

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

Interim       Final

**Date of Interim Audit Report:**    07-12-2021     N/A

*If no Interim Audit Report, select N/A*

**Date of Final Audit Report:**      12-23-2021

**Auditor Information**

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**Date of Facility Visit:**    June 7-8, 2021

**Agency Information**

**Name of Agency:**    Caldwell County Sheriff's Office

**Governing Authority or Parent Agency (If Applicable):**    NA

**Physical Address:**    1204 Reed Drive

**City, State, Zip:**    Lockhart, TX 78644

**Mailing Address:**    1204 Reed Drive

**City, State, Zip:**    Lockhart, TX 78644

**The Agency Is:**

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

**Agency Website with PREA Information:**    <https://www.co.caldwell.tx.us/page/caldwell.Sheriff>

**Agency Chief Executive Officer**

**Name:**    Sheriff Mike Lane

**Email:**    mike.lane@co.caldwell.tx.us

**Telephone:**    512-398-6777

**Agency-Wide PREA Coordinator**

**Name:**    Lieutenant Willie Clay

**Email:**    willie.clay@co.caldwell.tx.us

**Telephone:**    512-398-6777 X 4548

**PREA Coordinator Reports to:**

Captain James Short

**Number of Compliance Managers who report to the PREA Coordinator:**

0

### Facility Information

**Name of Facility:** Caldwell County Jail

**Physical Address:** 1204 Reed Drive

**City, State, Zip:** Lockhart, TX 78644

**Mailing Address (if different from above):**  
NA

**City, State, Zip:** NA

**The Facility Is:**

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

**Facility Type:**

Prison

Jail

**Facility Website with PREA Information:** <https://www.co.caldwell.tx.us/page/caldwell.Sheriff>

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

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

ACA

NCCHC

CALEA

Other (please name or describe: [Click or tap here to enter text.](#))

N/A

**If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:**

Texas Commission on Jail Standards, annually

### Warden/Jail Administrator/Sheriff/Director

**Name:** Captain James Short (Jail Administrator)

**Email:** james.short@co.caldwell.tx.us

**Telephone:** 512-398-6777 X 4505

### Facility Health Service Administrator N/A

**Name:** Jenny Balch

**Email:** 7388@shpjailmedical.com

**Telephone:** 512-398-6777 X 4553

### Facility Characteristics

**Designated Facility Capacity:**

253

**Current Population of Facility:**

126

**Average daily population for the past 12 months:**

151

Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input type="checkbox"/> Males <input checked="" type="checkbox"/> Both Females and Males	
Age range of population:	17-69	
Average length of stay or time under supervision:	14 Days	
Facility security levels/inmate custody levels:	Minimum/Medium/Maximum	
Number of inmates admitted to facility during the past 12 months:	1408	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	637	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	335	
Does the facility hold youthful inmates?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Number of youthful inmates held in the facility during the past 12 months: (N/A if the facility never holds youthful inmates)	26	<input type="checkbox"/> N/A
Does the audited facility hold inmates for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Select all other agencies for which the audited facility holds inmates: Select all that apply (N/A if the audited facility does not hold inmates for any other agency or agencies):	<input type="checkbox"/> Federal Bureau of Prisons <input checked="" type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: <a href="#">Click or tap here to enter text.</a> <input type="checkbox"/> N/A	
Number of staff currently employed by the facility who may have contact with inmates:	53	
Number of staff hired by the facility during the past 12 months who may have contact with inmates:	11	
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	2	
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	6	
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	15	
<b>Physical Plant</b>		

<p><b>Number of buildings:</b></p> <p>Auditors should count all buildings that are part of the facility, whether inmates are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house inmates, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</p>	1
<p><b>Number of inmate housing units:</b></p> <p>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows inmates to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	23
<p><b>Number of single cell housing units:</b></p>	48
<p><b>Number of multiple occupancy cell housing units:</b></p>	15
<p><b>Number of open bay/dorm housing units:</b></p>	2
<p><b>Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):</b></p>	20 Seg/ 7 medical
<p><b>In housing units, does the facility maintain sight and sound separation between youthful inmates and adult inmates? (N/A if the facility never holds youthful inmates)</b></p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

**Medical and Mental Health Services and Forensic Medical Exams**

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

**Investigations**

**Criminal Investigations**

Number of investigators employed by the agency and/or facility who are responsible for conducting <b>CRIMINAL</b> investigations into allegations of sexual abuse or sexual harassment:	4
When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), <b>CRIMINAL INVESTIGATIONS</b> are conducted by: Select all that apply.	<input checked="" type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity
Select all external entities responsible for <b>CRIMINAL INVESTIGATIONS</b> : Select all that apply (N/A if no external entities are responsible for criminal investigations)	<input type="checkbox"/> Local police department <input checked="" type="checkbox"/> Local sheriff's department <input checked="" type="checkbox"/> State police: Texas Rangers (For Staff) <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: <input type="checkbox"/> N/A

**Administrative Investigations**

Number of investigators employed by the agency and/or facility who are responsible for conducting <b>ADMINISTRATIVE</b> investigations into allegations of sexual abuse or sexual harassment?	6
When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), <b>ADMINISTRATIVE INVESTIGATIONS</b> are conducted by: Select all that apply	<input checked="" type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity
Select all external entities responsible for <b>ADMINISTRATIVE INVESTIGATIONS</b> : Select all that apply (N/A if no external entities are responsible for administrative investigations)	<input type="checkbox"/> Local police department <input checked="" type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component

	<input type="checkbox"/> Other (please name or describe: <a href="#">Click or tap here to enter text.</a> ) <input type="checkbox"/> N/A
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## Summary of Audit Findings

The summary should include the number and list of standards exceeded, number of standards met, and number and list of standards not met.

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

### Standards Exceeded

Number of Standards Exceeded: 1  
List of Standards Exceeded:

### Standards Met

Number of Standards Met: 42  
List of Standards Met:

### Standards Not Met

Number of Standards Not Met: 0  
List of Standards Not Met:

### Standards Not Applicable

Number of Standards Not Applicable: 2  
List of Standards Not Applicable: 115.12, 115.18



## PREVENTION PLANNING

### STANDARD 115.11: ZERO TOLERANCE OF SEXUAL ABUSE AND SEXUAL HARASSMENT; PREA COORDINATOR

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

##### 115.11 (a)

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

##### 115.11 (b)

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

##### 115.11 (c)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

**Documents Reviewed:** (*Policies, directives, forms, files, records, etc.*)

- CCSO Policy 6.1.1: PREA, PREA Definitions (01/01/2021, Updated on 09/23/2021)
- CCSO Policy 6.2.1: PREA, Zero-Tolerance Policy (01/01/2021)
- CCSO Policy 6.2.2: PREA, PREA Coordinator (01/01/2021)
- GENERAL ORDER #45-03, JAIL DIVISION (01/01/2021)
- GENERAL ORDER #45-03, Chain of Command Chart (01/01/2021)
- Agency Response to PAQ

**Interviews:**

- PREA Coordinator

**Site Review Observations:**

- Informal interviews with staff and inmates

**Findings (by provision):**

**115.11(a)** Provision 115.11(a) states, "An agency shall have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment and outlining the agency's approach to preventing, detecting, and responding to such conduct."

CCSO Policy 6.2.1: PREA, Zero-Tolerance (p. 1-2) mandates the agency is committed to safety and security of all inmates and has zero tolerance for all forms of sexual abuse and sexual harassment. In this document, the agency outlines their approach to preventing, detecting, and responding to sexual abuse and sexual harassment. The policy details that staff and inmate education will be continual, monitoring technology will be reviewed and improved when feasible, sexual abusers and sexual victims will be separated and monitored at all identified opportunities, and that data collection systems will be tracked and reviewed to improve the facilities operations towards a sustainable zero-tolerance standard. The policy also states that criminal and administrative actions will be utilized to address any allegations, as appropriate.

CCSO Policy 6.1.1: PREA, PREA Definitions (p. 3-5) states the term sexual misconduct includes all of the following: Inmate-on-Inmate Sexually Abusive Penetration, Inmate-on-Inmate Sexually Abusive Contact, Inmate-on-Inmate Sexualized Behavior (without force), Inmate-on-Inmate Sexual Harassment, Staff-on-Inmate Sexual Contact and/or Penetration, Staff-on-Inmate Sexually Abusive Behavior (includes voyeurism, display of uncovered genitalia, buttocks or breast to an inmate and sexual harassment).

***Corrective Action Phase Recommendations and Follow-up:***

During the pre-onsite and onsite audit phase, Policy 6.2.1 did not contain the definitions as required by this provision. The auditor recommended the agency update CCSO Policy 6.1.1 definitions to fully describe the definitions according to PREA Standard §115.6. Specifically, Inmate-on-Inmate Sexually Abusive Contact was updated to state if the acts are because the victim does not consent, is coerced into such act by overt or implied threats of violence or is unable to consent or refuse. On 09/23/2021,

the agency provided the auditor with an updated policy that met these requirements and was signed by Sheriff Lane.

Based upon review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this provision.

**115.11(b)** Provision 115.11(b) states, “An agency shall employ or designate an upper-level, agency-wide PREA coordinator with sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities.”

CCSO Policy 6.2.2: PREA Coordinator (p. 1) states an agency wide PREA Coordinator will be employed by the agency to follow corrections best practices and develop, implement and coordinate procedures, projects and systems that will assist the agency in meeting the intent of the PREA Standards.

The auditor reviewed GENERAL ORDER #45-03: JAIL DIVISION (p.2, 45.03). This is the organizational chart for CCSO. It lists the Jail Lieutenant reporting directly under the Jail Captain. The Jail Lieutenant is also the designated PREA Coordinator, and the Jail Captain is the Jail Administrator for CCSO. The GENERAL ORDER #45-03: Chain of Command chart is a flow chart showing this same authority matrix.

The auditor interviewed the PREA Coordinator and was informed the Coordinator does have sufficient time to manage their PREA related duties. The PREA Coordinator has other duties managing the jail, however PREA is their first task every day. The PREA Coordinator stated all other duties can go to the back of the list so that they can make what is needed for CCSO’s PREA compliance the priority every day. The PREA Coordinator reports directly to the Jail Administrator, who reports to the Chief Deputy, allowing for the PREA Coordinator to have sufficient authority to coordinate the agency’s efforts to comply with the PREA standards. The PREA Coordinator confirmed their authority during the auditor’s interview. In informal and formal interviews with staff and inmates, the auditor confirmed that the PREA Coordinator is present in the facility throughout the week and can address any PREA concerns that arise in the daily operations of the facility.

Based upon review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this provision.

**115.11(c)** Provision 115.11(c) states, “Where an agency operates more than one facility, each facility shall designate a PREA compliance manager with sufficient time and authority to coordinate the facility’s efforts to comply with the PREA standards.”

The agency does not have a designated PREA Compliance Manager as it operates one facility. This standard does not apply.

**Corrective Action:**

The auditor recommends no further corrective action.

**STANDARD 115.12: CONTRACTING WITH OTHER ENTITIES FOR THE CONFINEMENT OF INMATES**

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

**115.12 (a)**

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

### 115.12 (b)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### Documents Reviewed: (Policies, directives, forms, files, records, etc.)

- Agency Response to PAQ

### Interviews:

- Jail Administrator
- PREA Coordinator
- Agency Contract Administrator

### Findings (by provision):

**115.12(a)** Provision 115.12(a) states, "A public agency that contracts for the confinement of its inmates with private agencies or other entities, including other government agencies, shall include in any new contract or contract renewal the entity's obligation to adopt and comply with the PREA standards."

The agency does not contract with other entities for the confinement of its inmates. This standard does not apply. The auditor confirmed this through interviews with the Jail Administrator (also serves as the Agency Contract Administrator) and PREA Coordinator during the pre-on-site audit phase.

**115.12(b)** Provision 115.12(b) states, “Any new contract or contract renewal shall provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards.”

The agency does not contract with other entities for the confinement of its inmates. This standard does not apply.

**Corrective Action:**

The auditor recommends no corrective action.

**STANDARD 115.13: SUPERVISION AND MONITORING**

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

**115.13 (a)**

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility’s physical plant (including “blind-spots” or areas where staff or inmates may be isolated)?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?  Yes  No  NA

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?  Yes  No

#### 115.13 (b)

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

#### 115.13 (c)

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

#### 115.13 (d)

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

#### Auditor Overall Compliance Determination

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

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

### Instructions for Overall Compliance Determination Narrative

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

#### **Documents Reviewed:** (*Policies, directives, forms, files, records, etc.*)

- CCSO Policy 6.2.3: PREA, Supervision and Monitoring (01/01/2021, Updated 10/05/2021)
- GENERAL ORDER #47-03: FACILITY OPERATIONS (01/01/2021)
- 2021 Caldwell County Jail Staffing Assessment (conducted 04/15/2021)
- Caldwell County Jail Staffing Assessment (07/23/2021)
- Supervisor Rounds (08/1/2021-8/10/2021)
- Agency Response to PAQ

#### **Interviews:**

- Jail Administrator
- PREA Coordinator
- Intermediate or Higher-level Facility Staff

#### **Site Review Observations:**

- Post logbooks
- Shift Rosters (additional Shift Rosters reviewed electronically during corrective action phase)
- Informal interviews with staff and inmates

#### **Findings (by provision):**

**115.13(a)** Provision 115.13(a) states, "The agency shall ensure that each facility it operates shall 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 inmates against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, facilities shall take into consideration: (1) Generally accepted detention and correctional practices; (2) Any judicial findings of inadequacy; (3) Any findings of inadequacy from Federal investigative agencies; (4) Any findings of inadequacy from internal or external oversight bodies; (5) All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated); (6) The composition of the inmate population; (7) The number and placement of supervisory staff; (8) Institution programs occurring on a particular shift; (9) Any applicable State or local laws, regulations, or standards; (10) The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and (11) Any other relevant factors."

CCSO Policy 6.2.3: PREA, Supervision and Monitoring (p. 1) states CCSO will provide adequate levels of staffing and video monitoring to protect inmates against sexual misconduct and that it shall maintain adequate levels of staffing in the jail and conduct visual observations in accordance with applicable standards of the Texas Commission on Jail Standards (TCJS). The policy also mandates staff to notify

the shift supervisor of any deficiencies that could counter or detract from the jail's efforts to prevent sexual misconduct toward any inmate under the jurisdiction or authority of CCSO.

The agency reported a daily average population of 225 inmates since the agency's last PREA Compliance Audit (August 24<sup>th</sup> -August 25<sup>th</sup>, 2017). The agency informed the auditor that it relies on generally accepted practices, required by Texas Commission of Jail Standards (TCJS), for staffing 1 officer for every 48 inmates.

The agency provided the auditor with GENERAL ORDER #47-03: FACILITY OPERATIONS (p. 6, 47.09) which specifies female inmates will be supervised and searched by female corrections officers. During the onsite audit review, the auditor observed female staff on duty who were assigned to female housing units, male housing units, programs area, booking area and as supervisors.

The agency does practice factors of a PREA Compliant Staffing Plan to include:

- *Generally accepted detention and correctional practices:* CCSO operates under TCJS practice utilizing a 1 officer to 48 inmate ratios. During the onsite audit, the ratio of officer to inmate was 1 officer to 22 inmates, with various sworn staff assigned to programs, commissary and escort positions as well as inmate housing.
- *All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated):* CCSO staff are required to practice frequent post visual observations for compliance with TCJS. CCSO also requires staff to monitor the kitchen, laundry and programs areas by including these areas on their post visual rounds. The auditor witnessed these visuals while on the site review, some occurring every ten minutes. Informal interviews with staff and inmates confirmed that sworn staff monitor these areas frequently to ensure safety and security. The agency understands its facility has blind spots and has put procedures in place to ensure safety in these areas.
- *The composition of the inmate population:* CCSO mans posts with sworn staff with more than is TCJS required for areas in which the inmate population may be more volatile, like administrative segregation inmates, or in the booking area. The auditor observed this while on the site review and also confirmed this with staff informal interviews.
- *The number and placement of supervisory staff:* CCSO regularly operates with multiple sergeants and/or corporals on duty, assigning these staff to more volatile areas, like booking.

The auditor interviewed the Jail Administrator and PREA Coordinator regarding this provision. Both stated that they practice the TCJS minimum of 1 officer for every 48 inmates and that if they do not have staffing to cover that minimum, they utilize overtime staff to ensure the ratio is met.

#### *Corrective Action Phase Recommendations and Follow-up:*

During the pre-onsite and onsite audit phases, the agency's CCSO Policy 6.2.3: PREA, Supervision and Monitoring policy did not specifically take into account: 1) generally accepted practices; 2) judicial findings of inadequacy; 3) findings of inadequacy from federal investigative agencies; 4) findings of inadequacy from internal or external oversight bodies; 5) all components of the facility's physical plant (including "blind spots," or areas where staff or residents may be isolated (the facility physically practiced this, but there was no documented staffing plan to formally address this)), 8) number and types of programs occurring on a particular shift; 10) prevalence of substantiated and unsubstantiated incidents of sexual abuse; and 11) any other relevant factors. The auditor recommended the agency update its policy or create a standalone document that specifically cites the areas (1)-(11) of this provision.

On 08/04/2021, the agency provided the auditor with a document titled Caldwell County Jail Staffing Assessment dated and signed on 07/23/2021 by the Jail Captain, PREA Coordinator, Jail Lieutenant



and Classifications Sergeant. The updated assessment met the requirements of this provision and documented the practices that CCSO had already institutionalized as stated above (bulleted areas). On 08/11/2021, the agency also included updated Shift Reports and a log of Supervisor Rounds from 08/01/2021 through 08/10/2021. These supplemental documents were reviewed and supported the agency's compliance with the staffing assessment that they had conducted in July, and the agency's compliance with this provision.

The auditor observed all the components of a staffing plan throughout the auditing of CCSO. However, the agency had not formally documented these efforts as required by the standard. Once the practices were formally documented in a Staffing Plan document specific to PREA requirements, the auditor could find the facility exceedingly compliant in this standard. The facility has multiple supervisors who "walk and talk" throughout the facility during all shifts to show authority and presence to inmates and staff. Each of these supervisors who the auditor encountered were knowledgeable of safety practices that are required by PREA. In addition, sworn and non-sworn staff could attest to thorough and frequent visuals and checks in more secluded areas like commissary and kitchen. This showed the auditor that the facility performs good safety and security which is a fundamental practice of a sexually safe confinement environment.

Based upon review and analysis of all the available evidence, the auditor has determined that the agency exceeds standards in this provision.

**115.13(b)** Provision 115.13(b) states, "In circumstances where the staffing plan is not complied with, the facility shall document and justify all deviations from the plan."

CCSO Policy 6.2.3 (p. 2, 3) states if the staffing plan is not complied with, all deviations will be justified and documented. In the PAQ, the agency indicated that it did not have any deviations from the staffing plan. The agency informed the auditor that if it cannot meet the TCJS required 1:48 officer to staff ratio, they mandate staff to work overtime to stay in compliance with TCJS. The agency informed the auditor that the documentation as required by this standard would be documented on the briefing sheets, however, the agency has not had to deviate from its staffing plan. The auditor reviewed shift rosters onsite and was able to confirm that the facility has met its staffing requirement as the auditor's interviews with the Jail Administrator and PREA Coordinator stated in the above provision and as required by the agency policy. In these shift rosters the auditor did not observe deviations from the staffing plan that would require documentation as stated in this provision.

*Corrective Action Phase Recommendations and Follow-up:*

In the Corrective action phase, the agency had not previously followed a dedicated staffing plan as required by this standard. On 08/04/2021, the staffing plan according to the above provision was provided as well as Shift Rosters for August 1<sup>st</sup>, 2021 through August 10<sup>th</sup>, 2021. The Shift Rosters did not show any deviations from the staffing plan and that overtime was utilized to cover any staff shortages, in accordance with the agency's response and updated staffing plan.

Based upon review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this provision.

**115.13(c)** Provision 115.13(c) states, "Whenever necessary, but no less frequently than once each year, for each facility the agency operates, in consultation with the PREA coordinator required by § 115.11, the agency shall assess, determine, and document whether adjustments are needed to: (1) The staffing plan established pursuant to paragraph (a) of this section; (2) The facility's deployment of video monitoring systems and other monitoring technologies; and (3) The resources the facility has available to commit to ensure adherence to the staffing plan."

CCSO Policy 6.2.3 (p. 2, 3) states each month the Jail Programs and Projects Coordinator will assess and determine whether adjustments are needed to protect inmates from sexual misconduct, including adjustments in the areas of staffing levels and patterns, video monitoring systems, resources the facility has available to commit to ensure adherence to the staffing plan and, in the event that the staffing plan is not complied with, all deviations will be justified and documented.

In the response to the PAQ, the agency indicated that it completes this review annually. The agency provided the auditor with a Caldwell County Jail Staffing Assessment dated April 15, 2021 which was signed by the Jail Administrator, PREA Coordinator, lieutenant over grievances and Classifications Sergeant. This document refers to the 1:48 officer to inmate ratio required by TCJS. It also discusses the types of beds (medium security, segregation, dormitory, minimum security, maximum security, holding and detox cells) and officer supervision required for these areas.

The auditor interviewed the PREA Coordinator who stated the jail currently has officer vacancies. The PREA Coordinator confirmed that they continuously meet with the Jail Administrator to discuss vacancies and recruiting plans and that until the vacancies can be filled, the jail runs overtime on a voluntary basis. The Coordinator also stated that should the overtime not be scheduled voluntarily, mandatory overtime would be put into place to ensure coverage with the TCJS requirement of 1:48 officer to inmate ratio.

*Corrective Action Phase Recommendations and Follow-up:*

In the corrective action phase, the agency provided a complete staffing plan for 115.13 (a). Prior to the corrective action phase, the Caldwell County Jail Staffing Assessment did not specifically take into account a PREA compliant staffing plan, monitoring technologies and systems or additional resources available to ensure adherence to a PREA compliant staffing plan. The auditor recommended the agency update its staffing plan as addressed in 115.13(a). On 08/04/2021, the agency provided the auditor with a standalone document titled Caldwell County Jail Staffing Assessment dated and signed on 07/23/2021 by the Jail Captain, PREA Coordinator, Classification's Lieutenant and Sergeant.

Based upon review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this provision.

**115.13(d)** Provision 115.13(d) states, "Each agency operating a facility shall implement 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. Such policy and practice shall be implemented for night shifts as well as day shifts. Each agency shall have a policy to prohibit 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."

