determine if there are trends at individual facilities or with detainee populations. Facilities can use the data to identify where sexual abuse may be occurring and whether changes to either the physical plant, presence of staff/video coverage, or procedures would minimize the risks of incidents in those areas.</p> <p>The auditor finds this process to represent "above and beyond" efforts to address</p>

detainee/inmate/resident sexual safety at CC facilities. Accordingly, the auditor finds that WDCD and CC exceed 115.88(a) expectations.

The CCPC asserts the agency does review data collected and aggregated in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies and training. Files and information relative to investigations of PREA allegations are retained in the CC 5-1 Incident Report Database. This database is retained on a secure server and hard copies of investigative files are secured at the facility. All annual reports are maintained on the CC website and all information is subject to CC Record Retention Schedules.

Of note, PREA investigation reports and ancillary documentation are electronically generated and maintained in a privileges operated system however, a safely secured filing cabinet is located in the WDCD Investigator's Office and PCM's Office. The auditor validated these processes throughout the on-site audit.

The CCPC further asserts that the agency takes corrective action on an ongoing basis based on this data. For example, anything identified pursuant to a mock audit or SAIR review is considered for implementation.

The PCM asserts agency reviews of data collected and aggregated in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies and training, are handled at the corporate office. Investigations and SAIRs, inclusive of recommendations, are electronically transmitted to corporate and maintained in the 5-1 system. The CCPC also has access to computerized daily population reports, etc. The WDCD PCM and investigator maintain hard copies of investigations in locked cabinets in their locked offices. Access to electronic copies of investigative materials is limited to those staff with privileges. Data is published by corporate office staff.

Of note, the auditor observed the locked cabinets in the investigator's office throughout the on-site visit.

In view of the above, the auditor finds WDCD exceeds 115.88(a) expectations.

115.88(b)

Pursuant to the PAQ, the Warden self reports the annual report includes a comparison of the current year's data and corrective actions with those from prior years. The Warden further self reports the annual report provides an assessment of the agency's progress in addressing sexual abuse.

The auditor's review of data collected pursuant to 115.87 and the 2021 and 2022 corporate cumulative annual reports reflects substantial compliance with 115.88(b). The cumulative annual reports, in question, clearly address a comparison of data for the years 2021 and 2022. The data collected pursuant to 115.87 is included within the annual report. Enhancements enacted as the result of pre-audits completed by

CC staff, information gleaned from reviews (SAIRs) conducted pursuant to 115.86, and PREA audits conducted during the audit year(s), are discussed in the annual report(s). Finally, a synopsis is included in the annual report, addressing the "State of PREA" within CC.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 29, section T(5) addresses 115.88(b).

In view of the above, the auditor finds WCDC substantially compliant with 115.88(b).

115.88(c)

Pursuant to the PAQ, the Warden self reports the agency makes its annual report readily available to the public at least annually through its website. The Warden further self reports the annual reports are approved by the Agency Head.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 29, section T(8) addresses 115.88(c).

The auditor's review of the aforementioned 2021 and 2022 annual reports clearly reflects the CC Executive Vice President and Chief Operating Officer (COO) approves the report as the cover page bears his signature. The auditor verified the report(s), in question, are posted on the CC website.

According to the Agency Head interviewee, he reviews all PREA Annual Reports as he is the direct supervisor of the CCPC. He copiously reviews each report for comprehensiveness and content, forwarding the same to the CC Executive Vice President and COO for final review and signature.

In view of the above, the auditor finds WCDC substantially compliant with 115.88(c).

115.88(d)

Pursuant to the PAQ, the Warden self reports when the agency redacts material from an annual report for publication, the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility. The Warden further self reports the agency indicates the nature of material redacted.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 29, sections T(6 and 7) addresses 115.88(d).

The auditor did not find any redacted material in the aforementioned annual reports.

In view of the above, the auditor finds WCDC substantially compliant with 115.88(d).