CCSO Policy 6.2.3 (p. 1, 2) mandates unannounced rounds shall be conducted by a supervisor at least twice per shift as a deterrent to staff sexual abuse. The policy directs supervisors to document that these rounds occurred along with any findings of deficiencies that could expose inmates to sexual misconduct. The policy also states that staff are prohibited from alerting other staff that a supervisory round is occurring unless such is related to a legitimate operational function of the jail.

The auditor interviewed staff who were designated as intermediate and higher-level supervisors. The auditor confirmed that these staff were in the upper-third of the chain of command, reporting directly under the Chief Deputy and Jail Administrator. All staff interviewed confirmed that they have conducted and documented unannounced rounds with the intent to deter staff sexual abuse and sexual harassment. To ensure staff do not alert one another, the intermediate staff stated they alter their

routes when conducting the rounds to keep staff from alerting others. The staff stated they also monitor radio traffic with a handheld radio to ensure staff do not alert one another of their rounds.

The auditor informally interviewed staff and inmates who all confirmed that the intermediate and higher-level staff are frequently seen in the jail daily to include weekends and night shifts. Additionally, the auditor reviewed post logbooks of two separate, 48-hour periods for a total of 96 hours of logs. These logbooks documented "Rank on Post" by the specific staff performing the rounds. Out of the 96 hours of review, there were 8 total "Rank on Posts" logged, however, 3 of these logs were performed by intermediate-level staff and 5 were performed by lower-level, sergeant staff. Two of the rounds were conducted by lower-level staff on the night shifts. This evidence supports that the intermediate-level staff are performing unannounced rounds and that the facility is also practicing additional rounds through lower-level, sergeant rounds.

*Corrective Action Phase Recommendations and Follow-up:*

The agency had a practice in place that was compliant with this provision, however the policy was lacking specific wording stating that these rounds are conducted to deter sexual harassment, as required by this provision. The auditor recommended the agency update its policy to ensure intermediate-level or higher-level supervisors conduct unannounced rounds to identify and deter staff sexual harassment, as well as sexual abuse. On 10/07/2021, the agency provided the auditor with CCSO Policy 6.2.3 which had been updated and signed by Sheriff Lane on 10/05/2021. The updated policy included sexual harassment, as necessary for compliance with this provision.

During the pre-onsite and onsite audit phases, the agency was performing this practice, but the agency policy needed a wording update to become compliant in this provision. Once the policy was updated, the auditor could find the agency exceedingly compliant in this provision as the agency not only has frequent intermediate and higher-level supervisors conducting unannounced rounds, but it also requires its first-line supervisors (sergeants and corporals) to complete these practices to ensure sexual safety in the facility.

Based upon review and analysis of all the available evidence, the auditor has determined that the agency exceeds standards in this provision.

**Corrective Action:**

The auditor recommends no further corrective action.

**STANDARD 115.14: YOUTHFUL INMATES**

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

**115.14 (a)**

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

**115.14 (b)**

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

#### 115.14 (c)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

#### Documents Reviewed: (*Policies, directives, forms, files, records, etc.*)

- CCSO Policy 6.1.1: PREA, PREA Definitions (01/01/2021)
- CCSO Policy 6.2.4: PREA, Youthful Inmates (01/01/2021)
- CCSO Classifications Plan
- Agency Response to PAQ

#### Interviews:

- Classification Staff
- Line Staff who Supervise Youthful Inmates
- Education and Program Staff who Work with Youthful Inmates

- Youthful Inmates

**Site Review Observations:**

- Youthful inmate units
- Daily population jail report for days of onsite audit
- Youthful inmate post logs
- Informal interviews with staff and inmates

**Findings (by provision):**

**115.14(a)** Provision 115.14(a) states, “A youthful inmate shall not be placed in a housing unit in which the youthful inmate will have sight, sound, or physical contact with any adult inmate through use of a shared dayroom or other common space, shower area, or sleeping quarters.”

CCSO Policy 6.2.4: PREA, Youthful Inmates (p. 1, 1) states youthful inmates will be placed in housing units that separate them from sight, sound and physical contact with any adult inmates. CCSO Policy: PREA 6.1.1, PREA Definitions (p. 3) explains that a youthful inmate means any person under the age of 18 who is under adult court supervision and incarcerated or detained in a prison or jail.

CCSO Classifications Plan (p. 1, III, B) states no one under the age of seventeen will knowingly be housed in the Caldwell County Jail Facility. Inmates not yet eighteen years of age or minors adjudicated as an adult will be separated by sight and sound from other inmates.

CCSO reported that in the past 12 months, 2 housing units had been dedicated to house youthful inmates and that the facility has had a total of 26 youthful inmates in this timeframe.

During the site review, the auditor observed two units dedicated to youthful inmate housing; one for male and one for female youthful inmates. At the time of the onsite audit there was 1 youthful inmate in custody. Both units, however, were observed by the auditor to be free from sight, sound or physical contact capabilities with adult inmates.

The auditor interviewed classifications staff who confirmed that the facility has multiple units where they could house youthful inmates to separate them from sight, sound and physical contact. Youthful inmates are assigned to available units (agency confirmed they have always had available units) when CCSO has these inmates in custody. Staff verified adult inmates are never assigned to youthful inmate designated units. The auditor also interviewed staff who are assigned to youthful inmate housing. These staff confirmed that youthful inmates are never in sight, sound or physical contact with an adult inmate in their assigned housing dayroom, common space, shower area or sleeping quarters and that no adult inmates are ever assigned to the same housing as youthful inmates.

The auditor interviewed the youthful inmate who was in custody at the time of the onsite audit. The inmate confirmed that they have never been housed with adult inmates and that they cannot hear, see or have physical contact with adult inmates in their assigned housing.

The facility has sight, sound and physical separation for youthful and adult inmates and never allows the two to share housing, dayroom, common space, shower or sleeping quarters. The auditor witnessed this separation while onsite and confirmed through staff and inmate interviews that the facility has institutionalized this policy and practice.

Based upon review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this provision.

**115.14(b)** Provision 115.14(b) states, “In areas outside of housing units, agencies shall either: (1) maintain sight and sound separation between youthful inmates and adult inmates, or (2) provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact.”

CCSO Policy 6.2.4 (p.1, 2, p. 2, 4) states youthful inmates will maintain sight and sound separation from adult inmates when outside of housing units and when this cannot be afforded, these inmates will be in direct staff supervision.

The auditor interviewed program staff who works with youthful inmates who confirmed that when youthful inmates attend programs with adult inmates, they are in direct staff supervision. The auditor also witnessed the youthful inmate being escorted to and from their housing unit by direct staff supervision. The auditor asked staff informally if this was a common practice, to escort the youthful inmate with direct staff supervision, and the staff confirmed that it was required by CCSO.

The auditor confirmed with the youthful inmate through interview that when they attend programs with adult inmates, a staff member is always present and in direct supervision of the program.

Based upon review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this provision.

**115.14(c)** Provision 115.14(c) states, “Agencies shall make best efforts to avoid placing youthful inmates in isolation to comply with this provision. Absent exigent circumstances, agencies shall not deny youthful inmates daily large-muscle exercise and any legally required special education services to comply with this provision. Youthful inmates shall also have access to other programs and work opportunities to the extent possible.”

CCSO Policy 6.2.4 (p.1-2, 1, 3-5) states CCSO will make all good-faith efforts to avoid placing youthful inmates in isolation in order to comply with this provision. Additionally, this policy states that outside exigent circumstances, CCSO will provide youthful inmates daily large-muscle exercise and any legally required special education services, and to the extent possible, CCSO will allow youthful inmates access to other programs and work opportunities.

In the PAQ, CCSO reported that 0 youthful inmates had been placed in isolation in order to keep them separate from adult inmates. The auditor interviews with classifications, program and housing staff who monitor youthful inmates confirmed that youthful inmates are never been placed in isolation in order to comply with this provision.

The auditor reviewed post logs onsite that confirmed that all inmates are given 3 hours of recreation 3 days a week per TCJS requirements. The auditor was informed by the agency that youthful inmates are also allowed to recreate and perform large-muscle exercise in the youthful inmate’s dayroom every day. The youthful inmate also confirmed that they are allowed to do push-ups, squats and sit-ups and other exercises in their unit, daily.

The agency reported in the PAQ that there had been 0 exigent circumstances in which inmates would have not been able to provide the youthful inmates access to large-muscle exercise, legally required education services and other programs and work opportunities, therefore, the agency did not have any documentation for these instances.

Based upon review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this provision.

**Corrective Action:**

The auditor recommends no corrective action.

**STANDARD 115.15: LIMITS TO CROSS-GENDER VIEWING AND SEARCHES**

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

**115.15 (a)**

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

**115.15 (b)**

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

**115.15 (c)**

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

**115.15 (d)**

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

### 115.15 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status?  Yes  No
- If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?  Yes  No

### 115.15 (f)

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

### Auditor Overall Compliance Determination

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- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
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### Documents Reviewed: (*Policies, directives, forms, files, records, etc.*)

- CCSO Policy 6.2.5: PREA, Limits to Cross-Gender Viewing and Searches (01/01/2021, Updated on 09/23/2021)
- CCSO Policy 6.3.1: PREA, Employee Training (01/01/2021)
- GENERAL ORDER #47-03: FACILITY OPERATIONS (01/01/2021)
- PREA Employee PowerPoint (CCSO training presentation)
- The Moss Group Video: PREA: Guidance on Cross-Gender and Transgender Pat Searches
- CCSO Training Memo, PREA Standard 115.15 (07/26/2021)
- Agency Response to PAQ

### Interviews:

- Jail Administrator



- Random Staff
- Programs Staff
- Female Inmates
- Random Inmates

**Site Review Observations:**

- Staff training files
- Male and Female inmate housing units
- Booking holding cells
- Segregation, medical and violent cells
- Camera monitors
- Informal interviews with staff and inmates

**Findings (by provision):**

**115.15(a)** Provision 115.15(a) states, “The facility shall not conduct cross-gender strip searches or cross-gender visual body cavity searches (meaning a search of the anal or genital opening) except in exigent circumstances or when performed by medical practitioners.”

CCSO Policy 6.2.5: PREA, Limits to Cross-Gender Viewing and Searches (p. 1, 2) prohibits jail staff from performing cross-gender strip searches or cross-gender visual body cavity searches except in exigent circumstances. In the PAQ, the agency reported that 0 of these types of searches were performed by any staff, to include medical practitioners.

The auditor interviewed staff using the random interview protocols and all reported that cross-gender strip searches and cross-gender visual body cavity searches were not permitted and that none had been performed within the agency.

Based upon review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this provision.

**115.15(b)** Provision 115.15(b) states, “As of August 20, 2015, or August 20, 2017 for a facility whose rated capacity does not exceed 50 inmates, the facility shall not permit cross-gender pat-down searches of female inmates, absent exigent circumstances. Facilities shall not restrict female inmates’ access to regularly available programming or other out-of-cell opportunities in order to comply with this provision.”

CCSO Policy 6.2.5 (p. 1, 3) prohibits jail staff from performing cross-gender pat-down searches on female inmates except in exigent circumstances. In the PAQ, the agency reported that 0 cross-gender pat-down searches on female inmates were performed.

CCSO GENERAL ORDER #47-03: FACILITY OPERATIONS (p. 6, 47.09) states frisk and strip searches of female prisoners shall always be conducted by female officers in accordance with current policies and procedures. Additionally, this policy states female inmates shall have the privilege of participating in all programs offered for the general inmate population except for those in differing classification categories, under disciplinary status or those who have not met eligibility requirements for a specific program.

The agency indicated in the PAQ that there had been 0 pat-searches of female inmates by male staff. The agency also stated that it does not restrict access to regularly available programming or other out-of-cell opportunities. Interviews with random staff and programs staff confirmed that this has never

occurred with many stating it doesn't occur because there is, at the least, one female officer on duty at all times. The auditor interviewed female inmates and none reported having been prohibited from attending programs nor having been searched by male staff.

Based upon review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this provision.

**115.15(c)** Provision 115.15(c) states, "The facility shall document all cross-gender strip searches and cross-gender visual body cavity searches, and shall document all cross-gender pat-down searches of female inmates."

CCSO Policy 6.2.5 (p. 1, 4) states all cross-gender searches on females or male inmates shall be documented on a Jail Incident Report.

The auditor's interviews with staff verified that staff are prohibited from cross-gender strip and cross-gender body cavity searches of all inmates and cross-gender pat-down searches of female inmates do not occur at CCSO. When questioned further, staff reported that if it were to occur in exigent circumstances, that it would be reported to a supervisor and documented in a report.

*Corrective Action Phase Recommendations and Follow-up:*

Prior to the corrective action phase, CCSO Policy 6.2.5: PREA, Limits to Cross-Gender Viewing and Searches stipulated documentation of cross-gender searches would occur only when performed on female inmates and excluded male inmates. The auditor recommended the agency update CCSO Policy 6.2.5: PREA, Limits to Cross-Gender Viewing and Searches to specify that the facility shall document all cross-gender strip searches and cross-gender visual body cavity searches; On 09/23/2021, the agency provided the auditor with an updated policy that was signed by Sheriff Lane. The policy update specified that all cross-gender searches on female or male inmates shall be performed by a supervisor and shall be documented on a Jail Incident Report. The agency confirmed to the auditor through email communication that the facility prohibits all cross-gender inmate searches, to include pat search, strip search and body cavity searches and should such search be conducted by an opposite-gender staff person, it would be documented per agency policy and PREA Standards.

Based upon review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this provision.

**115.15(d)** Provision 115.15(d) states, "The facility shall implement policies and procedures that enable 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. Such policies and procedures shall require staff of the opposite gender to announce their presence when entering an inmate housing unit."

CCSO Policy 6.2.5 (p. 2, 7-8) states inmates will be allowed 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. This policy also requires that staff of the opposite gender shall announce their presence when entering an inmate housing unit.

The auditor observed the facility's control room which operates and monitors the camera systems. The auditor did not see any areas in which inmates could be viewed from the camera angles except for one camera in the facility's only violent cell. This cell has full camera view of the cell which has a toilet in the center of the cell's floor. Both male and female staff work the control room and both male and

female inmates may be assigned to the violent cell (one at a time). However, the auditor was informed that all inmates are given long, cloth gowns to cover themselves when in this cell and the gown gives privacy to an inmate utilizing the toilet.

*Corrective Action Phase Recommendations and Follow-up:*

This provision requires inmates to be able 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. When such viewing during routine cell checks could occur, this provision requires staff of the opposite gender to announce their presence so that inmates can be afforded the opportunity to cover themselves.

In the CCSO facility, many units, including the dormitory, booking holding cells, medical and segregation cells had fully exposed toilet areas in which staff of opposite genders could observe an inmate using the toilet during a cell check. Staff and inmate formal and informal interviews described that most inmates place clothing objects up near observation windows or bars on the catwalk areas that signal to staff and other inmates that the toilet is being used. But this is an unofficial practice and not all inmates know to practice this. The auditor observed staff of both genders announcing their presence while entering all of these areas except for booking. During the site review, the auditor witnessed multiple units that had an observation window in which staff (both same and opposite gender) may look through to monitor inmates. These windows look directly into the unit's bathrooms and have full exposure to the toilet area and some also showed fully exposed showers without privacy curtains. Interviews of both inmates and staff varied and could not consistently support the facilities compliance with this provision.

The auditor recommended the agency implement policies and procedures that enable 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 and in those cases, such policies and procedures shall require staff of the opposite gender to announce their presence when entering an inmate housing unit. On 09/23/2021, the agency provided the auditor with an updated policy that was signed by Sheriff Lane. The policy update specified jail staff of the opposite gender shall announce their presence when entering an inmate housing unit and shall announce their presence by knocking on the view port window covering before opening the covering to view inside the cell. Additionally, on 09/23/2021, the agency provided the auditor with a training memo that was sent to all jail staff on 07/26/2021. The memo required all staff to announce their presence when entering a housing unit of the opposite sex and to also knock on the viewing window covers before opening to do a cell check in SEG and Medical Isolation Cells, due to the direct line of sight to the toilets and showers in these areas. The auditor revisited the facility on 12/20/2021. During this second visit, the auditor witnessed "knock and announce" reminders on all viewing windows throughout the facility. In addition, the auditor informally interviewed staff and inmates and both reported staff are now required to announce their presence when viewing through the window overlooking the bathroom in addition to when entering a unit. Also, the auditor witnessed this practice during the second site review as well as new privacy curtains in these areas for additional covering in the toilet and shower stalls.

Based upon review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this provision.

**115.15(e)** Provision 115.15(e) states, "The facility shall not search or physically examine a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. If the inmate's genital status is unknown, it may be determined 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.”

CCSO Policy 6.2.5 states jail staff shall not search or physically examine a transgender or intersex inmate for the sole purpose of determining the inmate’s genital status. In the auditor’s interviews for random staff, all staff indicated that the practice of physically examining a transgender or intersex inmate for the sole purpose of determining the inmate’s genital status is not practiced by CCSO and many staff were adamant that CCSO would never allow such a practice.

Based upon review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this provision.

**115.15(f)** Provision 115.15(f) states, “The agency shall train security staff in how to conduct cross-gender pat-down searches, and searches of transgender and intersex inmates, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs.”

CCSO Policy 6.2.5 (p. 1, 5) states all searches of inmates is conducted in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs and that jail staff shall be properly trained in how to conduct cross-gender pat-down searches, and searches of transgender and intersex inmates.

CCSO Policy 6.3.1: PREA, Employee Training (p. 2, 2) specifies new corrections officers will be trained within the first 90 days of employment and will receive guidance on cross-gender and transgender pat searches. The auditor reviewed CCSO PREA Employee training presentation (slide 114) that linked to the National PREA Resource Center’s *Guidance in Cross-Gender and Transgender Pat Searches* video, which details how these searches may be performed to meet this provision.

The auditor interviewed random staff who all stated that cross-gender searches and searches of transgender or intersex inmates should be searched using the back of a bladed hand over breast and genitalia areas and in a professional, respectful manner.

The auditor reviewed staff training files, which list that the staff has received training information, including *Relias Training - Guidance on Cross-Gender and Transgender Pat Searches*. All the files reviewed by the auditor had been signed by staff.

Based upon review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this provision.

**Corrective Action:**

The auditor recommends no further corrective action.

**STANDARD 115.16: INMATES WITH DISABILITIES AND INMATES WHO ARE LIMITED ENGLISH PROFICIENT**

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

**115.16 (a)**

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect,

and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing?  Yes  No

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision?  Yes  No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes)?  Yes  No
- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing?  Yes  No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Are blind or have low vision?  Yes  No

#### 115.16 (b)

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

### 115.16 (c)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### Documents Reviewed: (*Policies, directives, forms, files, records, etc.*)

- CCSO Policy 6.2.6: PREA, Inmates with disabilities / low English proficiency (01/01/2021)
- Communication by Hand Memo/Working Agreement, 01/11/2021 (signed 01-12-2021)
- Leon Translations Services Email Agreement (01/11/2021)
- CCSO Training Memo, Standard 115.16 (07/30/2021)
- Agency Response to PAQ

### Interviews:

- Interpretation Agency
- Mental Health staff
- Random Staff
- Targeted Inmates

### Site Review Observations:

- Posted PREA information
- Google translation application
- Informal interviews with staff and inmates

**Findings (by provision):**

**115.16(a)** Provision 115.16(a) states, “The agency shall take appropriate steps to ensure that inmates with disabilities (including, for example, inmates who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech 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. Such steps shall include, when necessary to ensure effective communication with inmates who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. In addition, the agency shall ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities, including inmates who have intellectual disabilities, limited reading skills, or who are blind or have low vision. An agency is not required to take actions that it can demonstrate would result in a fundamental alteration in the nature of a service, program, or activity, or in undue financial and administrative burdens, as those terms are used in regulations promulgated under title II of the Americans With Disabilities Act, 28 CFR 35.164.”

CCSO Policy 6.2.6: PREA, Inmates with disabilities / low English proficiency (p.1, 1) states CCSO shall take appropriate steps to ensure that inmates with disabilities (including inmates who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities), have an equal opportunity to participate in or benefit from all aspects of CCSO's zero tolerance policy on sexual abuse and harassment. This policy specifies a TDD (telecommunications device for the deaf) is available for inmates who are hearing impaired, written communication would be written at a fifth-grade level, and a verbal review of written materials would be provided for inmates who have cognitive and intellectual disabilities.

During random and specialized staff interviews, the auditor was informed by multiple staff that the agency has had Deaf inmates in their custody recently, but none at the time of the onsite audit.

The agency provided the auditor with a signed Memorandum of Understanding/Written Agreement from Communication by Hand, a sign language interpretation service. The agency informed the auditor that they would use this service if needed. The auditor learned from staff and inmate interviews that there had recently been a Deaf inmate in custody. In interviews, several staff explained to the auditor that the inmate was able to communicate effectively through lip-reading and additional interpretation was not needed for this inmate. The inmate was no longer in custody during the onsite audit for the auditor to interview. The auditor interviewed the Director of Communications by Hand who confirmed that CCSO does have a working agreement with their business, however, they had not received interpretation requests from CCSO since 2015.

All staff interviewed informed the auditor if an inmate could not read due to disability or cognition, the staff would read any information to that inmate. None of the staff interviewed had experienced needing to read to an inmate, but all stated they would if required. Staff also verified that mental health services are available to assist staff if necessary. The auditor interviewed a mental health contractor who also verified she could assist in this practice for the agency, if requested, but has not had to provide that service for the facility. The agency was able to identify 1 inmate in custody with a physical disability but none with an intellectual, psychiatric or speech disability in which the auditor could interview.

***Corrective Action Phase Recommendations and Follow-up:***

During the onsite audit phase, the auditor interviewed random staff about communicating with inmates who are Deaf or Hard of Hearing and was given inconsistent answers regarding the facility’s means for effective communication with these inmates. The auditor also interviewed 1 inmate who was visually

impaired. This inmate stated they were not offered the services of any staff to read for them even though they needed assistance and they weren't aware that they could request help for reading.

The auditor recommended the agency take appropriate steps to ensure that inmates with disabilities (including, for example, inmates who are deaf or hard of hearing, those who are blind or have low vision), 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.

On 09/23/2021, the agency provided the auditor with a training memo titled PREA Standard 115.16 that directs staff to utilize the Communication by Hand services when needed to communicate to inmates who are deaf or hard of hearing. Additionally, the memo directed staff to assist low vision or blind inmates in understanding the intake and PREA education material by reading to them in a manner that ensures effective communication. The auditor revisited the facility on 12/20/21 and during this visit, informal interviews with staff verified that the staff were now aware of communication assistance for inmates was available and they were aware of the steps necessary to secure such assistance.

Based upon review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this provision.

**115.16(b)** Provision 115.16(b) states, "The agency shall 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, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary."

CCSO Policy 6.2.6 (p.1, 2) states that CCSO will make 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. This policy specifies that inmates may receive written and video information in Spanish.

The agency informed the auditor that the facility uses staff who speak Spanish to translate, if necessary. The auditor utilized two of these staff for Spanish translation services during inmate interviews and the inmates did show communication understanding between the auditor and the Spanish translating staff. The auditor interviewed random staff regarding effective communication between staff and limited English proficient inmates in CCSO custody. All staff interviewed stated CCSO always has a Spanish speaking officer on duty to help translate for inmates who only understood Spanish.

*Corrective Action Phase Recommendations and Follow-up:*

During random staff interviews in the onsite audit, staff could not provide a consistent procedure on how communication could be established with an inmate who didn't speak English or Spanish. The auditor was informed by staff that they could use a Google Translate application on a cell phone to communicate with these inmates. Multiple staff in formal and informal interviews stated they can and have relied upon Google Translate to communicate with inmates who are limited English proficient that did not speak Spanish. While Google Translate does have some validity in translation services, the software should not be used as a sole means for translation and it does not offer effective, accurate, receptive, or expressive translation capabilities, as required by this provision.

The auditor recommended 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. During the corrective action phase, the auditor was provided an email agreement between CCSO and Leon Communications Services on 07/23/2021.



The email confirmed on 01/11/2021 that CCSO could use Leon Communications Services on an as-needed basis for effective communication/translation for inmates who are Limited English Proficient. On 09/23/2021, the agency provided the auditor with a training memo that was put out to all staff on 07/30/2021. This training memo directed staff to utilize the Leon Translations Services for interpretation with inmates who are Limited English Proficient to ensure understanding of the intake and PREA Education information. The auditor revisited the facility on 12/20/21 and during this visit, informal interviews with staff verified that the staff were now aware of interpretation assistance for inmates was available and they were aware of the steps necessary to secure such assistance. In addition, the auditor witnessed Spanish PREA information posted throughout the facility and inmate handbooks in the possession of Limited English Proficient inmates during this site review.

Based upon review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this provision.

**115.16(c)** Provision 115.16(c) states, “The agency shall not rely on inmate interpreters, inmate readers, or other types of inmate assistants 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.”

CCSO Policy 6.2.6 (p. 1, 4) states CCSO will not rely on inmate interpreters, inmate readers, or other types of inmate assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate’s safety, the performance of first-responder duties under 115.64, or the investigation of the inmate’s allegations.

In the PAQ, the agency informed the auditor that there had been 0 instances where inmate interpreters, inmate readers, or other types of inmate assistants have been used in the past 12 months. The auditor interviews with random staff confirmed that they have never used inmate interpreters in the context of this provision and that they are prohibited from doing so. The auditor interviewed 3 limited-English proficient inmates who also confirmed that this does not occur in the facility.

Based upon review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this provision.

**Corrective Action:**

The auditor recommends no further corrective action.

**STANDARD 115.17: HIRING AND PROMOTION DECISIONS**

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

**115.17 (a)**

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

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

#### 115.17 (b)

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

#### 115.17 (c)

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

#### 115.17 (d)

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

#### 115.17 (e)

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

#### 115.17 (f)

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

#### 115.17 (g)

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

#### 115.17 (h)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

#### Documents Reviewed: (*Policies, directives, forms, files, records, etc.*)

- CCSO Policy 6.2.7: PREA, Hiring and Promotion Decisions (01/01/2021)
- Applicant PREA Disclosure Form
- CCSO PREA Disclosure Form: Hiring and Promotion Decisions
- Agency Response to PAQ

**Interviews:**

- Administrative staff

**Site Review Observations:**

- Personnel records

**Findings (by provision):**

**115.17(a)** Provision 115.17(a) states, “The agency shall not hire or promote anyone who may have contact with inmates, and shall not enlist the services of any contractor who may have contact with inmates, who— (1) 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); (2) 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 (3) Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section.”

CCSO Policy 6.2.7: PREA Hiring and Promotion decisions (p. 1, a) prohibits hiring or promoting anyone who may have contact with inmates and prohibits enlisting the services of any contractor who may have contact with inmates who:(1) 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); (2) 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 (3) Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section.

The auditor interviewed staff who perform criminal background checks on all potential staff who would have contact with inmates. Both staff confirmed that prior to hiring any staff who would have contact with inmates, they would perform an extensive background check on these applicants, ask and confirm personal history statements, contact prior employers and specifically ask the applicant about any sexual abuse or sexual harassment both in the public or in a confinement facility.

CCSO Policy 6.2.7 (p. 2, 1) mandates all promotions shall include a review of background and disciplinary actions to provide information on substantiated allegations of sexual abuse or sexual harassment to determine if contact with individuals violates this policy.

***Corrective Action Phase Recommendations and Follow-up:***

During the pre-onsite and onsite audit phase, the auditor asked the staff who performed background checks if they look at criminal history checks, personal history statements, contact prior employers, etc. for any contractors who may have contact with inmates prior to them being enlisted for the facility. The auditor was given inconsistent response from CCSO staff as to who would be responsible for these actions and if these checks were performed. The auditor requested documentation of these reviews but was not provided evidence for compliance with this provision.

The auditor recommended the agency have a procedure in place to ensure it shall not promote anyone who may have contact with inmates, and shall not enlist the services of any contractor who may have contact with inmates, who— (1) 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); (2) 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 (3) Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section.

On 08-02-2021, the agency provided the auditor with the CCSO PREA Disclosure Form: Hiring and Promotion Decisions for several staff from December of 2020 to October 2021. This form allows the applicant/employee/contractor to sign confirming that they have not ever engaged in the conduct required by this provision. On 10-11-2021, the agency provided the auditor with the CCSO PREA Disclosure Form: Hiring and Promotion Decisions for 5 contractors who work within the facility, dated from August 2021 through 10-11-2021. On 12/20/2021, the auditor reviewed the background checks for these contract staff and verified that these checks were completed as required by this provision.

Based upon review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this provision.

**115.17(b)** Provision 115.17(b) states, “The agency shall consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates.”

CCSO Policy 6.2.7 (p. 1, b) states CCSO shall consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates.

The background investigators for the agency confirmed that potential staff who would have contact with inmates would be asked specifically about any sexual abuse or sexual harassment in the public or in a confinement setting and that the applicants must fill out an Applicant PREA Disclosure Form for this purpose that is included in the packet of the applicant. The auditor reviewed personnel files, however only 10 of these staff had been hired after the PREA standards were applied to the CCSO hiring process. All ten of these staff who had been hired after PREA practices began in CCSO had the Applicant PREA Disclosure Form disclosure form included in their personnel files.

*Corrective Action Phase Recommendations and Follow-up:*

During the pre-onsite and onsite audit phase, the auditor asked the agency if there was a disclosure form for current staff who were promoting within the agency or for enlisted contractors and was not given consistent information to provide evidence of compliance with this provision. The auditor recommended the agency have a procedure in place to ensure it shall consider any incidents of sexual harassment in determining whether to promote anyone, or to enlist the services of any contractor, who may have contact with inmates.

On 10/12/2021, the agency provided the auditor with the CCSO PREA Disclosure Form: Hiring and Promotion Decisions for several staff from December of 2020 to present day. This form asks if the person has ever been civilly or administratively adjudicated, disciplined, or had any government issued license revoked or suspended for having engaged in conduct defined as sexual harassment and finally, asks if the person has ever sexually harassed anyone. On 10/26/2021 and 11/23/2021, the agency provided the auditor with these signed forms from every staff member and contractor who works in the facility.

Based upon review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this provision.

**115.17(c)** Provision 115.17(c) states, “Before hiring new employees who may have contact with inmates, the agency shall: (1) Perform a criminal background records check; and (2) 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.”

CCSO Policy 6.2.7 (p. 1-2, c) states before hiring new employees who may have contact with inmates, the agency shall perform a criminal background records check and, 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. The agency reported in the PAQ that 11 staff have been hired in the past 12 months and that all these staff had a criminal background check performed.

The auditor reviewed files of employees who had been hired, but only 10 were hired within the timeframe that CCSO had been operating under the PREA Standards (the agency advised the number reported in the PAQ had been incorrect). Two of these staff were hired from other confinement agencies. A background check was performed on all staff and was documented in their personnel files. The 2 staff who had been hired from other confinement facilities also had documentation that their prior employers were contacted as required by this standard (none indicated substantiated allegations of sexual abuse or resignation during a pending investigation of an allegation of sexual abuse).

Based upon review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this provision.

**115.17(d)** Provision 115.17(d) states, “The agency shall also perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates.”

CCSO Policy 6.2.7 (p. 2, d) mandates that the agency will perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates.

*Corrective Action Phase Recommendations and Follow-up:*

The agency informed the auditor in the PAQ and during the onsite audit phase that due to the COVID-19 pandemic, the facility had prohibited any outside volunteers or contractors to have access to the facility and its inmates. However, while onsite, the auditor spoke with 3 contract staff who provide medical and mental health services to the facility and who confirmed that they had been working in the facility throughout the pandemic. Of the staff who perform background checks for the agency, staff were unsure if they were requiring these checks on contractors. The auditor requested review of contractor files to determine if background checks were performed by the agency prior to the enlistment of contractors who may have contact with inmates as required by this provision, but none were provided to the auditor for review. The auditor recommended the agency have a procedure in place to ensure criminal background records check are performed before enlisting the services of any contractor who may have contact with inmates.

On 10-11-2021, the agency provided the auditor with the CCSO PREA Disclosure Form: Hiring and Promotion Decisions for 5 contractors who work within the facility, dated from August 2021 through 10-11-2021. This form allows the applicant/employee/contractor to sign confirming that they have not ever engaged in the conduct required by this provision. On 12/20/2021, the auditor reviewed the background checks for these contract staff and verified that these checks were completed as required by this provision.

Based upon review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this provision.

**115.17(e)** Provision 115.17(e) states, “The agency shall 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.”

CCSO Policy 6.2.7 (p. 2, e) states CCSO shall 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.

In the PAQ, CCSO confirmed that CCSO performs background checks of all employees every 5 years at a minimum. The staff who perform background checks for employees confirmed that they perform these checks of all staff when directed by the PREA Coordinator. CCSO began implementing the PREA Standards in 2017 and of the personnel files reviewed, 6 had been employed beginning, or prior to 2017 and had had a background check re-run on January 10, 2018. Ten employee files were more recent hires and had had initial background checks performed in 2019-2020. In addition, all the personnel files had had background-checks rerun on April 27, 2021.

Based upon review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this provision.

**115.17(f)** Provision 115.17(f) states, “The agency shall 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 and in any interviews or written self-evaluations conducted as part of reviews of current employees. The agency shall also impose upon employees a continuing affirmative duty to disclose any such misconduct.”

CCSO Policy 6.2.7 (p. 2, f) states CCSO shall ask all applicants and employees who may have contact with inmates directly about previous misconduct described above in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees. The policy states the agency shall also impose upon employees a continuing affirmative duty to disclose any such misconduct.

The background investigators for the agency confirmed that potential staff who would have contact with inmates must fill out an Applicant PREA Disclosure Form for this purpose that is included in the packet of the application. The auditor reviewed personnel files of employees who were hired after CCSO began implementing the PREA Standards. All these staff who had been hired after PREA practices began in CCSO had the Applicant PREA Disclosure Form included in their personnel files.

*Corrective Action Phase Recommendations and Follow-up:*

During the onsite audit, the auditor asked the agency if current and/or promoting staff fill out a similar form to the Applicant PREA Disclosure Form and was informed that they do not. The auditor inquired if CCSO has any interviews or written-self evaluations conducted as part of reviews of current employees and was informed that the agency does perform these reviews every few years. However, the agency informed the auditor that in these reviews of current employees and in interviews or applications of promoting employees, the agency does not directly ask about the misconduct described in PREA Standard §115.17(a). The auditor requested evidence of the agency’s requirement imposed upon employees as a continuing affirmative duty to disclose any such misconduct and was informed that the agency does not have such evidence.

The auditor recommended 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 and in any interviews or written self-evaluations

conducted as part of reviews of current employees and evidence that the agency imposes upon employees a continuing affirmative duty to disclose any such misconduct

On 08-02-2021, the agency provided the auditor with the CCSO PREA Disclosure Form: Hiring and Promotion Decisions for several staff from December of 2020 to October 2021. This form allows the applicant/employee/contractor to sign confirming that they have not ever engaged in the conduct required by this provision. The form also states that if you are hired or a current CCSO employee, you will have a continuing affirmative duty to immediately disclose to your supervisor and human resources any misconduct described in the form. The auditor was informed by the agency that from 2021 and in the future this form would be completed by all staff every August of every year. The agency provided the auditor with a form for all staff who had signed this disclosure on 10/26/2021 and 11/23/2021.

Based upon review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this provision.

**115.17(g)** Provision 115.17(g) states, "Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination."

CCSO Policy 6.2.7 (p. 2, g) states material omissions regarding such misconduct, or the provision of materially false information should be considered grounds for termination. The agency reported to the auditor it has not had any cases of this for review.

Based upon review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this provision.

**115.17(h)** Provision 115.17(h) states, "Unless prohibited by law, the agency shall 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."

CCSO Policy 6.2.7 (p. 2, h) states unless prohibited by law, CCSO shall 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. The agency informed the auditor they have not had any substantiated allegations of sexual abuse or sexual harassment involving a former employee but that the agency would provide this information to an institutional employer for whom such employee has applied to work, when requested.

Based upon review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this provision.

**Corrective Action:**

The auditor recommends no further corrective action.

**STANDARD 115.18: UPGRADES TO FACILITIES AND TECHNOLOGIES**

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

**115.18 (a)**

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition,



expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)

Yes  No  NA

### 115.18 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)

Yes  No  NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### Documents Reviewed: (*Policies, directives, forms, files, records, etc.*)

- Agency Response to PAQ

### Interviews:

- Jail Administrator
- PREA Coordinator

### Site Review Observations:

- General observations
- Informal interviews with staff and inmates

### Findings (by provision):

**115.18 (a)** Provision 115.18(a) states, "When designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the agency shall consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse."

The agency reported in the PAQ it had not acquired any new facilities or made any substantial expansions or modifications of existing facilities since their last PREA Audit. Current operations and site review observations and interviews confirmed this report.

Based upon review and analysis of all the available evidence, the auditor has determined that this provision is not applicable to this audit.

**115.18 (b)** Provision 115.18(b) states, “When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the agency shall consider how such technology may enhance the agency’s ability to protect inmates from sexual abuse.”

The agency reported in the PAQ it had not acquired any new facilities or made any substantial expansions or modifications of existing facilities since their last PREA Audit. Current operations and site review observations and interviews confirmed this report.

Based upon review and analysis of all the available evidence, the auditor has determined that this provision is not applicable to this audit.

**Corrective Action:**

The auditor recommends no corrective action.

RESPONSIVE PLANNING

**STANDARD 115.21: EVIDENCE PROTOCOL AND FORENSIC MEDICAL EXAMINATIONS**

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

**115.21 (a)**

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

**115.21 (b)**

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

not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)  Yes  No  NA

#### 115.21 (c)

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

#### 115.21 (d)

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

#### 115.21 (e)

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

#### 115.21 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)  Yes  No  NA

#### 115.21 (g)

- Auditor is not required to audit this provision.

### 115.21 (h)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### Documents Reviewed: (*Policies, directives, forms, files, records, etc.*)

- CCSO Policy 6.7.1: PREA, Criminal and administrative agency investigations (01/01/2021)
- CCSO Policy 6.7.3: PREA, Evidence Protocol and Forensic Examinations (01/01/2021)
- CCSO Policy 6.9.2: Access to emergency medical and mental health services (01/01/2021)
- CCSO PREA Sexual Assault Investigation Uniform Evidence Protocols form
- Texas Evidence Collection Protocol (2019)  
(<https://www.texasattorneygeneral.gov/sites/default/files/files/divisions/crime-victims/TECP.pdf>)
- Hays-Caldwell Women's Center (HCWC) Working Agreement with Caldwell County Sheriff's Correctional Facility for Sexual Assault/Abuse Services (signed 04-06-2021)
- Caldwell County Jail PREA Coordinated Response Plan (09/23/2021)
- Agency Response to PAQ

### Interviews:

- Investigative Staff
- Crisis Center Staff
- Medical Staff
- Targeted Inmates

### Site Review Observations:

- PREA case files
- Inmate medical records

**Findings (by provision):**

**115.21(a)** Provision 115.21(a) states, "To the extent the agency is responsible for investigating allegations of sexual abuse, the agency shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions."

CCSO Policy 6.7.1: PREA, Criminal and administrative agency investigations (p. 1, 2) and CCSO Policy 6.7.3: PREA, Evidence Protocol and Forensic Examinations (p. 1) state CCSO Investigators shall gather and preserve direct and circumstantial evidence per established CCSO and PREA Sexual Assault Investigation Uniform Evidence Protocols.

The agency provided the auditor with the CCSO PREA Sexual Assault Investigation Uniform Evidence Protocols form that details and maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. This form lists what type of evidence should be suspected and collected (videos, photos, clothing, documents), how it is to be collected, stored and preserved based on the type of evidence and the name, dates and times of those involved in the collection for chain of custody documentation.

The auditor interviewed an investigator who was designated to perform administrative investigations for the facility. This investigator stated that they would interview those involved and look at camera footage and statements from staff and inmates for investigations as necessary. The auditor interviewed CCSO Criminal Investigations Division (CID) investigators regarding this provision. All stated they follow a uniform evidence protocol as required by this provision.

In addition, a CCSO Criminal Investigations Division (CID) investigator provided the auditor with the Texas Evidence Collection Protocol from the Texas Attorney General's Office. This protocol is used by CCSO CID and the Texas Rangers for criminal investigations. It lists the provisions required to obtain usable physical evidence, detailing victim care and examination, evidence collection and packaging, chain of custody and documentation. The auditor interviewed 3 CID investigators who were responsible for the criminal investigations of sexual assaults for the facility. The CCSO CID investigators stated they had been trained in these protocols and use them for their criminal cases in addition to the CCSO PREA Sexual Assault Investigation Uniform Evidence Protocols.

The agency had reported there had been 0 sexual assault cases in the 12 months prior to the onsite audit in the PAQ, however, 2 weeks prior to the onsite audit, an inmate sexual assault had been reported to the facility. The auditor interviewed the CCSO CID investigator assigned to this case who stated that a uniform evidence collection had been completed for the inmate's cell property and during the inmate's SANE examination. The investigation was still ongoing at the time of the auditor's interview and onsite review.

Because there were no other reported sexual abuse cases reported by the agency, the auditor reviewed other cases in which the agency had investigated sexual harassment allegations. Most cases involved only inmate and staff statements for evidence, however, when video evidence was obtainable, the agency was able to document the review of the video evidence. These investigations did not involve evidence which would have required use of the CCSO PREA Sexual Assault Investigation Uniform Evidence Protocols.

The agency has a protocol for obtaining usable physical evidence if an inmate alleges sexual abuse. Random staff are responsible for securing the scene and the agency's investigators would collect usable evidence, if necessary. All the jail and CCSO CID investigators were knowledgeable and understood their role and the protocols for obtaining evidence.

Based upon review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this provision.

**115. 21 (b)** Provision 115.21(b) states, “The protocol shall be developmentally appropriate for youth where applicable, and, as appropriate, shall be 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.”

The auditor was provided with the Texas Evidence Collection Protocol through a CCSO CID investigator. This protocol lists two references to the most recent editions of the U.S. Department of Justice’s Office on Violence Against Women publication and other DOJ publications for examinations for adults and adolescents, including:

- U.S. Department of Justice, Office on Violence Against Women. (2016). A national protocol for sexual abuse medical forensic examinations, pediatric.
- U.S. Department of Justice, Office on Violence Against Women. (2018, August). National training standards for sexual assault medical forensic examiners (2nd ed.).
- National protocol for sexual assault medical forensic examinations: Adult/adolescents, 2nd ed. (DoJ, 2013)
- National protocol for sexual abuse medical forensic examinations: Pediatric (DoJ, 2016)
- National best practices for sexual assault kits, a multidisciplinary approach (DoJ, 2017)

Based upon review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this provision.

**115. 21 (c)** Provision 115.21(c) states, “The agency shall 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. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners. The agency shall document its efforts to provide SAFEs or SANEs.”

CCSO Policy 6.9.2: PREA, Access to emergency medical and mental health services (p. 1-2, 4-6) states any offenders in CCSO custody alleging sexual abuse or assault will be referred to a medical provider to evaluate injury, collect forensic evidence and provide treatment. The offender will be provided medical and mental health treatment services that are clinically indicated based upon the evaluation and at no cost to the offender.

The agency’s response in the PAQ indicated that there had been 0 forensic medical exams, SANE/SAFE exams or exams conducted by a qualified medical practitioner in the last 12 months. However, 2 weeks prior to the onsite audit and after submitting the PAQ, the facility received a sexual abuse allegation. This inmate was seen by CCSO contract medical staff initially, then referred to an outside hospital for a forensic examination by qualified SANE. The CCSO CID responding investigator arranged this examination for the inmate within a few hours of the allegation report. The auditor reviewed the medical notes from the CCSO contracted medical staff and confirmed that the forensic exam was evidentiarily or medically appropriate, the inmate received the examination in a timely manner by a SANE and the inmate was not charged a cost for the examination.

The auditor interviewed a CCSO contracted staff member who provides mental health services for the facility. The staff confirmed that she had been notified of the incident and that she had been requested to offer and provide the inmate mental health services on an ongoing basis, about a week after the reported incident and examination.

The auditor interviewed the inmate who had reported sexual abuse. The inmate confirmed that they were provided a SAFE in a timely manner and that they had not been charged for the examinations nor had they been charged for the treatment services provided during the examination. Additionally, the inmate confirmed that they had been offered multiple mental health treatment services a week after the report and examination.

The auditor was provided a signed memo titled Hays-Caldwell Women's Center (HCWC) Working Agreement with Caldwell County Sheriff's Correctional Facility for Sexual Assault/Abuse Services. This memo states that HCWC will provide sexual assault services to alleged victims of sexual assault/abuse if an incident occurs in the CCSO facility. The agency informed the auditor that the HCWC would arrange any forensic examinations needed within the Central Texas area. The forensic examination would occur at an outside hospital, based on the availability of the SANE/SAFE, meaning, the inmate would be transported wherever necessary for the examination to occur by a SAFE/SANE and the hospital location would depend on the SAFE/SANE's location. The auditor interviewed the Director of the HCWC who confirmed that there is always a SAFE/SANE on duty in either Hays or Caldwell County medical facilities and that the center can provide assistance in locating an offsite examination for a CCSO inmate 24 hours a day, 7 days a week; the center always has staff onsite to assist in this matter. The Director also confirmed that they work closely with the CCSO CID investigators and CCSO dispatchers to provide timely assistance to the facility.