	Accordingly, in view of 115.88(a) findings, the auditor finds WCDC exceeds 115.88 expectations.
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115.89	Data storage, publication, and destruction
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>115.89(a)</p> <p>Pursuant to the PAQ, the Warden self reports the agency ensures incident-based and aggregate data are securely retained.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 32, section T(11) addresses 115.89(a).</p> <p>The CCPC interviewee asserts the agency does review data collected and aggregated in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies and training. Files and information relative to investigations of PREA allegations are retained in the CC 5-1 Incident Report Database. This database is retained on a secure, privileges access server and hard copies of investigative files are secured at the facility.</p> <p>The PCM asserts investigations and SAIRs, inclusive of recommendations, are electronically transmitted to corporate and maintained in the 5-1 system. The CCPC also has access to computerized daily population reports, etc. The WCDC PCM and investigator maintain hard copies of investigations in locked cabinets in their locked offices. Access to electronic copies of investigative materials is limited to those staff with privileges.</p> <p>Of note, the auditor observed the locked cabinets in the investigator's office throughout the on-site visit.</p> <p>In view of the above, the auditor finds WCDC substantially compliant with 115.89(a).</p> <p>115.89(b)</p> <p>Pursuant to the PAQ, the Warden self reports agency policy requires aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts be made readily available to the public, at least annually, through its website.</p>

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 31, section T(8) addresses 115.89(b).

The auditor's cursory review of PREA Annual Reports on the CC website for 2021 and 2022 reveals annual aggregation of incident-based sexual abuse data for WCDC.

In view of the above, the auditor finds WCDC substantially compliant with 115.89(b).

115.89(c)

Pursuant to the PAQ, the Warden self reports before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 31, section T(7) addresses 115.89(c).

The auditor has found no instances wherein personal identifiers have been necessarily excised from subject reports. In view of the above, the auditor finds WCDC substantially compliant with 115.89(c).

115.89(d)

Pursuant to the PAQ, the Warden self reports the agency maintains sexual abuse data collected pursuant to 115.87 for at least 10 years after the date of initial collection, unless federal, state, or local law requires otherwise.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 31, section T(10) addresses 115.89(d) in entirety. Additionally, the Core Civic Record Retention Schedule and appendix 1-15B clearly stipulates retention guidelines.

The auditor has found no evidence of deviation from the requirements of 115.89(d) during the facility tour or on-site visit.

The auditor finds WCDC substantially compliant with 115.89(d).

In view of the above, the auditor finds WCDC substantially compliant with 115.89.

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard

	<p>Auditor Discussion</p> <p>Pursuant to the auditor's cursory review of the CC website, he finds that compliance with 115.401(a) is accomplished. He did not find any evidence of non-ICE facility PREA compliance failure(s).</p> <p>The auditor's review of the CC website reveals that CC facilities are reviewed in three year cycles. Specifically, it appears that one-third of non-ICE facilities are PREA audited on an annual basis.</p> <p>Throughout the WDCD PREA onsite visit, the auditor was granted access to all areas of the facility. He was able to examine mop closets, mechanical rooms, all detainee occupied areas, staff assembly areas, as well as, areas outside of the facility.</p> <p>Throughout the entire audit process, the auditor has been granted access to any documentation he requested. Facility staff have been vigilant in terms of uploading requested documentation into OAS.</p> <p>Throughout the onsite visit, the auditor has been granted private interview space in staff offices or conference rooms wherein he interviewed detainees. Staff interpreters assisted with those Spanish-speaking prisoners who the auditor randomly selected.</p> <p>The auditor noted that PREA Audit Notices were posted in each USMS prisoner housing area. The Audit Notices were posted six weeks prior to the onsite visit. Notices contained sufficient information regarding confidentiality.</p> <p>In view of the above, the auditor finds WDCD substantially compliant with 115.401.</p>
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115.403	Audit contents and findings
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Pursuant to the auditor's review of the CC website, he notes that the last PREA Audit Report dated May 24, 2021 is posted on the same. The auditor's cursory scan of the CC website reveals that prior reports for each facility are posted on the same.</p> <p>Accordingly, the auditor finds WDCD substantially compliant with 115.403(f).</p> <p>In view of the above, the auditor finds WDCD substantially compliant with 115.403.</p>

Appendix: Provision Findings		
115.11 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.11 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	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
115.11 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	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
	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
115.12 (a)	Contracting with other entities for the confinement of inmates	
	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.)	na
115.12 (b)	Contracting with other entities for the confinement of inmates	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure	na

	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.)	
115.13 (a)	Supervision and monitoring	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into	yes

	consideration: Any applicable State or local laws, regulations, or standards?	
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
115.13 (b)	Supervision and monitoring	
	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
115.13 (c)	Supervision and monitoring	
	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
	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
	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
115.13 (d)	Supervision and monitoring	
	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
	Is this policy and practice implemented for night shifts as well as day shifts?	yes
	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

115.14 (a)	Youthful inmates	
	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).)	na
115.14 (b)	Youthful inmates	
	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).)	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).)	na
115.14 (c)	Youthful inmates	
	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).)	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).)	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).)	na
115.15 (a)	Limits to cross-gender viewing and searches	
	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
115.15 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)	na
	Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the	na

	facility does not have female inmates.)	
115.15 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)?	na
115.15 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?	yes
115.15 (e)	Limits to cross-gender viewing and searches	
	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
	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
115.15 (f)	Limits to cross-gender viewing and searches	
	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
	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

115.16 (a)	Inmates with disabilities and inmates who are limited English proficient	
	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
	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
	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
	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
	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
	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
	Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing?	yes
	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
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication	yes

	with inmates with disabilities including inmates who: Have intellectual disabilities?	
	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
	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
115.16 (b)	Inmates with disabilities and inmates who are limited English proficient	
	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
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.16 (c)	Inmates with disabilities and inmates who are limited English proficient	
	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
115.17 (a)	Hiring and promotion decisions	
	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
	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
	Does the agency prohibit the hiring or promotion of anyone who	yes

	may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	
	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
	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
	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 two bullets immediately above?	yes
115.17 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates?	yes
	Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates?	yes
115.17 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with inmates, does the agency perform a criminal background records check?	yes
	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
115.17 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?	yes

115.17 (e)	Hiring and promotion decisions	
	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
115.17 (f)	Hiring and promotion decisions	
	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
	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
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.17 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.17 (h)	Hiring and promotion decisions	
	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
115.18 (a)	Upgrades to facilities and technologies	
	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.)	na
115.18 (b)	Upgrades to facilities and technologies	

	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
115.21 (a)	Evidence protocol and forensic medical examinations	
	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
115.21 (b)	Evidence protocol and forensic medical examinations	
	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
	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
115.21 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	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

	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.21 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency always makes a victim advocate from a rape crisis center available to victims.)	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.21 (e)	Evidence protocol and forensic medical examinations	
	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
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.21 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	yes
115.21 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency always makes a victim advocate from a rape crisis center available to victims.)	yes
115.22 (a)	Policies to ensure referrals of allegations for investigations	

	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.22 (b)	Policies to ensure referrals of allegations for investigations	
	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
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.22 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).)	yes
115.31 (a)	Employee training	
	Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	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
	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
	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
	Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?	yes

	Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?	yes
	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
	Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?	yes
	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
	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
115.31 (b)	Employee training	
	Is such training tailored to the gender of the inmates at the employee's facility?	yes
	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
115.31 (c)	Employee training	
	Have all current employees who may have contact with inmates received such training?	yes
	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
	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
115.31 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.32 (a)	Volunteer and contractor training	

	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
115.32 (b)	Volunteer and contractor training	
	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
115.32 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.33 (a)	Inmate education	
	During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
115.33 (b)	Inmate education	
	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
	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
	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
115.33 (c)	Inmate education	
	Have all inmates received the comprehensive education referenced in 115.33(b)?	yes

	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
115.33 (d)	Inmate education	
	Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills?	yes
115.33 (e)	Inmate education	
	Does the agency maintain documentation of inmate participation in these education sessions?	yes
115.33 (f)	Inmate education	
	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
115.34 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.34 (b)	Specialized training: Investigations	
	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
	Does this specialized training include proper use of Miranda and	yes

	Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	
	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
	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
115.34 (c)	Specialized training: Investigations	
	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
115.35 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	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	yes

	suspicious of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	
115.35 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	na
115.35 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.35 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)	yes
	Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
115.41 (a)	Screening for risk of victimization and abusiveness	
	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
	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
115.41 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.41 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective	yes

	screening instrument?	
115.41 (d)	Screening for risk of victimization and abusiveness	
	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
	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
	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
	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
	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
	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
	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 nonconforming or otherwise may be perceived to be LGBTI)?	yes
	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
	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
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10)	yes