Based upon review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this provision.

**115.21 (d)** Provision 115.21(d) states, "The agency shall attempt to make available to the victim a victim advocate from a rape crisis center. If a rape crisis center is not available to provide victim advocate services, the agency shall make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member. Agencies shall document efforts to secure services from rape crisis centers. For the purpose of this standard, a rape crisis center refers to an entity that provides intervention and related assistance, such as the services specified in 42 U.S.C. 14043g(b)(2)(C), to victims of sexual assault of all ages. The agency may utilize a rape crisis center that is part of a governmental unit as long as the center is not part of the criminal justice system (such as a law enforcement agency) and offers a comparable level of confidentiality as a nongovernmental entity that provides similar victim services."

The agency provided the auditor with the signed memo between HCWC and CCSO for sexual assault and sexual abuse services. The memo details that the services for sexual assault/abuse include direct services and advocacy, listing a hotline number for contact. Advocacy is then defined in the memo as access to 24-hour crisis hotline, crisis intervention (by phone or in-person), telephone accessibility and in-person advocacy services for SANE exams at hospitals. In addition, accompaniment to hospital, police, and district attorney's offices and professional training for prison or detention facility personnel is offered.

The auditor interviewed the Director of HCWC who confirmed that their staff are available 24/7/365 for advocacy as required by this standard. She stated that all the advocates are Office of the Attorney General (Texas) certified and that these staff would be dispatched by HCWC to meet the inmate at the hospital to assist in support for the inmate victim during the examination and provide counseling during

and after, as requested by the inmate victim. The CCSO CID investigators confirmed that HCWC would be contacted by the investigator or the facility's supervising staff to send a victim advocate to the hospital for this service.

*Corrective Action Phase Recommendations and Follow-up:*

At the time of the PAQ submission, the agency had 0 cases of sexual assault reports in which an inmate would be taken for a SAFE/SANE examination, requiring a call-out for the HCWC victim advocate. However, at the time of the onsite audit, the auditor was informed by the agency that a recent allegation of sexual abuse had been reported by an inmate and that inmate was sent to a local hospital for a SAFE. The auditor learned through interviews that a victim advocate had not accompanied this inmate and was informed that one had not been called for this incident. The Director of HCWC confirmed with the auditor that the crisis center was not informed of this incident and had not known to send a victim advocate to the hospital for assisting the inmate victim.

The auditor recommended the agency ensure that if necessary, an attempt is made to make available to the victim a victim advocate from a rape crisis center. Previous documentation concerning response did not detail which entity at CCSO would be responsible for this task. On 09/23/2021, the agency provided the auditor with the Caldwell County Jail PREA Coordinated Response Plan that was signed by Sheriff Lane. The plan specified that the Detective for the case is responsible for coordinating the SAFE Exam and victim advocate offered by HCWC. On 11/1/2021 and 11/2/2021, the auditor re-interviewed by phone CCSO CID investigators and CCSO contract medical staff on the procedure concerning attempts to make victim advocates available to sexual assault victims within the facility. Both CID investigators and medical staff confirmed that CID would make contact with HCWC to request a victim advocate for an inmate victim in these instances. The CCSO CID detectives confirmed that the notification for a victim advocate would be documented in their case report.

Based upon review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this provision.

**115. 21 (e)** Provision 115.21(e) states, "As requested by the victim, the victim advocate, qualified agency staff member, or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals."

*Corrective Action Phase Recommendations and Follow-up:*

At the time of the PAQ submission, the agency had 0 cases of sexual assault reports in which an inmate would be taken for a SAFE/SANE examination, requiring a call-out for the HCWC victim advocate. However, at the time of the onsite audit, the auditor was informed by the agency that a recent allegation of sexual abuse had been reported by an inmate and that inmate was sent to a local hospital for a SANE. The auditor asked the investigating CCSO CID investigator, Director of HCWC and inmate victim if a victim advocate had accompanied this inmate and was informed by all that one had not been called for this inmate. The inmate victim informed the auditor in interview that they had not been offered a victim advocate during the forensic medical examination and investigatory interviews. In the auditor's interview with the victim, the inmate stated they would have "adamantly agreed" to use such a service for emotional support had one been provided.

The auditor recommended the agency ensure, as requested by the victim, 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 and shall provide emotional support, crisis intervention, information, and that an attempt is made to make available to the victim a victim advocate from a rape crisis center.



On 09/23/2021, the agency provided the auditor with the Caldwell County Jail PREA Coordinated Response Plan that was signed by Sheriff Lane. The plan specified that the Detective for the case is responsible for coordinating the SAFE Exam and victim advocate offered by HCWC, whereas documentation provided prior to the corrective action phase did not detail who was responsible for this procedure. Additionally, the plan detailed that the inmate victim will be offered a visit from Caldwell County's Victim Assistance personnel and a jail mental health referral may also be made for the inmate victim, if requested. On 11/1/2021 and 11/2/2021, the auditor re-interviewed by phone CCSO CID investigators and CCSO contract medical staff on the procedure concerning attempts to make victim advocates available to victims within the facility. Both CID investigators and medical staff confirmed that CID would request victim advocates from the HCWC to provide a victim advocate to inmates in these instances and these advocates would be allowed to accompany and support the inmate victim as specified in this provision. The contract medical staff also verified in these interviews that additional mental health referrals would be made to the jail's contract mental health staff and documented in the jail medical response files for the inmate victim.

Based upon review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this provision.

**115. 21 (f)** Provision 115.21(f) states, "To the extent the agency itself is not responsible for investigating allegations of sexual abuse, the agency shall request that the investigating agency follow the requirements of paragraphs (a) through (e) of this section."

The auditor was informed by the agency in the PAQ that the Texas Rangers may be called in for criminal sexual abuse cases involving CCSO staff. The auditor interviewed the CCSO CID investigators who confirmed. The investigators stated if the Texas Rangers were working a case, the CID investigator, along with the PREA Coordinator would request that the investigating agency follow the requirements of 115.21 (a-e). The agency had reported that there had not been any PREA cases assigned to the Texas Rangers and the auditor reviewed the case files onsite to confirm.

Based upon review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this provision.

**115. 21 (h)** Provision 115.21(h) states, "For the purposes of this section, a qualified agency staff member or a qualified community-based 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."

The agency informed the auditor that the HCWC provides the victim advocates for the facility. The facility does not rely on qualified agency staff members. The Director of HCWC confirmed this availability of HCWC to provide these services.

Based upon review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this provision.

**Corrective Action:**

The auditor recommends no further corrective action.

**STANDARD 115.22: POLICIES TO ENSURE REFERRALS OF ALLEGATIONS FOR INVESTIGATIONS**

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

### 115.22 (a)

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

### 115.22 (b)

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

### 115.22 (c)

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

### 115.22 (d)

- Auditor is not required to audit this provision.

### 115.22 (e)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

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

**Documents Reviewed:** (Policies, directives, forms, files, records, etc.)

- CCSO Policy 6.7.1: PREA, Criminal and administrative agency investigations (01/01/2021)
- 2020 CCSO PREA Incident Totals
- 2021 CCSO PREA Incident Totals
- Agency website, <https://www.co.caldwell.tx.us/page/caldwell.Sheriff>, and <https://www.co.caldwell.tx.us/upload/page/4120/PREA%20115.22.pdf>
- Agency Response to PREA Audit Request for Information, Allegations and Investigations Overview form
- CCSO Training Memo, PREA 115.22 (no date, received on 08/11/20221)
- CCSO Training Memo, Investigation of alleged inmate/employee sexual assault allegations (01/25/2021)
- Caldwell County Jail PREA Coordinated Response Plan (09/23/2021)
- CCSO Training Memo, PREA (10/21/2021)
- Agency Response to PAQ

**Interviews:**

- Jail Administrator
- PREA Coordinator
- Investigative Staff

**Site Review Observations:**

- PREA case files

**Findings (by provision):**

**115.22(a)** Provision 115.22(a) states, “The agency shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.”

CCSO Policy 6.7.1: PREA, Criminal and administrative agency investigations (p. 1) states that CCSO conducts its own investigations into allegations of sexual abuse and sexual harassment, promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports.

The auditor was informed by the facility in the PAQ that all sexual abuse allegations that do not involve staff are investigated by the Caldwell County Sheriff’s Office Criminal Investigations Division (CCSO CID). Additionally, the auditor was informed that any sexual abuse cases involving staff as an alleged perpetrator may be investigated by the Texas Rangers. The auditor asked CCSO CID and the jail investigator if the Texas Rangers would be utilized for criminal cases involving staff and both CCSO CID and jail investigators confirmed that the Texas Rangers would be used for these cases. Both reported that they have not had any such cases occur in the facility to their knowledge.

The auditor was informed by the agency that all cases of sexual harassment were investigated by the jail’s PREA Coordinator or Classifications Sergeant. The facility reported in the PAQ that there had been 4 PREA incidents in the past 12 months.

**Corrective Action Phase Recommendations and Follow-up:**

During the pre-onsite and onsite audit phases, the investigation process for CCSO was not clearly communicated to the auditor. Onsite, the auditor interviewed investigative staff from CID and jail investigative staff. These staff could not provide the auditor with consistent information regarding

compliance to this standard and the responsibilities of each was not clear. The auditor reviewed the 2020 CCSO PREA Incident Totals and the 2021 CCSO PREA Incident Totals on the agency's website. According to these reports, there number of investigated incidents differed from those reported in the PAQ and the PREA Audit Request for Information, Allegations and Investigations Overview form was requested by the auditor but not completed by the facility.

The auditor was informed by the facility that a case was pending for a sexual abuse allegation. The auditor interviewed the assigned CCSO CID investigator to determine the status of the case and if the case was being investigated as required by PREA standards. The auditor confirmed that the case was being criminally investigated by CCSO CID. The agency informed the auditor that this case would be handled in totality (criminally and administratively) by CCSO CID, however CCSO CID stated the case would only be criminally investigated by them. At the conclusion of the corrective action phase, the investigation was still pending.

The auditor recommended the agency develop procedures to ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.

On 08/03/2021, the auditor received a memo that was sent to law enforcement staff titled Investigation of alleged inmate/employee sexual assault allegations memo (01/25/2021). This memo delegates all sexually oriented criminal offenses of a felony level would be investigated by CID. It also states any cases involving staff would be handled by internal affairs and that the Sheriff has an option to hand any staff cases to the Texas Rangers.

On 09/23/2021, the agency provided the auditor with the Caldwell County Jail PREA Coordinated Response Plan which was signed by Sheriff Lane. The document shows who in CCSO are responsible for investigations: CID performs criminal and administrative investigations for inmate-on-inmate sexual abuse excluding unwanted/illegal touching, jail shift supervisors perform administrative investigations for inmate-on-inmate sexual abuse-intentional touching, sexual abuse by a staff member is criminally investigated by IA/CID and administratively investigated by the PREA Coordinator, inmate-on-inmate sexual harassment is administratively investigated by a shift supervisor and staff-on-inmate sexual harassment is administratively investigated by the PREA Coordinator.

On 10/22/2021, the agency provided the auditor with a Training Memo that was addressed to All Staff and referenced PREA. The memo stated all Sergeants are considered PREA investigators for sexual harassment and CCSO CID would investigate sexual assault allegations. On 11/1/2021 and 11/2/2021, the auditor re-interviewed by phone CCSO CID investigators who confirmed they are responsible for conducting sexual assault investigations. On 12/20/2021, the auditor revisited the facility and interviewed the jail investigation staff. The staff interviewed confirmed that they had recently held an in-depth investigation training class and the jail investigators were able to confirm the CCSO procedures for sexual harassment investigations as outlined in the CCSO Jail PREA Coordinated Response Plan.

Based upon review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this provision.

**115.22(b)** Provision 115.22(b) states, "The agency shall have in place a policy 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. The agency shall publish such policy on its website or, if it does not have one, make the policy available through other means. The agency shall document all such referrals."

The auditor reviewed one case of sexual abuse that was being investigated criminally, but the case was still ongoing. In interviews with specialized staff, steps were taken by the facility to notify CCSO CID investigators, who had the legal authority to conduct criminal investigations in this case. The facility had not had any other criminal cases for the auditor to review (the auditor reviewed cases dating back to 2017, when CCSO first implemented the PREA Standards). For this case, the referral for CCSO CID investigation was documented in the medical file of the inmate who had reported the allegation, through a memo written by medical staff that the auditor was able to review while onsite.

*Corrective Action Phase Recommendations and Follow-up:*

In the PAQ, the agency reported to the auditor that CCSO had a policy in place as required by this standard, however, a policy was not provided to the auditor. During the pre-onsite and onsite audit phases, the auditor reviewed the agency's website and could not locate an investigation policy for review.

The auditor recommended the agency have in place a policy 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 and that the agency publish such policy on its website. On 08/11/2021, the agency provided the auditor with a memo headed "PREA 115.22" which states that CCSO has zero tolerance of all forms of sexual abuse and sexual harassment and that all cases are investigated administratively and criminally. It also states that any cases involving staff are investigated and may be referred to the Texas Rangers by the Sheriff. Finally, the document states all incidents are taken seriously, investigated fully and appropriate action will be taken when warranted, according to the PREA Standards. On 12/10/2021, the auditor confirmed that this policy had been published on its website, as required.

Based upon review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this provision.

**115.22(c)** Provision 115.22(a) states, "If a separate entity is responsible for conducting criminal investigations, such publication shall describe the responsibilities of both the agency and the investigating entity."

*Corrective Action Phase Recommendations and Follow-up:*

In the PAQ the agency reported to the auditor that CCSO had a policy in place as required by this standard, however, a policy was not provided to the auditor. The auditor was informed by the agency through the PAQ that the Texas Rangers may be called upon to investigate criminal allegations of sexual abuse when staff are an alleged perpetrator. The auditor conducted specialized interviews with staff and all the staff interviewed were not sure if there was a policy in place as required by this provision.

The auditor recommended the agency develop a publication if a separate entity is responsible for conducting criminal investigations and ensure such publication describes the responsibilities of both the agency and the investigating entity. On 08/11/2021, the agency provided the auditor with a memo titled PREA 115.22 which states that any cases involving staff are investigated by CCSO internal affairs and may be referred to the Texas Rangers by the Sheriff. Finally, the document states all incidents are taken seriously, investigated fully and appropriate action will be taken when warranted, according to the PREA Standards. On 12/10/2021, the auditor confirmed that this policy had been published on its website, as required.

Based upon review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this provision.

**Corrective Action:**

The auditor recommends no further corrective action.

TRAINING AND EDUCATION

**STANDARD 115.31: EMPLOYEE TRAINING**

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

**115.31 (a)**

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

**115.31 (b)**

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

### 115.31 (c)

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

### 115.31 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### Documents Reviewed: (*Policies, directives, forms, files, records, etc.*)

- CCSO Policy 6.3.1 PREA, Employee Training (01/01/2021)
- PREA Employee PowerPoint (dated 10/30/2017)
- The Moss Group PowerPoint: PREA Effective and Professional Communication
- The Moss Group PowerPoint: PREA Inmate and Staff Rights
- The Moss Group PowerPoint: PREA Prevention and Detection of Sexual Abuse
- The Moss Group PowerPoint: PREA Professional Boundaries
- The Moss Group PowerPoint: PREA Response and Reporting Sexual Abuse
- The Moss Group Video: PREA: Your Role in Responding to Sexual Abuse
- The Moss Group Video: PREA: Guidance on Cross-Gender and Transgender Pat Searches

- CCSO PREA Training Acknowledgement form
- Agency Response to PAQ

**Interviews:**

- Food Service Staff
- Maintenance Staff
- Random Staff

**Site Review Observations:**

- General observations
- Staff post assignments
- Employee training files

**Findings (by provision):**

**115.31 (a)** Provision 115.31(a) states, “The agency shall train all employees who may have contact with inmates on: (1) Its zero-tolerance policy for sexual abuse and sexual harassment; (2) How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; (3) Inmates’ right to be free from sexual abuse and sexual harassment; (4) The right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment; (5) The dynamics of sexual abuse and sexual harassment in confinement; (6) The common reactions of sexual abuse and sexual harassment victims; (7) How to detect and respond to signs of threatened and actual sexual abuse; (8) How to avoid inappropriate relationships with inmates; (9) How to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates; and (10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.”

CCSO Policy 6.3.1: PREA, Employee training (p. 1, 1-10) states CCSO will ensure that employees are fully trained on CCSO zero-tolerance policy and the provisions listed in § 115.31 (a) 1-10. The agency provided the auditor with the ‘PREA Employee’ PowerPoint and the PowerPoints from The Moss Group: PREA Effective and Professional Communication, PREA Inmate and Staff Rights, PREA Prevention and Detection of Sexual Abuse, PREA Professional Boundaries, PREA Response and Reporting Sexual Abuse. The auditor was informed by the agency that the presentations are given to all staff during initial, new-hire training and were also given to all staff who were employed during CCSO’s implementation of the PREA Standards in 2017. The training states Caldwell County Sheriff’s Office has zero tolerance for all forms of sexual abuse and sexual harassment of offenders. This training specifies how employees who may have contact with inmates can fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures, the rights of inmates to be free from sexual abuse and sexual harassment, the dynamics of this conduct in confinement, the reactions of sexual abuse victims, how to detect and respond to actual and threatened sexual abuse signs, how to avoid inappropriate relationships with inmates, how to communicate to inmates who are LGBTI or gender non-conforming and mandatory reporting laws.

The auditor interviewed sworn staff using the random staff protocols and 3 non-security staff. All staff stated they had received training on these areas as required by this provision. The auditor reviewed employees’ training files and all had signed a CCSO PREA Training Acknowledgement form (dates varied) which acknowledges that the CCSO staff have received copies of the policies and procedures regarding PREA that are relevant to their position and that the staff acknowledge understanding and responsibility for information contained within. Additionally, this form lists the topics of the policies which include CCSO Policies 6.1.1: PREA Definitions, 6.2.1-6.2.8 Prevention Planning, 6.4.1 Inmate



Screening Process, 6.5.1 Reporting, 6.6.1- 6.6.2 Official Response Following an inmate report, 6.7.1 Investigations and NIC Training- Your Role Responding to Sexual Abuse and Relias Training-Guidance on Cross-Gender and Transgender Pat Searches.

Based upon review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this provision.

**115.31(b)** Provision 115.31(b) states, “Such training shall be tailored to the gender of the inmates at the employee’s facility. The employee shall receive additional training if the employee is reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa.”

The agency informed the auditor in the PAQ that the facility houses male and female inmates and the staff assigned to work the jail are both male and female staff. The agency also stated that female and male staff work alongside one another in many units for both male and female inmates, but the housing officer for the female units is always a female officer. The auditor confirmed this practice and housing assignments of staff and inmates while onsite.

CCSO Policy 6.3.1 (p. 2, 2) states within 90 days, new corrections officers will be assigned required training to include Guidance on Cross-Gender and Transgender pat searches. The agency provided the auditor with this video from the National PREA Resource Center/Moss Group which details cross-gender and transgender searches.

The auditor interviews with sworn staff all indicated that they would perform a cross-gender pat down search very infrequently, as male staff almost always search male inmates and female staff always search female inmates. All staff were able to confirm that if they were required to perform a cross-gender pat search, they were able to explain to the auditor a professional and respectful pat search, using the backside of bladed hands, which confirmed that they had received training in how to perform these searches. Many staff recalled additional, specific aspects from the video that were shown and discussed.

CCSO PREA Training Acknowledgement form shows that staff acknowledge they have received training specifically from The Moss Group video: Guidance on Cross-Gender and Transgender Pat Searches. The forms the auditor reviewed were all signed.

Based upon review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this provision.

**115.31(c)** Provision 115.31(c) states, “All current employees who have not received such training shall be trained within one year of the effective date of the PREA standards, and the agency shall 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. In years in which an employee does not receive refresher training, the agency shall provide refresher information on current sexual abuse and sexual harassment policies.”

CCSO Policy 6.3.1 (p. 2, 1-3) states PREA Policies will be presented during the FTO (Field Training Officer) process for new employees and, within 90 days of employment, new corrections officers will be required PREA training through The Moss Group videos: PREA Your Role Responding to Sexual Abuse and Guidance on Cross-Gender and Transgender Pat Searches. Additionally, this policy states every 2 years, officers will be required to attend PREA training to ensure that all employees know the current sexual abuse and sexual harassment policies and procedures and in years in which an

employee does not receive refresher training, CCSO will provide refresher information on sexual abuse and sexual harassment policies.

In the PAQ, CCSO informed the auditor that there are 53 staff employed by the facility who may have contact with inmates and were trained or retrained on the PREA requirements of this standard. The agency explained to the auditor that PREA training occurs when a new employee is hired and again in every officer's annual, mandatory training.

*Corrective Action Phase Recommendations and Follow-up:*

In the PAQ, the agency reported it had provided staff information about current policies regarding sexual abuse and sexual harassment. The auditor asked how this was achieved and the agency stated, "officers are encouraged to review policy and procedure." During the onsite audit, the auditor interviewed staff using the random protocols. All staff interviewed informed the auditor that they had been trained as required by PREA Standard §115.31 (a). The auditor reviewed training files of staff. Two staff had been recent hires and had not signed the CCSO PREA Training Acknowledgement form and there was not any documentation that any PREA training was provided during their Field Training Officer training as CCSO Policy 6.3.1 outlines. For refresher training, CCSO uses the same CCSO PREA Training Acknowledgement form that is utilized for new hire training. Of the staff training files reviewed for staff, multiple staff had signed training forms showing they had received this training between 3 and 4 year-cycles, and not every two years, as this provision requires. Additionally, other staff did not show they had received any refresher training and had been employed more than 3 years at the agency.

The auditor recommended 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, and, in years in which an employee does not receive refresher training, provide refresher information on current sexual abuse and sexual harassment policies.

On 10/05/2021, the agency provided the auditor with multiple CCSO PREA Training Acknowledgement forms that had been signed by staff on various dates throughout the year of 2021. The agency informed the auditor that due to the pandemic COVID-19 and in attempt to limit unnecessary, in-person contact, the agency's refresher training was provided at shift briefings instead of standard classroom training. After the training was given in the briefings, staff signed the CCSO PREA Training Acknowledgement form. The agency advised the auditor that in future years and after the pandemic, the agency would provide eight hours of in-person, traditional classroom-set training as part of the staff's yearly required training mandates. On 0/26/2021, the agency provided the auditor with shift briefing reports (day and night shifts) from 10/01/2021, 10/09/2021, 10/18/2021 and 10/24/2021. The auditor reviewed the briefing reports and cross-checked the refresher training documentation with the staff listed on the briefing reports. The auditor found that all staff on the briefing sheets, including recent new hires, had received the PREA refresher training that the agency had provided during the corrective action phase.

Based upon review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this provision.

**115.31(d)** Provision 115.31(d) states, "The agency shall document, through employee signature or electronic verification, that employees understand the training they have received."

CCSO Policy 6.3.1 (p.2, 4) states documentation will be maintained confirming that employees understand the training they have received. The agency provided the auditor with the CCSO PREA Training Acknowledgment form that allowed for employee signature confirming understanding of the

training received. Of the staff training files reviewed, all were signed and dated, and specifically read that the CCSO staff have received copies of the policies and procedures regarding PREA that are relevant to their position and that the staff acknowledge understanding and responsibility for information contained within. Additionally, this form lists the topics of the policies which include CCSO Policies 6.1.1: PREA Definitions, 6.2.1-6.2.8 Prevention Planning, 6.4.1 Inmate Screening Process, 6.5.1 Reporting, 6.6.1- 6.6.2 Official Response Following an inmate report, 6.7.1 Investigations and NIC Training- Your Role Responding to Sexual Abuse and Relias Training-Guidance on Cross-Gender and Transgender Pat Searches.

Based upon review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this provision.

**Corrective Action:**

The auditor recommends no further corrective action.

**STANDARD 115.32: VOLUNTEER AND CONTRACTOR TRAINING**

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

**115.32 (a)**

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

**115.32 (b)**

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

**115.32 (c)**

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

**Auditor Overall Compliance Determination**

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

**Instructions for Overall Compliance Determination Narrative**

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

**Documents Reviewed:** (Policies, directives, forms, files, records, etc.)

- CCSO Policy 6.3.2 PREA, Volunteer and Contractor Training (01/01/2021)
- Prison Rape Elimination Act Training and Information Acknowledgement form
- CCSO PREA Training Acknowledgment form
- CCSO Specialized P.R.E.A. Training form
- PREA Resource Center training video: PREA Specialty Training: Module 1, Detecting and Assessing Signs of Sexual Abuse and Harassment
- PREA Resource Center training video: PREA Specialty Training: Module 2, Preserving Physical Evidence
- PREA Resource Center training video: PREA: What You Need to Know.
- Agency Response to PAQ

**Interviews:**

- Contractors who May Have Contact with Inmates
- Volunteer/Contractor Coordinator

**Site Review Observations:**

- Volunteer Training Files

**Findings (by provision):**

**115.32 (a)** Provision 115.32(a) states, "The agency shall ensure 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."

CCSO Policy 6.3.2: PREA, Volunteer and Contractor Training (p.2, A.1, B.1) states CCSO will ensure that both volunteers and contractors are fully trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures.

In the PAQ, the agency informed the auditor that there had been 0 volunteers and contractors allowed within the facility within the past 12 months preceding the onsite audit phase due to limiting exposure of non-essential staff because of the COVID-19 pandemic. Therefore, the agency had not provided evidence of the training required by this standard. The auditor requested evidence for volunteers and contractors who had been in the facility prior to COVID-19 pandemic limitations that were set in place in March of 2020. The agency informed the auditor that these would be available for review onsite.

As an example, the agency provided the auditor with the Prison Rape Elimination Act Training and Information Acknowledgement form that is given to volunteers to sign and document their participation and understanding in the PREA training. It is the same form that is used for inmate education documentation. It states that CCSO has zero tolerance towards sexual abuse and sexual harassment and that this includes staff, volunteers, contractors and inmates and includes any sexual act, touching, comments or gestures. It then lists how a report can be made and finally states that the person signing the form is acknowledging they have been provided with an orientation and written information regarding policies and procedures for reporting sexual assault and sexual harassment and how to access crisis counseling. The agency also provided the auditor with the CCSO PREA Training

Acknowledgment that is provided for staff training in PREA Standard §115.31. It states the person has received copies of the policies and procedures regarding PREA that are relevant to their position and that the person acknowledges understanding and responsibility for information contained within. Additionally, this form lists the topics of the policies which include CCSO Policies 6.1.1: PREA Definitions, 6.2.1-6.2.8 Prevention Planning, 6.4.1 Inmate Screening Process, 6.5.1 Reporting, 6.6.1-6.6.2 Official Response Following an inmate report, 6.7.1 Investigations and NIC Training- Your Role Responding to Sexual Abuse and Relias Training-Guidance on Cross-Gender and Transgender Pat Searches.

*Corrective Action Phase Recommendations and Follow-up:*

While onsite, the auditor interviewed contract staff who had been in the facility at the time of the onsite audit. All informed the auditor that they had been active and present in the facility for the past year, even with the COVID-19 limitations in place at the facility, which was contrary to what the agency had informed the auditor about contractors having been prohibited from entering the facility due to the pandemic. Most contractors reported to the auditor through interview that they had not received PREA related training. The auditor requested the training files on these staff, but the agency was unable to provide the auditor with these files for review.

The auditor requested a list of the volunteers who had been performing virtual programs sessions with inmates over Zoom and Skype applications. The auditor was given the contact information for the volunteer coordinator who was himself a volunteer for the agency. The auditor was unable to interview the volunteer coordinator during the pre-onsite and onsite audit phase, however, the auditor did interview the coordinator during the post onsite audit phase. The volunteer coordinator confirmed that the volunteers have been restricted from entering the facility within the last 12 months due to the COVID-19 pandemic. However, they coordinator confirmed that they were able to still offer visual and auditory contact through virtual programs sessions. The coordinator stated there were 6 total volunteers who were performing these virtual sessions and that all had been trained in their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures. The agency was unable to provide 3 of the 6 documents for the volunteer training as required. Of those that were provided, two of these were signed Prison Rape Elimination Act Training and Information Acknowledgement forms (the form inmates sign during education) with both being signed in 2019 and the last was the CCSO PREA Training Acknowledgment form (the form that staff sign during training) and this was signed in 2017.

The auditor recommended the agency ensure that all volunteers and contractors who have contact with inmates be trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures. On 08/03/2021, the agency provided a list of the volunteers along with training for each of these volunteers that had occurred between late June and early August of 2021. The training for these volunteers was completed on the CCSO PREA Training Acknowledgment form. On 10-11-21, the agency provided the auditor with 6 signed CCSO Specialized P.R.E.A. Training forms for the contracted staff who work in the facility. The CCSO Specialized P.R.E.A. Training form states that the individual signing has received specialized PREA Medical/Mental Health Training in accordance with CCSO Policy 6.3.5 and PREA Standard 115.34. On 10-18-21, the agency provided the auditor with a list of contract staff that access the facility. All contractors on this list were included in the training documents provided by the facility on 10-11-21.

Based upon review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this provision.

**115.32(b)** Provision 115.32(b) states, "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, but

all volunteers and contractors who have contact with inmates shall be notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents."

CCSO Policy 6.3.2 (p.2, A.2, B.2) states CCSO will ensure that both volunteers and contractors are fully trained on CCSO's zero tolerance policy regarding sexual abuse and sexual harassment and they will be informed on how to report such incidents.

Due to the COVID-19 pandemic, the agency reported to the auditor in the pre-onsite audit phase that there had been no access given to the facility for non-CCSO staff during the COVID-19 pandemic in the 12 months preceding the audit. However, the volunteers had been allowed to conduct virtual programs with inmates through online platforms, providing visual and auditory contact to inmates. Also, the auditor had interviewed contract staff who have contact with inmates during the onsite portion of the audit who confirmed that they had been granted access to the facility throughout the pandemic.

During the onsite audit, the agency provided the auditor with the Prison Rape Elimination Act Training and Information Acknowledgement form that is provided to volunteers to sign and document their participation and understanding in the PREA training. It lists how a report can be made and finally states that the person signing the form is acknowledging they have been provided with an orientation and written information regarding policies and procedures for reporting sexual assault and sexual harassment and how to access crisis counseling. The agency also provided the auditor with the CCSO PREA Training Acknowledgment that documents CCSO staff training. It states the person has received copies of the policies and procedures regarding PREA that are relevant to their position and that the person acknowledges understanding and responsibility for information contained within. Additionally, this form lists the topics of the policies which include 6.5.1 Reporting, 6.6.1- 6.6.2 Official Response Following an inmate report, 6 NIC Training- Your Role Responding to Sexual Abuse.

#### *Corrective Action Phase Recommendations and Follow-up:*

While onsite, the auditor interviewed contract staff who had been in the facility at the time of the onsite audit. All informed the auditor that they had been active and present in the facility and have continued to have contact with inmates for the past year even with the COVID-19 limitations in place at the facility. The auditor interviewed the volunteer coordinator during the post onsite audit phase. The coordinator stated there were 6 total volunteers who were performing virtual sessions and that all had been trained on CCSO's zero tolerance policy regarding sexual abuse and sexual harassment and informed on how to report such incidents. While onsite, the auditor requested documentation verifying that of the volunteers and contractors had been trained as required by this provision, but the facility was unable to provide documentation for any volunteers and contractors. Documentation that was provided came in two different forms: the Prison Rape Elimination Act Training and Information Acknowledgement forms (the form inmates sign during education) and the CCSO PREA Training Acknowledgment form (the form that staff sign during training).

The auditor recommended the agency ensure the level and type of training provided to volunteers and contractors be based on the services they provide and level of contact they have with inmates, but that all volunteers and contractors who have contact with inmates shall be notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. On 08/03/2021, the agency provided a list of the volunteers along with training for each of these volunteers that had occurred between late June and early August of 2021. The training for these volunteers was completed on the CCSO PREA Training Acknowledgment form, which is the same training provided to staff and is adequate based on the type of service and level of contact the volunteers and contractors provide to the inmates. On 10-11-21, the agency provided the auditor with 6 signed CCSO Specialized P.R.E.A. Training forms. The CCSO Specialized P.R.E.A. Training form

states that the individual signing understands the policies and procedures regarding PREA that are relevant to their position and that they person is responsible for the information contained within. The agency provided the auditor with the following PREA Resource Center training videos that are given to the medical and mental health contractors as part of this training: PREA Specialty Training: Module 1, Detecting and Assessing Signs of Sexual Abuse and Harassment, PREA Specialty Training: Module 2, Preserving Physical Evidence, PREA: What You Need to Know. These videos provided the level and type of training based on the services these contractors provide and level of contact they have with inmates.

Based upon review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this provision.

**115.32(c)** Provision 115.32(c) states, “The agency shall maintain documentation confirming that volunteers and contractors understand the training they have received.”

CCSO Policy 6.3.2 (p.2, A.3, B.3) states documentation will be maintained confirming that volunteers understand the training they have received. The auditor requested a list of volunteers and contractors during the pre-onsite audit phase and was informed that there had not been any, due to the pandemic. The auditor was not given a total number of contractors who have contact with inmates. Additionally, the auditor requested documented training of the contractors who have contact with inmates and was not provided any documentation to review for evidence of compliance with this standard.

*Corrective Action Phase Recommendations and Follow-up:*

During the pre-onsite and onsite audit phases, the agency provided the auditor with two forms to document volunteer and contractor training: the Prison Rape Elimination Act Training and Information Acknowledgement form and the CCSO PREA Training Acknowledgment form. Only the CCSO PREA Training Acknowledgment form confirms that the person signing the form has received copies of the policies and procedures regarding PREA that are relevant to the position of the person and that the person acknowledges understanding and responsibility for information contained within. Additionally, the agency had not consistently documented the training of the volunteers and contractors who have real or virtual contact with inmates.

The auditor recommended the agency maintain documentation confirming that volunteers and contractors understand the training they have received. On 08/03/2021, the agency provided a list of the volunteers along with training for each of these volunteers that had occurred between late June and early August of 2021. The training for these volunteers was completed on the CCSO PREA Training Acknowledgment form, which is the same training provided to staff and confirms that volunteers and contractors understand the training they have received. On 10-11-21, the agency provided the auditor with 6 signed CCSO Specialized P.R.E.A. Training forms. The CCSO Specialized P.R.E.A. Training form states that the individual signing understands the policies and procedures regarding PREA that are relevant to their position and that they person is responsible for the information contained within.

Based upon review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this provision.

**Corrective Action:**

The auditor recommends no further corrective action.

**STANDARD 115.33: INMATE EDUCATION**

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

**115.33 (a)**

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

**115.33 (b)**

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

**115.33 (c)**

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

**115.33 (d)**

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



### 115.33 (e)

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

### 115.33 (f)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### Documents Reviewed: (*Policies, directives, forms, files, records, etc.*)

- CCSO Policy 6.1.1 PREA, PREA Definitions (01/01/2021)
- CCSO Policy 6.2.6 PREA, Inmates with disabilities / low English proficiency (01/01/21)
- CCSO Policy 6.3.3 PREA, Inmate Education (01/01/2021)
- CCSO Inmate Handbook 9.17 (09/21/2017, Updated 10/05/2021)
- CCSO Inmate Handout for Booking (updated 10/13/2021)
- CCSO Prison Rape Elimination Act Training and Information Acknowledgement form
- PREA Poster (10/13/2021)
- CCSO Training Memo, PREA (10/21/2021)
- CCSO Training Memo, PREA Standard 115.16 (07/30/2021)
- Leon Translations Services Email Agreement (01/11/2021)
- Agency Response to PAQ

### Interviews:

- Classification Staff
- Intake Staff
- Targeted Inmates
- Random Inmates

### Site Review Observations:

- General observations

- Inmate files (Inmate Education Documents)
- Video: PREA: What You Need to Know
- Posted PREA information
- Inmate education process
- Informal interviews with staff and inmates

**Findings (by provision):**

**115.33(a)** Provision 115.33(a) states, “During the intake process, inmates shall receive information explaining the agency’s zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment.”

CCSO Policy 6.3.3: PREA, Inmate Education (p. 2, 1. a-e) states CCSO will educate all inmates on the Office’s zero-tolerance policy regarding sexual misconduct and, that upon intake, a booking officer will provide the inmate with information on the CCSO zero-tolerance policy of sexual misconduct. This policy also states that inmates will receive procedures for reporting incidents or suspicions of sexual misconduct.

The CCSO Inmate Handout for Booking states, “Any form of sexual abuse will not be tolerated by the Caldwell County Sheriff’s Office. The goal of CCSO and this facility is the safety of the residents incarcerated here. CCSO will hold accountable any persons found to have committed any form of sexual abuse against another person.” Also, the brochure details what actions to take if an inmate has been sexually abused (tell a staff member as soon as possible and what steps to take to preserve physical evidence (don’t eat, drink, brush teeth, change clothing or use the bathroom).

The auditor interviewed intake staff and all indicated that inmates are provided information about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment and referenced the CCSO Inmate Handout for Booking brochure. The classification sergeant was interviewed and confirmed that the inmate would have the initial PREA information provided to them at intake and that the signage was posted throughout the booking area.

The auditor reviewed inmate files for evidence indicating that inmates had received information explaining the agency’s zero-tolerance policy regarding sexual abuse and sexual harassment and how to report sexual abuse and sexual harassment during the intake process. All files contained a signed and dated (by inmates and staff) CCSO Prison Rape Elimination Act Training and Information Acknowledgement document.

*Corrective Action Phase Recommendations and Follow-up:*

In the PAQ, the agency informed the auditor that in the past 12 months, 1,464 inmates had been admitted to the CCSO facility but only 638 inmates had been provided this information through the CCSO Inmate Handout for Booking.

The auditor completed random and targeted inmate interviews. Of these inmates less than half reported that they had received the PREA handout upon intake. Of the file reviews specifically for the inmates who answered that they did not receive the initial PREA education, all had signed the form documenting that they had received such information.

In addition to inmate interviews not supporting compliance, during the pre-onsite and onsite audit phase, the agency’s policies and procedures were not in compliance with this standard in various ways. The CCSO Inmate Handout for Booking brochure which informs inmates that they may report sexual abuse and sexual harassment in multiple ways, included inaccurate and outdated information on who to

notify in CCSO concerning a PREA incident. In addition to CCSO-specific reporting mechanisms, the handout listed the Office of Inspector General (OIG), however CCSO did not utilize the OIG for its PREA reporting. Also, the handout stated CCSO had zero-tolerance for sexual abuse, but sexual harassment was not detailed. The CCSO Inmate Handout for Booking stated, 'while detained by the Department of Justice, United Marshals Service, you have the right to be safe and free from sexual harassment and sexual assaults.' And while the facility does house inmates for the US Marshals Service, only 1 inmate housed for the Marshals at the time of the onsite audit. The document also specified that abuse can be for male or female victims, and both hetero-and-homosexual individuals, which excludes individuals who may be gender non-conforming or who's sexual orientation is neither heterosexual or gay, lesbian.

During the audit, the agency informed the auditor that staff did not provide the inmates information about PREA until the inmate was being prepared to exit booking and go to housing and the auditor witnessed this onsite. Informal interviews with intake staff verified that no PREA information was provided to inmates until they were leaving the booking area for housing. The auditor verified through informal and formal staff interviews that the inmates may be in the intake area's booking holding cells from 1 to 48 hours before they would receive PREA education materials; the average length of time, according to staff, was one shift (12 hours). Additionally, the auditor reviewed inmate files that showed similar time frames for inmates to move into regular housing from booking, with the moves taking place between 4 to 10 hours in the files that were reviewed.

The facility informed the auditor that inmates only receive PREA information when they are moved from the booking area into housing, and that in the last 12 months, 826 inmates were processed, but never housed, therefore they had not received any PREA information.

The auditor recommended the agency update its initial PREA education material to provide accurate CCSO reporting methods (excluding those to the OIG) and ensure the education materials are consistent in all aspects. The auditor also recommended the agency, during the intake process, provide inmates information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment.

On 10/13/2021, the agency provided the auditor with an updated CCSO Inmate Handout for Booking. This handout listed all the reporting mechanisms available to an inmate while confined at CCSO. Additionally, the agency informed the auditor that all inmates, unless for medical and/or security reasons (i.e., combativeness) would be provided the handout after being searched at the booking security vestibule and immediately upon entry to the facility. On 12/20/2021, the auditor revisited the facility and was able to witness 2 inmates being intake into the facility. Informal interviews with these inmates confirmed that they had received PREA information upon intake to the facility and both had the brochures in-hand to show the auditor. In addition, the area where the inmates are initially searched before entering the secured areas of the facility and the booking holding cells had the PREA information posted in each area for inmates to view.

Based upon review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this provision.

**115.33(b)** Provision 115.33(b) states, "Within 30 days of intake, the agency shall provide comprehensive education to inmates either in person or through video regarding their rights 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."

CCSO Policy 6.3.3 (p. 2, 7) states within 30 days of intake, inmates will be provided with more comprehensive education on this policy and on PREA and that this education will be provided via video or in person. The agency informed the auditor in the PAQ that the comprehensive education is a video from the PREA Resource Center titled PREA: What You Need to Know. This video details inmates' rights to be free from sexual abuse and sexual harassment and their rights to be free from retaliation for reporting such incidents.

CCSO Policy 6.3.3 states the CCSO Inmate Handbook will be modified to include information on the zero-tolerance policy, sexual misconduct definitions, procedures for reporting incidents or suspicions of sexual misconduct, inmates' right to be free from sexual abuse and sexual harassment and from retaliation for reporting and the office's commitment to investigate such reports. The handbook lists how inmates may make a report. CCSO issues inmates the CCSO Inmate Handbook at booking, prior to housing.

The auditor witnessed one intake process where the inmate received the comprehensive education through video and inmate handbook. The video was played outside of the holding cell where the inmate was temporarily housed on a laptop which was placed atop a small box about 20 feet from inmate. After the video concluded, the inmate was changed into the jail uniform and provided a bag with the CCSO Inmate Handout for Booking and the CCSO Inmate Handbook inside, along with other cell property.

The auditor interviewed specialized staff responsible for providing the comprehensive education to inmates and all confirmed the education was given through the video and then the handout and handbook are given with the other inmate property (towels, hygiene items, etc.). Then the inmates are directed to sign the CCSO Prison Rape Elimination Act Training and Information Acknowledgement form.

The auditor reviewed inmate files that all contained signed copies of the CCSO Prison Rape Elimination Act Training and Information Acknowledgement document. The form states that an inmate may request rape crisis counseling by asking a staff member for assistance or confidentially contacting the center at a 1-800 phone number. The form states the inmate has been provided with an orientation and written information regarding policies and procedures for reporting sexual assault and sexual harassment and how to access crisis counseling. There is a line for staff and inmate signature and date.

*Corrective Action Phase Recommendations and Follow-up:*

During the pre-onsite and onsite audit phases, the agency used video (PREA: What You Need to Know) and the inmate handbook to provide comprehensive education as required by this provision. However, the video shown at intake was not easy to see or hear based on the placement of the laptop during the showing. The facility also relied on the handbook for education but the document did not specifically detail the inmates rights to be free from sexual harassment and to be free from retaliation for reporting such incidents, nor did it provide the agency policies and procedures for responding to these incidents. The auditor recommended 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 and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to these incidents. On 10/08/2021, the agency provided the auditor with an updated handbook that stated that CCSO has zero-tolerance for sexual abuse and sexual harassment and that inmates could report retaliation for reporting such incidents. The handbook was also updated to specify how the agency would hold responsible any persons who may commit such

offenses and it will respond to these incidents by protecting those who report and cooperate with the agency's investigations of the incident.

On 10/22/2021, the agency informed the auditor all inmates are now taken to a multi-purpose area in booking to watch the PREA Video so that they may be able to hear and see the video. The agency provided the auditor with a Training Memo sent to all staff dated 10/21/2021, referencing PREA that stated that effective 10/21/2021, all inmates will be sent to the multi-purpose room to watch the video prior to housing from booking. On 12/02/2021, the auditor was provided a photograph of the new video training area in the multipurpose room. The video is shown on a large, wall-mounted television which provides clear viewing for the inmates to see the video and subtitles if needed. Also, the room is small and private which allows for inmates to be able to hear the video.

On 10/22/2021, the agency informed the auditor that the new education documents (CCSO Inmate Handbook and CCSO Inmate Handout for Booking) were distributed to all inmates in custody. The auditor was provided new copies of the CCSO Prison Rape Elimination Act Training and Information Acknowledgement form for each inmate in custody along with a roster of each unit with inmates initialing that they had received the updated PREA education materials. On 12/20/2021, the auditor revisited the facility and witnessed many inmates in possession of the new Inmate Handbook.

Based upon review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this provision.

**115.33(c)** Provision 115.33(c) states, "Current inmates who have not received such education shall be educated within one year of the effective date of the PREA standards, and shall 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."