	Whether the inmate is detained solely for civil immigration purposes?	
115.41 (e)	Screening for risk of victimization and abusiveness	
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior acts of sexual abuse?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior convictions for violent offenses?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: history of prior institutional violence or sexual abuse?	yes
115.41 (f)	Screening for risk of victimization and abusiveness	
	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
115.41 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess an inmate's risk level when warranted due to a referral?	yes
	Does the facility reassess an inmate's risk level when warranted due to a request?	yes
	Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse?	yes
	Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?	yes
115.41 (h)	Screening for risk of victimization and abusiveness	
	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
115.41 (i)	Screening for risk of victimization and abusiveness	
	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	yes

	information is not exploited to the inmate's detriment by staff or other inmates?	
115.42 (a) Use of screening information		
	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
	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
	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
	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
	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
115.42 (b) Use of screening information		
	Does the agency make individualized determinations about how to ensure the safety of each inmate?	yes
115.42 (c) Use of screening information		
	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
	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	yes

	present management or security problems?	
115.42 (d)	Use of screening information	
	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
115.42 (e)	Use of screening information	
	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
115.42 (f)	Use of screening information	
	Are transgender and intersex inmates given the opportunity to shower separately from other inmates?	yes
115.42 (g)	Use of screening information	
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing	yes

	solely for the placement of LGBT or I inmates pursuant to a consent degree, legal settlement, or legal judgement.)	
115.43 (a)	Protective Custody	
	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
	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
115.43 (b)	Protective Custody	
	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
	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
	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?	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?	no
	If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
115.43 (c)	Protective Custody	

	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
	Does such an assignment not ordinarily exceed a period of 30 days?	yes
115.43 (d) Protective Custody		
	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
	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
115.43 (e) Protective Custody		
	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
115.51 (a) Inmate reporting		
	Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment?	yes
	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
	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
115.51 (b) Inmate reporting		
	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
	Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the inmate to remain	yes

	anonymous upon request?	
	Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility never houses inmates detained solely for civil immigration purposes.)	na
115.51 (c)	Inmate reporting	
	Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Does staff promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.51 (d)	Inmate reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	yes
115.52 (a)	Exhaustion of administrative remedies	
	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.	no
115.52 (b)	Exhaustion of administrative remedies	
	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.)	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.)	na
115.52 (c)	Exhaustion of administrative remedies	
	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	na

	this standard.)	
	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.)	na
115.52 (d)	Exhaustion of administrative remedies	
	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.)	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.)	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.)	na
115.52 (e)	Exhaustion of administrative remedies	
	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.)	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.)	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.)	na
115.52 (f)	Exhaustion of administrative remedies	

	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.)	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.).	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.)	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.)	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.)	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.)	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.)	na
115.52 (g)	Exhaustion of administrative remedies	
	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.)	na
115.53 (a)	Inmate access to outside confidential support services	
	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?	no
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers,	yes

	including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility never has persons detained solely for civil immigration purposes.)	
	Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?	no
115.53 (b)	Inmate access to outside confidential support services	
	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
115.53 (c)	Inmate access to outside confidential support services	
	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
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.54 (a)	Third-party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?	yes
115.61 (a)	Staff and agency reporting duties	
	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
	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
	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	yes

	abuse or sexual harassment or retaliation?	
115.61 (b)	Staff and agency reporting duties	
	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
115.61 (c)	Staff and agency reporting duties	
	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
	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
115.61 (d)	Staff and agency reporting duties	
	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
115.61 (e)	Staff and agency reporting duties	
	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
115.62 (a)	Agency protection duties	
	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
115.63 (a)	Reporting to other confinement facilities	
	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
115.63 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes

115.63 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.63 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
115.64 (a)	Staff first responder duties	
	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
	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
	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
	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
115.64 (b)	Staff first responder duties	
	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
115.65 (a)	Coordinated response	
	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	yes

	response to an incident of sexual abuse?	
115.66 (a)	Preservation of ability to protect inmates from contact with abusers	
	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 limit 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
115.67 (a)	Agency protection against retaliation	
	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
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.67 (b)	Agency protection against retaliation	
	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
115.67 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	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
	Except in instances where the agency determines that a report of	yes