The CCSO is comprised of one large building and all its inmates are housed within the one facility. When asked how inmates who are transferred into the facility from another agency would be processed, the auditor was informed that all inmates are processed through intake in the same manner. The auditor confirmed with supervising and classifications staff, and through the site review, that there are no other facilities in which CCSO may transfer inmates from or to.

Based upon review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this provision.

**115.33(d)** Provision 115.33(d) states, "The agency shall provide inmate education in formats accessible to all inmates, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to inmates who have limited reading skills."

CCSO Policy 6.2.6: PREA, Inmates with disabilities / low English proficiency (p. 1, 1-2) states CCSO will take appropriate steps to ensure that inmates with disabilities, Deaf or Hard of Hearing, blind or low vision, or those with cognitive or psychiatric disabilities have an equal opportunity to benefit from all aspects of CCSO's zero tolerance policy. This policy states CCSO will make reasonable steps to ensure meaningful access to all aspects of the agency's efforts (written and otherwise) to prevent, detect and respond to sexual abuse and sexual harassment for these inmates. The policy then specifies that these steps are to: utilize written and video information in Spanish, use a TDD (telecommunications device for the deaf), use a fifth-grade level as benchmark for information conveyed in written format and provide a verbal review of written materials for inmates with cognitive/intellectual disabilities.

CCSO Policy 6.3.3 (p. 2, 3) states that inmates will receive assistance if they are unable to understand the PREA information at intake because of disability, illiteracy or if the inmate does not speak English. Additionally, this policy states that inmates who have a disability, language barrier or illiteracy will be asked to sign an acknowledgement form that the information was explained.

The CCSO Inmate Handbook and the CCSO Inmate Handout for Booking were given to the auditor and all three are available in English and Spanish, with the video having closed captioning in both English and Spanish. For inmates who speak and understand primarily Spanish, the auditor observed onsite that the handbook and handout were readily available for distribution to these inmates, if requested.

The agency informed the auditor that the facility uses staff who speak Spanish to translate, if necessary. The Spanish-speaking and other specialized staff informed the auditor that the translating officers are not certified to speak Spanish by CCSO or any other entity. The auditor utilized 2 of these staff for Spanish translation services during inmate interviews. The inmates showed communication understanding between the auditor and the Spanish translating staff.

The auditor interviewed random staff regarding effective communication between staff and limited English proficient inmates in CCSO custody. All staff interviewed stated CCSO always has a Spanish speaking officer on duty to help translate for inmates who only understood Spanish.

All staff interviewed informed the auditor that if an inmate could not read due to disability or cognition, the staff would read any information to that inmate. None of the staff interviewed had experienced needing to read the CCSO Inmate Handbook and/or the CCSO Inmate Handout for Booking to an inmate, but all stated they would if it was required.

The agency provided the auditor with a signed Memorandum of Understanding/Written Agreement from Communication by Hand, a sign language interpretation service. The agency informed the auditor that they would use this service if needed. In interviews, several staff explained to the auditor that the recent Deaf inmate was able to communicate effectively through lip-reading and additional interpretation was not needed for this inmate. The inmate was no longer in custody during the onsite audit for the auditor to interview. The auditor interviewed the Director of Communications by Hand who confirmed that CCSO does have a working agreement with their business, however, they had not received interpretation requests from CCSO since 2015.

*Corrective Action Phase Recommendations and Follow-up:*

During the pre-onsite and onsite audit phase, the auditor could not find the agency compliant with this provision. While onsite, the auditor interviewed an inmate who was visually impaired who had not been provided education in a format that could be understood and was unaware of the facility's procedure to assist in interpreting the information as none were provided, according to the inmate. The auditor reviewed files for this inmate and none indicated the inmate had needed information explained to them in a different format to ensure understanding nor was there documentation that this service was provided, as CCSO Policy 6.3.3 (p.2, 3) indicates.

The auditor observed all the housing units and observed that there was limited information posted for inmates. The auditor only saw one housing unit, out of 22 housing units/areas, that had PREA information posted in a language other than English. In multiple housings, there were inmates who spoke Spanish and there was not PREA information posted in Spanish for them to access. Many of these Spanish-speaking inmates stated they were not given any education documents in Spanish and of those interviewed, each inmate stated they had received education in a different format, including solely utilizing other inmates to assist. There was one phone in the booking area near the Captain and

Lieutenants' office that had PREA Information posted in English and Spanish, however the staff who worked in the booking area informed the auditor that inmates usually use the phones in their holding cells which did not have any PREA information posted.

When asked about translation services for other inmates who spoke languages other than English or Spanish, staff could not provide a consistent procedure on how communication could be established. In these interviews, no staff could list which service would be utilized if they believed the agency had a service. Others who were not aware of a service stated they could call a consular office or use personal cell phones for Google Translate. The auditor interviewed random staff about communicating with inmates who are Deaf or Hard of Hearing. Staff stated inconsistent communications procedures including using a TTY (text telephone) communication device, using pen and paper and to write back-and-forth with the inmate and reading lips.

The auditor observed the facility provide education to an inmate through the video PREA: What You Need to Know. The video was played on a laptop, about 8 feet away from the holding cell bars and about 20 feet away from the inmate seating area in the cell. Inmates who may have needed to read the closed captioning of the video may not have been able to see the captions at that distance. Additionally, the volume of the video made it difficult for the auditor to hear the video while standing three feet away from the laptop. Inmates in the cells who could be Hard of Hearing may not have been able to hear the video.

The auditor recommended the agency update its procedures to ensure inmates who are limited English proficient, Deaf, visually impaired, otherwise disabled or with limited reading skills will understand the comprehensive PREA education provided and ensure that staff understand how they may confirm communication is understood to these types of inmates.

On 07/29/2021, the agency provided the auditor with an email titled Leon Translations Services Agreement (01/11/2021). The email detailed that this company could provide interpretation services on an as-needed basis. On 09/23/2021, the agency provided the auditor with a training memo that went out to all staff directing them to utilize the Leon Translations Services for interpretation with inmates who are Limited English Proficient to ensure understanding of the intake and PREA Education information.

On 09/23/2021, the agency provided the auditor with a training memo titled PREA Standard 115.16 that directs staff to utilize the Communication by Hand services when needed to communicate to inmates who are deaf or hard of hearing. Additionally, the memo directed staff to assist low vision or blind inmates in understanding the intake and PREA education material by reading to them in a manner that ensures effective communication.

On 10/22/2021, the agency informed the auditor that all inmates will be taken to a Multi-purpose area in booking to watch the PREA Video so that they may be able to hear and see the video for compliance with this provision. The agency provided the auditor with a Training Memo sent to All staff dated 10/21/2021, referencing PREA that stated that effective 10/21/2021, all inmates will be sent to the room to watch the video prior to housing from booking. This memo also directs staff to be informed of the translation services through Leon and Communication by Hand that CCSO may utilize if needed. On 12/02/2021, the auditor was provided a photograph of the new video training area in the multipurpose room. The video is shown on a large, wall-mounted television which provides clear viewing for the inmates to see the video and subtitles if needed. Also, the room is small and private which allows for inmates to be able to hear the video. On 10/23/2021, the agency provided the auditor with a Spanish copy of the CCSO Prison Rape Elimination Act Training and Information Acknowledgement form. The

auditor witnessed on 10/27/2021 that the Spanish form was used to document education to Limited English Proficient inmates who speak and understand Spanish.

On 11/10/2021, the agency informed the auditor that the new education posters in both English and Spanish were installed in all areas of the facility, to include the booking phones and holding cells, education areas, medical, restrictive housing areas, general population housings, gym and back gate. The agency provided photographic evidence of these postings on 11/02/2021.

On 12/20/2021, the auditor revisited the facility and witnessed PREA information posted throughout all areas, including booking, housing and programs areas that was in both English and Spanish. Limited English Proficient inmates who spoke Spanish confirmed that they understood the PREA information provided and showed the auditor they possessed Spanish Inmate Handbooks. In addition, the auditor informally interviewed staff regarding translation services for languages and inmates who may be Deaf or Hard of Hearing and all confirmed they were aware of these services and how to utilize them if needed.

Based upon review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this provision.

**115.33(e)** Provision 115.33(e) states, "The agency shall maintain documentation of inmate participation in these education sessions."

CCSO Policy 6.3.3 (p. 2, 6) states documentation that an inmate received the comprehensive education will be maintained in the inmate's file. The auditor reviewed inmate files that all contained signed copies of the CCSO Prison Rape Elimination Act Training and Information Acknowledgement document. This form states that the inmate has been provided with an orientation and written information regarding policies and procedures for reporting sexual assault and sexual harassment and how to access crisis counseling.

*Corrective Action Phase Recommendations and Follow-up:*

Onsite, the auditor reviewed an inmate intake where the inmate was provided CCSO's PREA information as they were being processed for housing. The inmate was told they had paperwork in their issued property but was not explained what the paperwork was, and the inmate wasn't asked if they understood this paperwork. The inmate wasn't given the opportunity to read the paperwork, so understanding could not be expected of the inmate. Furthermore, the inmate was asked to sign the CCSO Prison Rape Elimination Act Training and Information Acknowledgement form, but the inmate was not asked to read the form to understand what they were signing. Of the inmates interviewed by the auditor, many inmates described a different process and/or understanding concerning comprehensive inmate education, indicating that the inmates were not fully informed of the information that they had signed acknowledged receipt of during the housing process.

The auditor recommended the agency update its procedures to ensure inmates understand the documents that they have received. On 10/22/2021, the agency informed the auditor that the new education documents (CCSO Inmate Handbook and CCSO Inmate Handout for Booking) were distributed to all inmates in custody. The auditor was provided new copies of the CCSO Prison Rape Elimination Act Training and Information Acknowledgement form for each inmate in custody along with a roster of each unit with inmates initialing that they had received the updated PREA education materials. Along with this training, the agency provided the auditor with a Training Memo sent to All staff dated 10/21/2021, referencing PREA that stated that effective 10/21/2021, all inmates will be specifically asked by intake staff if the inmate understands the PREA education material that was



presented to them during the comprehensive education session. This memo also directs staff to be informed of the PREA information they are providing to the inmates. Through reviewing scanned copies of Inmate Education Session documentation, the auditor witnessed on 12/02/2021 that inmate education sessions were held and documented on 10/26/21, 10/27/21, 11/03/2021, 11/10/2021, 11/17/2021, 11/24/21 and 12/01/2021.

Based upon review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this provision.

**115.33(f)** Provision 115.33(f) states, “In addition to providing such education, the agency shall ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats.”

CCSO Policy 6.3.3 (p. 2, 8) states key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats. The auditor visited all the units in the facility, including those that were temporarily closed for renovations. Additionally, the auditor visited the support areas and egress areas in which inmates may be present in the facility. The auditor witnessed several notices concerning the upcoming PREA Audit of the facility, in both English and Spanish throughout these areas.

*Corrective Action Phase Recommendations and Follow-up:*

Of the housing units visited, the auditor saw only 3 units that had PREA information posted. The auditor informally interviewed inmates during the site review and these inmates reported that they did not have any PREA information to refer to if needed, to include not having the CCSO Inmate Handout for Booking. The auditor did not see any other PREA information posted throughout the facility except for the wall by an inmate phone located in front of the facility. The auditor was informed by inmates both during formal interviews and informal site review discussions that they could request information about PREA to staff if they needed it. However, this accessibility did not meet the standard of being “continuously and readily available.”

The auditor recommended the agency ensure that key PREA information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats. On 10/22/2021, the agency informed the auditor that the new education documents (CCSO Inmate Handbook and CCSO Inmate Handout for Booking) were distributed to all inmates in custody. The auditor was provided new copies of the CCSO Prison Rape Elimination Act Training and Information Acknowledgement form for each inmate in custody along with a roster of each unit with inmates initialing that they had received the updated PREA education materials. On 10/13/2021, the agency provided the auditor with an updated CCSO Inmate Handout for Booking and PREA Poster which also listed the information in the updated CCSO Inmate Handbook.

On 11/02/2021, the agency provided photographic evidence of the posted new education material in all areas of the facility, to include the booking phones and holding cells, education areas, medical, restrictive housing areas, general population housings, gym and back gate. When the auditor revisited the facility on 12/20/2021, the postings were up throughout the facility in various areas.

Based upon review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this provision.

**Corrective Action:**

The auditor recommends no further corrective action.

**STANDARD 115.34: SPECIALIZED TRAINING: INVESTIGATIONS**

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

**115.34 (a)**

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

**115.34 (b)**

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

**115.34 (c)**

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

**115.34 (d)**

- Auditor is not required to audit this provision.

**Auditor Overall Compliance Determination**

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

### Instructions for Overall Compliance Determination Narrative

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

#### **Documents Reviewed:** (*Policies, directives, forms, files, records, etc.*)

- CCSO Policy 6.3.4 PREA, Specialized Training: Investigations (01/01/2021)
- CCSO CID Specialized Training Acknowledgment form
- Training Video: Investigating Sexual Assault and Sex Related Crimes in Confinement Settings- Guidance for Criminal Investigators
- Agency Response to PAQ

#### **Interviews:**

- Investigative Staff

#### **Site Review Observations:**

- Investigator training files
- Informal interviews with staff

#### **Findings (by provision):**

**115.34(a)** Provision 115.34(a) states, "In addition to the general training provided to all employees pursuant to § 115.31, the agency shall ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings."

CCSO Policy 6.3.4: PREA, Specialized Training: Investigations (p. 1) states all Caldwell County Sheriff's Office investigators that conduct sexual abuse investigations receive specialized training in sexual abuse investigations in a confinement setting.

The auditor interviewed investigators for the agency who work in CCSO Criminal Investigation Division (CID) and in the jail. The auditor was informed by the agency in the PAQ that the CCSO CID investigators would investigate all criminal cases and that the jail investigator would investigate non-criminal, administrative PREA cases. The auditor asked the investigators if they had received training pursuant to this provision. Most investigators interviewed stated they had received training on conducting these investigations in confinement settings.

The agency provided the auditor with the investigative training video: Investigating Sexual Assault and Sex Related Crimes in Confinement Settings- Guidance for Criminal Investigators. This video is sent to all investigators which serves as training specific to this provision. The video details how sexual assault and sex related crimes occur and should be investigated specific to a confinement setting. The auditor

reviewed the CCSO CID Specialized Training Acknowledgement form for the investigators. All investigators had signed this form confirming they had received training pursuant to this provision, including the investigator who stated he had not received training specific to cases in a confinement setting.

Based upon review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this provision.

**115.34(b)** Provision 115.34(b) states, “Specialized training shall include 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.”

Policy 6.3.4 (p. 1) states CCSO investigators who investigate sexual abuse allegations relating to conduct within the jail shall receive training on 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 necessary for referral for administrative or prosecutorial action. The training video provided to the auditor was reviewed and it provides detailed training in all these items as required by this provision.

*Corrective Action Phase Recommendations and Follow-up:*

During the onsite audit, the auditor asked investigators if they had received this specific training as detailed in this provision and was given various answers that did not fully support evidence that the investigators had received the required training. While the documentation reviewed onsite supports that the training occurred, the interview evidence showed that these investigators were not knowledgeable about the topics that are required in the specialized training. The intent of this standard is to ensure investigators understand the specific training requirements so that they may provide thorough and appropriate investigations that address the challenges of sexual abuse cases that occur in confinement.

The auditor recommended the agency ensure its investigators receive specialized training including 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 08/03/2021, the agency provided the auditor with the investigative training documentation from the Spring of 2021 for its CID investigators (CCSO CID Specialized Training Acknowledgement form). On 10/14/2021, the agency provided the CCSO Specialized Training Acknowledgement form for its jail investigators. On 10/26/2021, the agency provided the auditor with the list of all its PREA investigators which the auditor used to confirm that all investigators had documentation that they had received the specialized training according to this provision. On 11/1/2021 and 11/2/2021, the auditor re-interviewed by phone CCSO CID investigators who confirmed they understood and could apply the training they had received concerning sexual assault investigations.

In addition, the agency coordinated an investigator-specific training session in December of 2021 for both CID and Jail Investigators. The course was provided to the auditor for review, and it detailed the topics of this provision. On 12/20/2021, the auditor reinterviewed jail investigators and was given consistent answers by the jail investigative staff that provided evidence that the investigators now understood and could apply the training they had received.

Based upon review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this provision.

**115.34(c)** Provision 115.34(c) states, “The agency shall maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations.”

Policy 6.3.4 (p. 1) states specialized training for CCSO investigators that conduct sexual abuse investigations pursuant to PREA Standard 115.34 will be documented. The agency provided the auditor with the CCSO CIS Specialized Training Acknowledgment form which is signed by all investigative staff to meet this provision. The form confirms that the person has received specialized training by watching the investigations video provided to the investigator, then is signed and dated by the investigator. The auditor reviewed forms signed by CCSO CID and jail investigators who would be responsible for conducting criminal and/or administrative investigations of PREA allegations.

Based upon review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this provision.

**Corrective Action:**

The auditor recommends no further corrective action.

**STANDARD 115.35: SPECIALIZED TRAINING: MEDICAL AND MENTAL HEALTH CARE**

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

**115.35 (a)**

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

**115.35 (b)**

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

### 115.35 (c)

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

### 115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)  
 Yes  No  NA
- Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)  Yes  No  NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### Documents Reviewed: (Policies, directives, forms, files, records, etc.)

- CCSO Policy 6.3.5 PREA, Specialized Training: Medical Personnel (01/01/2021)
- CCSO Medical PREA Training Acknowledgment form
- CCSO PREA Disclosure Form: Hiring and Promotion Decisions
- National PREA Resource Center Specialized Training: PREA Medical and Mental Care Standards (12/2013)

- The Moss Group PREA Specialty Training Videos: Detecting and Assessing of Sexual Abuse and Harassment, Preserving Physical Evidence
- Agency Response to PAQ

**Interviews:**

- Medical and Mental Health Staff

**Findings (by provision):**

**115.35(a)** Provision 115.35(a) states, “The agency shall ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: (1) How to detect and assess signs of sexual abuse and sexual harassment; (2) How to preserve physical evidence of sexual abuse; (3) How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and (4) How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.”

CCSO Policy 6.3.5: PREA, Specialized Training: Medical Personnel (p. 1, 1-4) states all Caldwell County Sheriff’s Office medical and mental health personnel shall receive specialized training including: how to detect and respond to sexual abuse and sexual harassment in a confinement setting, how to 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 whom to report allegations or suspicions of sexual abuse and sexual harassment.

In the PAQ, the auditor requested a list of medical and mental health care practitioners who work regularly in the facilities. The auditor was given the medical director’s information, who the auditor interviewed during the onsite audit phase. In this interview, the auditor learned that the medical staff are contract workers through Southern Health Partners and the mental health staff are contracted through Bluebonnet Trails Community Services. The auditor was able to interview an additional medical contracted staff and a mental health contracted staff while onsite.

*Corrective Action Phase Recommendations and Follow-up:*

In the PAQ, the auditor requested a list of medical and mental health care practitioners who work regularly in the facilities. The auditor was given the medical director’s information, but the list of other practitioners was not provided by the agency. Once onsite, the auditor learned that the medical workers were contract staff and was able to interview these staff. Of these staff interviewed, the auditor was given inconsistent reports about these staff receiving PREA training, some stating none was received. The auditor requested the training files for medical and mental health contract staff who may have contact with inmates. The agency informed the auditor that those files would be kept through the company that contracts those staff and they would attempt to locate these files, however no documentation was provided for the auditor for review while onsite.

The auditor recommended 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: (1) How to detect and assess signs of sexual abuse and sexual harassment; (2) How to preserve physical evidence of sexual abuse; (3) How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and (4) How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

On 10/11/2021, the agency provided the auditor with training acknowledgement forms for medical and mental health staff who worked regularly in the facility. Each of these contract staff had signed two forms: the CCSO Medical PREA Training Acknowledgment form and the CCSO PREA Disclosure Form: Hiring and Promotion Decisions. On 10/26/2021, the agency provided the auditor with a list of contract medical and mental health staff who worked regularly in the Caldwell County facility. The

auditor reviewed this list and compared it to the training of medical and mental health staff that was sent on 10/11/2021. The agency informed the auditor that the specialized training included The Moss Group PREA Specialty Training Videos: Detecting and Assessing of Sexual Abuse and Harassment and Preserving Physical Evidence. In addition, on 12/01/2021-12/03/2021 the agency provided specialized training to medical and mental health staff utilizing the National PREA Resource Center Specialized Training: PREA Medical and Mental Care Standards (12/2013). All contract medical and mental health staff had been provided the specialized training according to this provision.

Based upon review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this provision.

**115.35(b)** Provision 115.35(b) states, "If medical staff employed by the agency conduct forensic examinations, such medical staff shall receive the appropriate training to conduct such examinations."

The agency informed the auditor in the PAQ that 0 medical staff at the facility conduct forensic medical exams and that all inmates needing such exams are sent to the local hospital. The auditor interviewed the medical director who confirmed that the contract medical staff for CCSO would not perform forensic exams and that all inmates needing this care would be sent to the hospital for a SANE/SAFE.

Based upon review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this provision.

**115.35(c)** Provision 115.35(c) states, "The agency shall maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere."

Policy 6.3.5 (p. 1) states CCSO medical and mental health personnel specialized training pursuant to PREA Standard 115.35 will be maintained. The agency provided the auditor with the CCSO Medical PREA Training Acknowledgment form as an example of the document that would be signed by these staff to meet this provision.

*Corrective Action Phase Recommendations and Follow-up:*

While onsite, the auditor was unable to obtain evidence from the facility that showed any medical and mental health personnel for CCSO had received and signed training as required by this provision. The auditor was informed by the facility that the company who contracts these staff would maintain this and that they would attempt to get these forms for auditor review. None were provided for auditor review during the pre-onsite or onsite audit phases.

The auditor recommended the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere.

On 10/11/2021, the agency provided the auditor with training acknowledgement forms for medical and mental health staff who worked regularly in the facility. Each of these contract staff had signed two forms: the CCSO Medical PREA Training Acknowledgment form and the CCSO PREA Disclosure Form: Hiring and Promotion Decisions. On 10/26/2021, the agency provided the auditor with a list of contract medical and mental health staff who worked regularly in the Caldwell County facility. The auditor reviewed this list and compared it to the training of medical and mental health staff that was sent on 10/11/2021. All contract medical and mental health staff had been provided the specialized training according to this provision.



Based upon review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this provision.

**115.35(d)** Provision 115.35(d) states, “Medical and mental health care practitioners shall also receive the training mandated for employees under §115.31 or for contractors and volunteers under § 115.32, depending upon the practitioner’s status at the agency.”

Policy 6.3.5 (p. 1) states in addition to the general training provided to all employees pursuant to §115.31, CCSO shall provide specialized training to all medical and mental health personnel. During the onsite audit phase, the auditor learned in interview with the medical director that all medical and mental health staff, including herself, are contracted staff.

*Corrective Action Phase Recommendations and Follow-up:*

The auditor was unable to obtain evidence from the facility that showed any medical and mental health personnel for CCSO had received and signed training as required by this provision. The auditor was informed by the facility that the company who contracts these staff would maintain this and that they would attempt to get these forms for auditor review. None were provided for auditor review during the pre-onsite or onsite audit phases.

The auditor recommended the agency ensure medical and mental health care practitioners also receive the training mandated for employees under §115.31 or for contractors and volunteers under § 115.32, depending upon the practitioner’s status at the agency.

On 10/11/2021, the agency provided the auditor with training acknowledgement forms for medical and mental health staff who worked regularly in the facility. Each of these contract staff had signed two forms: the CCSO Medical PREA Training Acknowledgment form and the CCSO PREA Disclosure Form: Hiring and Promotion Decisions. On 10/26/2021, the agency provided the auditor with a list of contract medical and mental health staff who worked regularly in the Caldwell County facility. The auditor reviewed this list and compared it to the training of medical and mental health staff that was sent on 10/11/2021. All contract medical and mental health staff had been provided the required contractor training according to this provision.

Based upon review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this provision.

**Corrective Action:**

The auditor recommends no further corrective action.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION

AND ABUSIVENESS

**STANDARD 115.41: SCREENING FOR RISK OF VICTIMIZATION AND ABUSIVENESS**

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

**115.41 (a)**

- Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?  Yes  No

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

#### 115.41 (b)

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

#### 115.41 (c)

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

#### 115.41 (d)

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

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes?  Yes  No

#### 115.41 (e)

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

#### 115.41 (f)

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

#### 115.41 (g)

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

#### 115.41 (h)

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

## 115.41 (i)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

#### Documents Reviewed: (*Policies, directives, forms, files, records, etc.*)

- CCSO Policy 6.4.1 PREA, Screening for Risk of Sexual Victimization and Abusiveness and Use of Screening Information (09/24/2021)
- CCSO Classification Plan (May 2016)
- CCSO Sexual Predator/Vulnerability PREA Screening Checklist
- CCSO Training Memo, RE: PREA Re-Screens (05-04-21)
- Document Review Worksheet for Investigation and Response Records
- Agency Response to PAQ

#### Interviews:

- PREA Coordinator
- Classification Staff
- Staff who Perform Screening for Risk of Victimization and Abusiveness
- Random Inmates

#### Site Review Observations:

- General observations
- Intake screening process
- Inmate files (Inmate Screening Records)
- Informal interviews with staff

#### Findings (by provision):

**115.41(a)** Provision 115.41(a) states, "All inmates shall be assessed during an intake screening and upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates."

CCSO Policy 6.4.1: PREA, Screening for Risk of Sexual Victimization and Abusiveness and Use of Screening Information (p. 1) states as part of the CCSO prevention efforts, individuals are screened for their risk of sexual victimization or sexual abusiveness. The agency informed the auditor that CCSO operates one facility, so there is no need for a reassessment upon transfer of an inmate from one facility to another.

The auditor interviewed the Classification Sergeant who stated that he reviews every risk screening form on every inmate that is housed by the facility. According to the supervisor, there are approximately 4-5 inmates a day who are housed in the facility and, therefore, are given this risk screening prior to moving out of the booking holding cells. Informal conversations with intake staff confirmed that the amount of booking-to-housing moves within the facility per 24-hour period are usually less than 5 inmates.

The auditor interviewed staff who perform screening for risk of victimization and abusiveness. These staff confirmed that every inmate who is housed from booking is asked the screening questions on this form prior to being housed. The auditor also interviewed inmates, asking if they recalled being asked questions regarding this provision. These inmates had been in CCSO custody anywhere from 5 days to 15 months. Of those inmates interviewed, the majority confirmed they had been asked questions as required by this provision.

The agency provided the auditor with the CCSO Sexual Predator/Vulnerability PREA Screening Checklist which is used to screen inmates who are being housed in the facility. This form has a list of possible victim factors and possible predator factors with yes/no options for staff to circle and a space for notes from the staff. The auditor reviewed inmate intake screening files, and all had been screened using this form.

The auditor witnessed an inmate screening for an inmate who was being prepared to be moved from booking to housing in the facility. The inmate was asked the screening information using the CCSO Sexual Predator/Vulnerability PREA Screening Checklist to document the conversation with the inmate. The officer was thorough in their questioning of the inmate, asking for detail on any listed items that were needing clarification or description. The officer documented the responses provided by the inmate. Informal conversations with intake staff verified that the staff conduct this interview in this manner for all screenings.

Based upon review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this provision.

**115.41(b)** Provision 115.41(b) states, "Intake screening shall ordinarily take place within 72 hours of arrival at the facility."

CCSO Classifications Plan (p. 2, IV, B) states initial screening is completed immediately following the inmate's arrival at the facility and that the initial custody assessment scale is completed during the booking process within 72 hours of admission. This plan does not state specifically that the CCSO Sexual Predator/Vulnerability PREA Screening Checklist is used to screen the inmates. However, the auditor was informed by the facility that all inmates are housed and screened within 72 hours in the PAQ. The agency indicated that 637 inmates within the past 12 months were screened for risk of sexual victimization or sexual abusiveness within 72 hours of entering the facility.

The auditor interviewed intake staff formally and informally who all confirmed that the risk screening checklist is completed as soon as the inmate is housed, which may occur within 1-48 hours of arriving at the facility. However, staff stated that housing usually occurs within 12 hours, but it can take up to 48

hours in some cases. The auditor reviewed inmate files to determine how long the risk screening checklist was performed, the timeframe in which the checklist was given was observed to be between 4-10 hours of time.

The auditor interviewed random inmates for compliance with this provision with most stating they had been asked these questions within the first 72 hours of arriving at the facility. The auditor reviewed the inmate screening files for both the inmates who stated they had been screen and those who stated they had not been screened as required. The auditor observed that all initial screenings were performed and completed between 4-10 hours of the inmates arriving at the facility.

Based upon review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this provision.

**115.41(c)** Provision 115.41(c) states, “Such assessments shall be conducted using an objective screening instrument.”

Policy 6.4.1 (p. 1, 1) states the Sexual Predator/Vulnerability PREA Screening Checklist will be completed during medical intake for every inmate that will be housed. The agency provided the auditor with this checklist which the auditor reviewed. The checklist provides yes/no indicators that staff circle based on the inmate’s answers and provides areas for details to be written, as necessary. The auditor witnessed an officer using this form to screen an inmate for risk and the officer used the form as intended, asking the factors indicated on the form in an objective manner, without influence or prejudice which allowed for the inmate to answer in a manner that appeared to be open and honest.

Based upon review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this provision.

**115.41(d)** Provision 115.41(d) states, “The intake screening shall 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; (2) The age of the inmate; (3) The physical build of the inmate; (4) Whether the inmate has previously been incarcerated; (5) Whether the inmate’s criminal history is exclusively nonviolent; (6) Whether the inmate has prior convictions for sex offenses against an adult or child; (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; (8) Whether the inmate has previously experienced sexual victimization; (9) The inmate’s own perception of vulnerability; and (10) Whether the inmate is detained solely for civil immigration purposes.”

In assessing an inmate for risk of sexual victimization, the CCSO Sexual Predator/Vulnerability PREA Screening Checklist considers the following criteria:

- Whether the inmate has a mental of developmental disability
- The age of the inmate, specifically if the inmate is over 65 years or under 25 years of age
- If the inmate is small in physical stature
- If the inmate has been previously incarcerated
- If the inmate has a history of any sexual abuse within the past ten years
- If the inmate is homosexual, bi-sexual, transgender, intersex or overtly effeminate
- If the inmate is a victim of prison rape or sexual assault within the past ten years
- CCSO informed the auditor, that CCSO does not detail inmates solely for civil immigration purposes in the PAQ

The auditor reviewed inmate files where this checklist was completed and was able to locate and confirm completion in all files reviewed.

*Corrective Action Phase Recommendations and Follow-up:*

In assessing an inmate for risk of sexual victimization, the CCSO Sexual Predator/Vulnerability PREA Screening Checklist did not consider if the inmate is a victim of prison rape or sexual assault outside of the last ten years. The checklist also failed to assess inmates who may have a physical disability, all gender nonconforming people, if the inmate's criminal history is exclusively nonviolent, or the inmate's own perception of vulnerability.

The auditor recommended the agency update the PREA objective screening instrument to assess an inmate's risk for sexual victimization to include: whether the inmate has a physical disability, whether the inmate's criminal history is exclusively nonviolent, whether the inmate is or is perceived gender nonconforming, whether the inmate has prior convictions for sex offenses against an adult or child, whether the inmate has previously experienced sexual victimization, the inmate's own perception of vulnerability.

On 08-02-2021, the agency provided the auditor with an updated Sexual Predator / Vulnerability PREA Screening Checklist. This updated form gathered the necessary screening information as required by this provision. CCSO advised that they had begun the initial screening of inmates using this form and the auditor monitored the facility's compliance using this form for 60 days during the corrective action phase. The auditor reviewed 60 days of screening forms that the agency provided through email. The monitoring concluded on 10/30/2021 and the agency did not have any deviations from the required screening process of this provision.

Based upon review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this provision.

**115.41(e)** Provision 115.41(e) states, "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 inmates for risk of being sexually abusive."

In assessing inmates for risk of sexual abusiveness, the CCSO Sexual Predator/Vulnerability PREA Screening Checklist considers the following criteria:

- Current or prior convictions for rape within the past ten years
- Sexual abuse or sexual assault towards others within the past ten years.
- Child abuse or neglect within the last ten years
- Domestic violence within the past ten years
- Current gang affiliation.
- Institutional predatory sexual behavior in the last ten years
- Institutional strong-arming/assaults within the past ten years.

The auditor reviewed inmate files where this checklist was completed on all.

*Corrective Action Phase Recommendations and Follow-up:*

In assessing an inmate for risk of sexual victimization, the CCSO Sexual Predator/Vulnerability PREA Screening Checklist did not 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, outside of the last ten years. The assessment also did not consider whether the inmate has prior convictions for sex offenses against an adult or child or if these convictions have been outside of the past ten years,

The auditor recommended the agency update the PREA objective screening instrument to assess an inmate's risk for sexual victimization to include all prior acts of sexual abuse, prior convictions for violent offenses and all history of prior institutional violence or sexual abuse.

On 08-02-2021, the agency provided the auditor with an updated Sexual Predator / Vulnerability PREA Screening Checklist. This updated form gathered the necessary screening information as required by this provision. CCSO advised that they had begun the initial screening of inmates using this form and the auditor monitored the facility's compliance using this form for 60 days during the corrective action phase. The auditor reviewed 60 days of screening forms that the agency provided through email. The monitoring concluded on 10/30/2021 and the agency did not have any deviations from the required screening process of this provision.

Based upon review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this provision.

**115.41(f)** Provision 115.41(f) states, "Within a set time period, not to exceed 30 days from the inmate's arrival at the facility, the facility will reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening."

Policy 6.4.1 (p. 1, 4) states inmates risk level will be reassessed within a set time period, not to exceed 30 days, when warranted due to incidents or receipt of relevant information received by the facility since the intake screening. The agency provided the auditor with information in the PAQ clarifying that the agency does not perform 30-day reassessments on every inmate in its facility and that these occur only when warranted. The agency provided the auditor with the PREA Re-Screens memo, dated 05-04-21, which states that CCSO will re-screen all inmates within 30 days of arriving at the facility, effective immediately.

The auditor interviewed the Classifications Sergeant who informed the auditor that the rescreening process had begun in the facility on May 4, 2021 for every inmate within 30 days of arriving at the facility. The Classification supervisor was the person who would be responsible for conducting these re-screenings. The auditor was informed that the rescreening instrument is the same Sexual Predator/Vulnerability PREA Screening Checklist that is utilized when the inmate is moved from booking to housing.

*Corrective Action Phase Recommendations and Follow-up:*

During the onsite audit, the auditor reviewed inmate files for rescreening information. Of the files, only 1 inmate had been rescreened as required by this provision. The agency informed the auditor that they had not re-screened all the inmates in custody but had begun to rescreen only the inmates who had come into the facility since the PREA Re-Screens memo was written on May 4, 2021. In the interviews with the auditor, 1 inmate stated that they had been rescreened, but not initially screened. The auditor reviewed this inmate file which documented that the inmate had been initially screened on the first day of arriving at the facility and had not been re-screened, as required by this provision.

The auditor recommended the agency update the PREA objective screening instrument to assess an inmate's risk for sexual victimization to include the requirements of this standard in addition to ensuring that not more than 30 days from the inmate's arrival at the facility, 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.



On 08-02-2021, the agency provided the auditor with an updated Sexual Predator / Vulnerability PREA Screening Checklist. This updated form gathered the necessary screening information as required by this provision. CCSO advised that they had begun the initial screening of inmates using this form and the auditor monitored the facility's compliance using this form for 60 days during the corrective action phase. The auditor reviewed 60 days of re-screening forms that the agency provided through email. The monitoring concluded on 10/30/2021 and the agency did not have any deviations from the required re-screening process of this provision.

Based upon review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this provision.

**115.41(g)** Provision 115.41(g) states, "An inmate's risk level shall be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness."

As referenced in 115.41 (f) above, the agency policy 6.4.1 (p. 1, 4) states inmates risk level will be reassessed within a set time period, not to exceed 30 days due to incidents or receipt of relevant information received by the facility, when warranted.

In the PAQ, the agency informed the auditor that there had been 0 reassessments conducted due to incidents or receipt of relevant information received by the facility within the 12 months preceding the onsite audit. However, the auditor was informed upon arrival to the facility for the onsite audit phase, and after the PAQ had been submitted by the agency, that there had been a recent allegation of sexual abuse. The PREA Coordinator, Classification Sergeant and other agency leadership had reassessed the inmate victim at the time of this report and moved the inmate into administrative segregation (at the inmate's request) in an effort to keep the inmate safe.

The auditor interviewed the inmate who had needed reassessment due to an allegation of sexual abuse. The inmate stated they had requested protective custody/administrative segregation. The auditor reviewed this inmate's classification file and there was not a second Sexual Predator/Vulnerability PREA Screening Checklist completed for this inmate, however, there were several administrative segregation status update forms that had been completed on this inmate in which the agency's leadership had discussed and reassessed this inmate's housing assignment for risk level as required by this provision.

*Corrective Action Phase Recommendations and Follow-up:*

During the pre-onsite and onsite audit phase, CCSO Policy did not specify if the reassessment would occur due to a referral, request, or incident specific to sexual abuse. The auditor recommended the agency ensure that an inmate's risk level will be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness.

On 09/27/21 the agency provided the auditor with an updated Policy 6.4.1 which stated reassessments would occur as required by this provision. In addition, the facility added the Document Review Worksheet for Investigation and Response Records to their investigation procedures which has a checklist requiring such reassessment be conducted with a spot for the date to be documented.

Based upon review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this provision.

**115.41(h)** Provision 115.41(h) states, “Inmates may not be 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.”

Policy 6.4.1 (p. 1-2, 7) states inmates shall not be disciplined for refusing to answer (or not disclosing complete information related to) the questions regarding whether or not the inmate has a mental, physical or developmental disability, whether or not the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming, whether or not the inmate has previously experienced sexual victimization, and the inmates own perception of vulnerability.

The auditor interviewed intake staff and the classifications sergeant and disciplinary staff who confirmed that inmates have never been disciplined for refusing to answer any intake screening and/or reassessment screening questions. The auditor reviewed inmate files that included disciplinary information and did not see evidence indicating that the facility has disciplined inmates in regard to this standard.

Based upon review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this provision.

**115.41(i)** Provision 115.41(i) states, “The agency shall implement appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate’s detriment by staff or other inmates.”

CCSO policy does not specify the appropriate controls on the dissemination within the facility of the inmate responses to the questions asked pursuant to this standard. The Classification Sergeant assured the auditor that all inmate screenings are kept under lock and key in his office. The PREA Coordinator also confirmed that the inmate files are kept in a locked office and that staff who perform these screenings and the Classifications Sergeant are the only staff who have access to these documents and that they are only used for screening, classifications and PREA purposes. The auditor witnessed this while on the facility site review. Additionally, intake supervisors and staff confirmed that the information is kept in the inmate file which is locked in the classifications sergeant office after the inmate is moved out of booking holding. The auditor witnessed the intake staff asking questions in a discrete manner, away from other staff and inmates. After these staff completed their assessment, they placed the paperwork in a file to keep the information controlled until the classification supervisor could review and secure the paperwork. Only supervisory staff, with relevant need for the inmate’s file would be allowed access to these files in the office.

Based upon review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this provision.

**Corrective Action:**

The auditor recommends no further corrective action.

**STANDARD 115.42: USE OF SCREENING INFORMATION**

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

**115.42 (a)**

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

#### 115.42 (b)

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

#### 115.42 (c)

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

#### 115.42 (d)

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

#### 115.42 (e)

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

#### 115.42 (f)

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

#### 115.42 (g)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

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

**Documents Reviewed:** (*Policies, directives, forms, files, records, etc.*)

- CCSO Policy 6.4.1 PREA, Screening for Risk of Sexual Victimization and Abusiveness and Use of Screening Information (01/01/2021, updated 09-24-2021)
- CCSO Classification Plan (May 2016)
- CCSO PREA Coordinator to Auditor Memo, 115.42(c)(e) (11/15/2021)
- Agency Response to PAQ

**Interviews:**

- Jail Administrator
- PREA Coordinator
- Classification Staff
- Staff who Perform Screening for Risk of Victimization and Abusiveness
- Random Staff
- Random Inmates
- Targeted Inmates

**Site Review Observations:**

- General observations
- Informal interviews with staff and inmates

**Findings (by provision):**

**115.42(a)** Provision 115.42(a) states, “The agency shall use information from the risk screening required by § 115.41 to inform housing, bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive.”

CCSO Policy 6.4.1: PREA, Screening for Risk of Sexual Victimization and Abusiveness and Use of Screening Information (p. 1, 1-3) states that part of CCSO prevention efforts, screening individuals for inmates risk of sexual victimization or sexual abusiveness is used to inform housing, work, education and program assignments. The policy also directs staff that the Sexual Predator / Vulnerability PREA Screening Checklist will be completed during medical intake for every inmate that will be housed and if there is a “Known Victim”, “Potential Victim”, “Known Predator” or “Potential Predator” result, CCSO medical department will contact the on-duty security supervisor to advise as this will affect housing. It also states that the Medical department will choose the appropriate jailing flag in the jail management system to alert for the proper victim or predator result.

The CCSO Classifications Plan (p. 1, III) details the process of classifying inmates and directs staff to utilize the Decision Tree Custody Assessment form as contained in the jail software program. The auditor reviewed inmate files in which this process had been performed. The CCSO Classifications Plan instructs staff to keep female and male inmates, inmates 17 years of age or under and inmates over 17 years of age, and minimum and maximum inmates, separated from one another, and details the use of administrative segregation and violent cells.

The CCSO Classifications Sergeant is responsible for reviewing inmate screening forms and making housing determinations for all inmates. The sergeant informed the auditor that the housing, programs, work and education assignments are made to keep potential victims away from potential abusers. The auditor also interviewed intake staff who perform the risk screenings. All staff interviewed were able to

explain the screening process and fully detail that the process was used to keep potential victims of sexual victimization and potential perpetrators of sexual abuse away from one another while in the facility.

The auditor reviewed the file of an inmate whom the agency was able to identify as a potential victim of sexual abuse. The file showed the inmate had been placed in voluntary administrative segregation for protection against sexual victimization and that this housing placement had been reviewed initially when the inmate moved into segregation and at least monthly by agency leadership and staff assigned to Classifications and PREA.

*Corrective Action Phase Recommendations and Follow-up:*

During the pre-onsite and onsite audit phases, the auditor could not find compliance in this provision because its policy did not state that this information is used to inform bed assignments nor was there documentation that showed evidence that the goal in using this information when making the assignments is to keep separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive.

The auditor recommended the agency ensure that information from the risk screening required by § 115.41, is used with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, and to inform housing assignments, bed assignments, work assignments, education assignments, program assignments. On 09/23/2021, the agency provided the auditor with updated CCSO Policy 6.4.1 PREA, Screening for Risk of Sexual Victimization and Abusiveness and Use of Screening Information which specified that information from the risk screening required by § 115.41, is used with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive and to include using the information to inform bed assignments. The agency informed the auditor that the facility's Jail Management System allows flags on inmates who may have victimization/abuse concerns and will not allow these inmates to be assigned together as required by this provision.

Based upon review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this provision.

**115.42(b)** Provision 115.42(b) states, "The agency shall make individualized determinations about how to ensure the safety of each inmate."

Policy 6.4.1 (p. 2, 1) states CCSO shall make individualized determinations about how to ensure the safety of each inmate. The classifications sergeant stated in interview that each inmate's file is looked at thoroughly, looking through criminal history, current and past charges, current and past jail behavior and the inmate's screening form. Only after review of this information for each inmate, are housing, work and programs assignments made.

The agency had 1 inmate in custody that the facility had determined could be at risk for sexual victimization while confined. The inmate had voluntarily requested administrative segregation and, according to the documentation reviewed onsite, the facility had studied the inmate's past and current charges and jail activity to determine that administrative segregation was appropriate and agreed to grant the inmate such housing.

Based upon review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this provision.

**115.42(c)** Provision 115.42(c) states, “In deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, and in making other housing and programming assignments, the agency shall consider on a case-by-case basis whether a placement would ensure the inmate’s health and safety, and whether the placement would present management or security problems.”

Policy 6.4.1 (p.2, 2) states when deciding whether to assign a transgender to intersex inmate to a facility for male or female inmates, and in making other housing and programming assignments, CCSO shall consider on a case-by-case basis whether a placement would ensure the inmate’s health and safety, and whether the placement would present management or security problems.

The agency informed the auditor in the pre-onsite audit and in the PAQ that there had never been a transgender or intersex inmate in CCSO custody. The auditor confirmed during the onsite audit through site observation, informal conversations with inmates and staff and documentation reviewed that there were not any identified transgender or intersex inmates in custody at the time.