	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?	
	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
	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
	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
	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
	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
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.67 (d)	Agency protection against retaliation	
	In the case of inmates, does such monitoring also include periodic status checks?	yes
115.67 (e)	Agency protection against retaliation	
	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
115.68 (a)	Post-allegation protective custody	
	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
115.71 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations	yes

	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).)	
	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
115.71 (b)	Criminal and administrative agency investigations	
	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
115.71 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.71 (d)	Criminal and administrative agency investigations	
	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?	no
115.71 (e)	Criminal and administrative agency investigations	
	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
	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
115.71 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes

	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
115.71 (g)	Criminal and administrative agency investigations	
	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
115.71 (h)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.71 (i)	Criminal and administrative agency investigations	
	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
115.71 (j)	Criminal and administrative agency investigations	
	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
115.71 (l)	Criminal and administrative agency investigations	
	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
115.72 (a)	Evidentiary standard for administrative investigations	
	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
115.73 (a)	Reporting to inmates	
	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

115.73 (b)	Reporting to inmates	
	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
115.73 (c)	Reporting to inmates	
	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 inmate 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
	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
	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
	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
115.73 (d)	Reporting to inmates	
	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
	Following an inmate's allegation that he or she has been sexually	yes

	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?	
115.73 (e)	Reporting to inmates	
	Does the agency document all such notifications or attempted notifications?	yes
115.76 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.76 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.76 (c)	Disciplinary sanctions for staff	
	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
115.76 (d)	Disciplinary sanctions for staff	
	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
	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
115.77 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes

	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.77 (b)	Corrective action for contractors and volunteers	
	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
115.78 (a)	Disciplinary sanctions for inmates	
	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
115.78 (b)	Disciplinary sanctions for inmates	
	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
115.78 (c)	Disciplinary sanctions for inmates	
	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
115.78 (d)	Disciplinary sanctions for inmates	
	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
115.78 (e)	Disciplinary sanctions for inmates	
	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
115.78 (f)	Disciplinary sanctions for inmates	
	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	yes

	evidence sufficient to substantiate the allegation?	
115.78 (g)	Disciplinary sanctions for inmates	
	If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)	yes
115.81 (a)	Medical and mental health screenings; history of sexual abuse	
	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
115.81 (b)	Medical and mental health screenings; history of sexual abuse	
	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
115.81 (c)	Medical and mental health screenings; history of sexual abuse	
	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? (N/A if the facility is not a jail).	yes
115.81 (d)	Medical and mental health screenings; history of sexual abuse	
	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
115.81 (e)	Medical and mental health screenings; history of sexual abuse	
	Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior	yes

	sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?	
115.82 (a)	Access to emergency medical and mental health services	
	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
115.82 (b)	Access to emergency medical and mental health services	
	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
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.82 (c)	Access to emergency medical and mental health services	
	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
115.82 (d)	Access to emergency medical and mental health services	
	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
115.83 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.83 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.83 (c)	Ongoing medical and mental health care for sexual abuse	

	victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.83 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
115.83 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
115.83 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.83 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.83 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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

115.86 (a)	Sexual abuse incident reviews	
	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
115.86 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.86 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.86 (d)	Sexual abuse incident reviews	
	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
	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
	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
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	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
115.86 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes

115.87 (a)	Data collection	
	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
115.87 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.87 (c)	Data collection	
	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
115.87 (d)	Data collection	
	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
115.87 (e)	Data collection	
	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.)	na
115.87 (f)	Data collection	
	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
115.88 (a)	Data review for corrective action	
	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
	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
	Does the agency review data collected and aggregated pursuant	yes

	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?	
115.88 (b)	Data review for corrective action	
	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
115.88 (c)	Data review for corrective action	
	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
115.88 (d)	Data review for corrective action	
	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
115.89 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes
115.89 (b)	Data storage, publication, and destruction	
	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
115.89 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.89 (d)	Data storage, publication, and destruction	
	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
115.401 (a)	Frequency and scope of audits	

	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	yes
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	na
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
115.401 (n)	Frequency and scope of audits	
	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
115.403	Audit contents and findings	

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