*Corrective Action Phase Recommendations and Follow-up:*

In the onsite audit, the auditor interviewed the CCSO Jail Administrator, PREA Coordinator and Classifications Sergeant to gather evidence regarding this provision. These staff stated that the housing and programming assignments for transgender or intersex inmates would be made on a case-by-case basis, however, the majority of the interviews showed that the case-by-case basis would ultimately be based on the inmate’s genital status.

The auditor recommended the agency ensure that when deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, and in making other housing and programming assignments, the agency shall consider on a case-by-case basis whether a placement would ensure the inmate’s health and safety, and whether the placement would present management or security problems.

The auditor provided training and information from the PREA Resource Center to the agency to help the agency understand the needs for placing transgender and intersex inmates into housing. On 11/15/2021, the agency provided the auditor with a memorandum of understanding titled 115.42(c)(e) which was addressed to the auditor from the CCSO PREA Coordinator. The memo stated that CCSO inmate housing will be assigned to transgender and intersex inmates on a case by case basis, considering diagnosis of Gender Dysphoria, hormone therapies, anatomical changes, and that these decision for male or female housing would be determined by a committee of agency leadership, medical and mental health staff using these criteria’s in addition to the items required by this provision.

The agency had not received any transgender or intersex inmates during the corrective action phase, nor were any observed during the auditor’s second site review of the facility on 12/20/2021. However, the facility staff, to include agency leadership and medical and mental health staff were able to confirm this process to the auditor during interview in the corrective action phase.

Based upon review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this provision.

**115.42(d)** Provision 115.42(d) states, “Placement and programming assignments for each transgender or intersex inmate shall be reassessed at least twice each year to review any threats to safety experienced by the inmate.”

Policy 6.4.1 (p.2, 3) states housing and programming assignments for each transgender or intersex inmate shall be reassessed at least twice each year to review any threats to safety experienced by the

inmate. The auditor interviewed the PREA Coordinator and Classifications Sergeant who confirmed that while they have not had any transgender or intersex inmates in custody, the facility would review transgender and intersex inmates' housing at least twice a year as required by this standard. The PREA Coordinator also advised that these inmates would most likely be reviewed more frequently as a precaution, should any come into CCSO custody.

Based upon review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this provision.

**115.42(e)** Provision 115.42(e) states, "A transgender or intersex inmate's own views with respect to his or her own safety shall be given serious consideration."

Policy 6.4.1 (p.2, 4) states a transgender or intersex inmate's own view with respect to his or her own safety shall be given serious consideration. The auditor reviewed the CCSO Sexual Predator/Vulnerability PREA Screening Checklist which did not specifically document an inmate's own perception of vulnerability. The form also did not indicate where staff would document a transgender or intersex's own views or if this would be asked of these inmates. The auditor witnessed an inmate (who did not identify as transgender or intersex) screening while onsite and did not observe the intake/screening staff specifically ask the inmate about their own views on vulnerability or safety while confined.

*Corrective Action Phase Recommendations and Follow-up:*

In the onsite audit, the auditor interviewed agency leadership and classifications staff to gather evidence regarding this provision. These staff stated that the housing and programming assignments for transgender or intersex inmates would be made with input from the inmate, however, the majority of staff interviews showed that ultimately, housing would be based on the inmate's genital status.

The auditor recommended the agency ensure a transgender or intersex inmate's own views with respect to his or her own safety shall be given serious consideration when assigning a transgender or intersex inmate to a facility for male or female inmates, and in making other housing and programming assignments.

The auditor provided training and information from the PREA Resource Center to the agency to help the agency understand the needs for communicating to transgender and intersex inmates about housing preferences. On 11/15/2021, the agency provided the auditor with a memorandum of understanding titled 115.42(c)(e) which was addressed to the auditor from the CCSO PREA Coordinator. The memo stated that CCSO will give the inmate's own views with respect to his or her safety serious consideration when assigning them to male or female housing units and in making other housing and programming assignments.

The agency had not received any transgender or intersex inmates during the corrective action phase, nor were any observed during the auditor's second site review of the facility on 12/20/2021. However, the facility staff, to include agency leadership and medical and mental health staff were able to confirm this process to the auditor during interview in the corrective action phase.

Based upon review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this provision.

**115.42(f)** Provision 115.42(f) states, "Transgender and intersex inmates shall be given the opportunity to shower separately from other inmates."



Policy 6.4.1 (p. 2, 5) states transgender and intersex inmates shall be given the opportunity to shower separately from other inmates. Through formal and informal interviews with staff, the auditor confirmed that the facility has not had transgender or intersex inmates in custody. The Classifications Sergeant informed the auditor that there were only 2 housing units without private, individual showers in the facility. The sergeant stated that they would not assign transgender or intersex inmates to these units because of the group showers in these areas.

Based upon review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this provision.

**115.42(g)** Provision 115.42(g) states, “The agency shall not place lesbian, gay, bisexual, transgender, or intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status, unless such 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 such inmates.”

Policy 6.4.1 (p. 2, 6) states CCSO shall not place lesbian, gay, bisexual, transgender, or intersex inmates in dedicated facilities solely on the basis of such identification or status, unless such placement is in a dedicated facility in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting such inmates.

The auditor interviewed the PREA Coordinator and Classifications Sergeant. Both confirmed that the placement of inmates in dedicated facilities, units or wings solely on the basis of identifying as lesbian, gay, bisexual, transgender or intersex would not occur. The PREA Coordinator confirmed that the facility would have individual conversations with these inmates to ask them about being in general population and would never segregate the inmates because of their identification as such.

Through interview, the auditor identified inmates who were lesbian, gay or bisexual. The inmates stated they had not disclosed their sexual orientation at screening. While the facility had not identified these inmates through screening, both inmates were asked if they had witnessed or been subject to placement of lesbian, gay, bisexual, transgender or intersex inmates in dedicated housing. Both confirmed that they were aware of other lesbian, gay, bisexual inmates in custody and had not seen any segregation of these inmates as prohibited by this provision.

Based upon review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this provision.

**Corrective Action:**

The auditor recommends no further corrective action.

**STANDARD 115.43: PROTECTIVE CUSTODY**

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

**115.43 (a)**

- Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers?  Yes  No

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

#### 115.43 (b)

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

#### 115.43 (c)

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

#### 115.43 (d)

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

#### 115.43 (e)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

#### Documents Reviewed: (*Policies, directives, forms, files, records, etc.*)

- CCSO Policy 6.6.6 PREA, Post-Allegation Protective Custody (01/01/2021)
- CCSO Classification Plan (May 2016)
- CCSO Training Memo, PREA (10/21/2021)
- Document Review Worksheet for Investigation and Response Records Agency Response to PAQ

#### Interviews:

- Jail Administrator
- Classifications Staff
- Staff who Supervise Inmates in Segregated Housing

#### Site Review Observations:

- Inmate files (segregation assignment/review)
- Informal interviews with staff

#### Findings (by provision):

**115.43(a)** Provision 115.43(a) states, "Inmates at high risk for sexual victimization shall not be placed 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. If a facility cannot conduct such an assessment immediately, the facility may hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment."

CCSO Policy 6.6.6: PREA, Post-Allegation Protective Custody (p.1, a) states inmates at high risk for sexual victimization shall not be placed 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. If a facility cannot conduct such an assessment

immediately, the facility may hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment.

CCSO Classifications Plan (p. 2, III, f) states that inmates who require protection or those who require separation to protect the safety and security of the facility will be housed in administrative separation. The plan does not define what type of inmate would require protection. The plan does not provide requirements for involuntary segregation.

The agency reported to the auditor in the PAQ that there had been 0 inmates held in involuntary segregated housing for being at high risk for sexual victimization in the 12 months preceding the onsite audit.

The auditor interviewed the Jail Administrator who stated that inmates at high risk for sexual victimization, or inmates who may have alleged sexual abuse or may be at high risk for sexual victimization could be placed in involuntary and/or voluntary segregated housing. If the segregated housing was involuntary, they would be placed in such housing until an alternative means was found.

*Corrective Action Phase Recommendations and Follow-up:*

During the onsite audit phase, the auditor interviewed the Jail Administrator and staff who were assigned to administrative segregation units and found inconsistency between the agency's policy and practice according to these interviews. The auditor was informed that depending on the time of placement, multiple days could lapse between the placement of an inmate who was at risk for sexual victimization in involuntary segregation and a review of that inmate's housing by classifications staff.

The auditor recommended the agency ensure inmates at high risk for sexual victimization shall not be placed 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 and if it cannot conduct such an assessment immediately, the facility may hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment.

The agency provided the auditor with a training memo sent to all staff dated 10/21/2021, referencing PREA that stated that CCSO does not place inmates in administrative segregation because they are at high risk for sexual victimization unless an assessment is done on all available alternative housing options. The memo continues, involuntary administrative segregation must be less than 24 hours or inmate by inmate request. And finally states that segregation is a last resort.

The agency informed the auditor that they had received training specific to protective custody for inmates who are at high risk for sexual victimization abuse from 12/01/2021-12/03/2021. The training specified the requirements of this standard. In addition, the auditor was provided with three PREA investigation case files which contained the Document Review Worksheet for Investigation and Response Records. The worksheet specifically requires documentation of protective custody placements should one be required for a PREA investigation. In detail, the worksheet documents if segregated housing is voluntary, what programs are or are not offered and the dates of when these are restricted, assessments of all alternative housings made and if the person was held in involuntary segregated housing under 24 hours and lists the reasons and limitations for the facility's concern for the inmate. Each worksheet on each case provided to the auditor reflected the agency had a procedure to ensure compliance; none of the cases required protective custody.

Based upon review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this provision.

**115.43(b)** Provision 115.43(b) states, “Inmates placed in segregated housing for this purpose shall have access to programs, privileges, education, and work opportunities to the extent possible. If the facility restricts access to programs, privileges, education, or work opportunities, the facility shall document: (1) The opportunities that have been limited; (2) The duration of the limitation; and (3) The reasons for such limitations.”

CCSO Policy 6.6.6 (p. 1, b) states inmates at high risk for sexual victimization placed in segregated housing shall have access to programs, privileges, education, and work opportunities to the extent possible. If the facility restricts access to programs, privileges, education, or work opportunities, the facility shall document: (1) The opportunities that have been limited; (2) The duration of the limitation; and (3) The reasons for such limitations.

The Classification Plan (p. 2, III, f) states inmates housed in administrative separation shall retain access to privileges, services, and activities unless the continuance of the service or activity would adversely affect the safety and security of the facility. This plan also states that all records concerning custody assessments, housing assignments inmate appeals concerning their assessments or housing assignment and program assignment will be maintained as a permanent part of each inmate’s file. If access to programs, privileges, education, or work opportunities is limited the plan does not specify that documentation be kept on the opportunities that have been limited, the duration of the limitation, or the reasons for such limitations.

The auditor interviewed staff who supervise inmates in segregation. Most staff confirmed that if an inmate was placed in segregation for high risk of sexual victimization, the inmate would not be restricted from access to programs, privileges, education and work opportunities. All staff informed the auditor that if access were limited, it would be documented as required by this provision.

Based upon review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this provision.

**115.43(c)** Provision 115.43(c) states, “The facility shall assign such inmates to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged, and such an assignment shall not ordinarily exceed a period of 30 days.”

CCSO Policy 6.6.6 (p. 3, c) states the facility shall assign such inmates to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged, and such an assignment shall not ordinarily exceed a period of 30 days.

The agency reported to the auditor in the PAQ that there had been 0 inmates held in involuntary segregated housing for being at high risk for sexual victimization in the 12 months preceding the onsite audit. The auditor had been informed through staff interviews that the agency had placed inmates in involuntary segregation in the past, but these files were not available for auditor review as the staff interviewed could not recall which inmates these were specifically, and they believed these inmates were no longer in custody.

While the interviews with segregation staff showed varying times of involuntary segregation, none stated that the timeframe in which an inmate would be in involuntary segregation would be over 30 days.

Based upon review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this provision.

**115.43(d)** Provision 115.43(d) states, “If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, the facility shall clearly document: (1) The basis for the facility’s concern for the inmate’s safety; and (2) The reason why no alternative means of separation can be arranged.”

CCSO Policy 6.6.6. (p.2, d) states if an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, the facility shall clearly document: (1) The basis for the facility’s concern for the inmate’s safety; and (2) The reason why no alternative means of separation can be arranged.

The auditor’s interviews with segregation and classifications staff confirmed that all inmates placed in segregation housing, either on a voluntary or involuntary basis, were kept in the inmate’s classification records. The auditor reviewed inmate files, 4 of which were inmates assigned to segregated housing on a volunteer basis. Only 1 of these 4 files were voluntarily assigned to segregated housing because of heightened risk of sexual victimization (due to an allegation of sexual abuse). All 4 files listed documentation as to why the inmate had been assigned to segregation and all 4 inmates had documentation of requesting the housing assigned. Those who had been in segregation for over 30 days had 30-day reviews in their files for each 30-day period in which they had been in segregation.

The agency did not have inmates in custody who were placed in involuntary segregation due to being at heightened risk of sexual victimization for review. However, auditor interviews and the record keeping of 4 inmates in voluntary segregation (1 for an allegation of sexual abuse and 3 for other non-victimization/abusiveness reasons) showed appropriate documentation on why the inmate was in this housing and why the inmate remained in such housing.

Based upon review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this provision.

**115.43(e)** Provision 115.43(e) states, “Every 30 days, the facility shall afford each such inmate a review to determine whether there is a continuing need for separation from the general population.”

CCSO Policy 6.6.6 (p. 2, e) states every 30 days, the facility shall afford each such inmate a review to determine whether there is a continuing need for separation from the general population. The Classification Plan (p. 2, III, f) does require that the status of inmates placed in administrative separation shall be reviewed and documented for continuance of status at least every 30 days.

The auditor’s interviews with segregation and classifications staff confirmed that all inmates placed in segregation housing, either on a voluntary or involuntary basis, were kept in the inmate’s classification files. The auditor reviewed inmate files, 4 of which were inmates assigned to voluntary segregated housing. All 4 files listed documentation as to why the inmate had been assigned to segregation and all 4 files had documentation of the inmates requesting the housing assigned. Those who had been in segregation for over 30 days had 30-day reviews in their files for each 30-day period in which they had been in segregation.

Based upon review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this provision.

**Corrective Action:**

The auditor recommends no further corrective action.

**STANDARD 115.51: INMATE REPORTING****All Yes/No Questions Must Be Answered by the Auditor to Complete the Report****115.51 (a)**

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

**115.51 (b)**

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

**115.51 (c)**

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

**115.51 (d)**

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

**Auditor Overall Compliance Determination**

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

### Instructions for Overall Compliance Determination Narrative

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

#### **Documents Reviewed:** (*Policies, directives, forms, files, records, etc.*)

- CCSO Policy 6.5.1 PREA, Inmate Reporting (01/01/2021)
- CCSO General Order #54-03, Inmate Grievances (01/01/2021)
- CCSO Inmate Handbook 9.17 (09/21/2017, Updated 10/05/2021)
- CCSO Inmate Handout for Booking (updated 10/13/2021)
- CCSO Prison Rape Elimination Act Training and Information Acknowledgement form
- Hays-Caldwell Women's Center (HCWC) Working Agreement with Caldwell County Sheriff's Correctional Facility for Sexual Assault/Abuse Services (signed 04-06-2021)
- Agency Response to PREA Audit Request for Information, Allegations and Investigations Overview
- CCSO Training Memo, PREA (10/21/2021)
- Agency Response to PAQ

#### **Interviews:**

- Grievance Staff
- Random Staff
- Mailroom staff
- Crisis Center Staff
- Random Inmates

#### **Site Review Observations:**

- General observations
- Inmate education process
- PREA case files
- Informal interviews with staff and inmates

#### **Findings (by provision):**

**115.51(a)** Provision 115.51(a) states, "The agency shall provide multiple internal ways for inmates to privately report sexual abuse and sexual harassment, retaliation by other inmates or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents."

CCSO Policy 6.5.1: PREA, Inmate Reporting (p. 1, 1, 4) states CCSO shall provide multiple internal ways for inmates to privately report sexual abuse and sexual harassment, retaliation by other inmates



or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.

CCSO Inmate Handbook 9.17 (p. 16) and the CCSO Inmate Handout for Booking states that inmates may report sexual abuse and sexual harassment, and both list the ways in which an inmate can make a report.

CCSO General Order #54-03, Inmate Grievances, (p.1, 54.01 A-D, 54.01, A 1-6) states inmates are informed of the grievance procedure when admitted to the facility. The auditor was informed that this is done by issuing an inmate the CCSO Inmate Handbook prior to housing the inmate from booking. The General Order explains that the grievance must list all persons involved, be sealed in an envelope, and forwarded to the grievance officer. The order also explains that the grievance officer would evaluate the grievance to determine if it is an emergency, a prohibited act by staff, a civil rights violation, an abridgment of inmate privileges or a criminal act. If the grievance constitutes one of these, the grievance officer will take appropriate action, as necessary. The CCSO Inmate Handbook details this procedure for grievances as well with the exception that the handbook does not state that all persons involved in the grievance must be listed. There is not an explanation of what type of privacy would be provided for grievances in the handbook other than requiring the grievance to be sealed in an envelope.

The auditor interviewed the lieutenant assigned to inmate grievances. The lieutenant explained the process for inmate grievances begins when an inmate requests a grievance form from any staff. The inmate would then be given a grievance form and a grievance envelope. The inmate completes their written grievance, seals it in the envelope and then may give the grievance to the staff on post, or, at the inmate's request, a supervisor may directly receive the grievance. If the inmate gives it to staff, staff will leave the unopened grievance in an unsecured file divider on post that the lieutenant would then collect during business days/hours. The lieutenant informed the auditor that if an inmate wanted to make a private report of sexual abuse or sexual harassment through a grievance, they could do so because the envelope would be sealed by the inmate. The lieutenant also stated that inmates could ask to file the grievance directly with them and the lieutenant would collect the grievance if the inmate did not want to give it to other staff for privacy reasons. The lieutenant would then notify the PREA Coordinator if the received grievance related to sexual abuse or sexual harassment.

*Corrective Action Phase Recommendations and Follow-up:*

During the pre-onsite and onsite audit phases, the inmate education documents did not specify the methods in which inmates could make a private report and both staff and inmates were unable to consistently describe how this could be done within the facility. Additionally, there was not documentation provided to the inmates that stated private reports of retaliation for sexual abuse/harassment allegations or that reports could be made for staff neglect or violation of responsibilities that may have contributed to an incident. During the site review, the auditor did not see information on how inmates could make a report posted throughout the facility.

The auditor recommended the agency provide multiple internal ways for inmates to privately report sexual abuse and sexual harassment, retaliation by other inmates or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.

On 10/08/2021, the agency provided the auditor with an updated Inmate Handbook which specified that inmates could make internal reports for sexual abuse and sexual harassment through telling any staff member, writing any staff member or by filing a grievance anonymously, if requested. The handbook also notified inmates that reports could be made for staff neglect or violation of responsibilities that may have contributed to such an incident or reports of retaliation for allegations concerning all incidents

described. On 10/22/2021, the agency informed the auditor that the new education documents (CCSO Inmate Handbook and CCSO Inmate Handout for Booking) were distributed to all inmates in custody. The auditor was provided new copies of the CCSO Prison Rape Elimination Act Training and Information Acknowledgement form for each inmate in custody along with a roster of each unit with inmates initialing that they had received the updated PREA education materials.

Based upon review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this provision.

**115.51(b)** Provision 115.51(b) states, “The agency shall also provide at least one way for inmates to report abuse or harassment to a public or private entity or office that is not part of the agency, and that is able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials, allowing the inmate to remain anonymous upon request. Inmates detained solely for civil immigration purposes shall be provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security.”

CCSO Policy 6.5.1 (p.1, 1-2) states CCSO shall also provide at least one way for inmates to report abuse or harassment to a public or private entity or office that is not part of the agency, and that is able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials, allowing the inmate to remain anonymous upon request. This policy also states that inmates detained solely for civil immigration purposes shall be provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security.

The auditor interviewed CCSO staff assigned to inmate mail distribution. The mailroom staff explained to the auditor that all mail, except for legal mail, is opened and scanned for contraband prior to leaving the facility. The staff informed the auditor that inmates could receive mailing material (paper, pencil, stamped envelope) through the commissary and would be provided indigent mail material if the inmate could not afford to buy their own. All mail is collected by the mailroom staff who accept the letters directly from the inmates and/or through letters that had been turned into post officers. The auditor was informed that if an inmate were to write the external entity, the letter would be treated as legal mail and would not be opened.

The auditor interviewed inmates with the random inmate protocols. The inmates had various knowledge concerning this provision: they didn't know a way to make a sexual abuse or sexual harassment reports to an external entity, would be able to call the hotline number, they could write a grievance to CCSO, they could write a request form to CCSO, they could write the PREA Auditor, and some stated there was not a reporting mechanism for an external entity in place.

The agency informed the auditor in the PAQ that it has a policy requiring inmates 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. This policy was verified by reviewing CCSO Policy 6.5.1 (page 1, 2). The agency explained to the auditor that CCSO does not detain inmates solely for civil immigrations purposes. While onsite, the auditor informally interviewed two intake staff who stated that they would provide consular information to inmates who may not be citizens of the US by looking it up on the US Embassy website. They stated they have had to do this in the past but it was not for inmates detained solely on civil immigration violations as they do not house those inmates.

*Corrective Action Phase Recommendations and Follow-up:*

The auditor was originally informed that the agency utilized the Hays-Caldwell Women's Center (HCWC) for external inmate reports of sexual abuse and sexual harassment as required by this provision. However, the auditor's interview with the Director of the HCWC revealed that the center is

funded, in part by grants through the Violence Against Women Act (VAWA, 34 U.S.C. 12291(b)(2)). This act requires that any reports taken by the center be kept confidential unless the victim gives written consent for the center to disclose their report to agency officials. The methods to obtain written consent for the center to disclose a report did not allow the center the ability to immediately forward the inmate's report to the facility, as required by this standard.

The auditor recommended the agency 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, and that is able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials, allowing the inmate to remain anonymous upon request.

On 10/05/2021, the agency provided the auditor with a signed Memorandum of Understanding between the Caldwell County Sheriff's Office, Sheriff Lane and the Lockhart Police Department, Chief Pedraza. This agreement states that the Lockhart Police Department agrees to receive reports (anonymously if requested) for inmates reporting sexual abuse and sexual harassment. Additionally, the agreement states that the Lockhart Police Department would then immediately forward the reports to Caldwell County Officials. On 10/08/2021, the agency provided the auditor with an updated CCSO Inmate Handbook which listed the number for the Lockhart Police Department as a reporting mechanism that is private and external to CCSO. On 10/22/2021, the agency informed the auditor that the new CCSO Inmate Handbooks were distributed to all inmates in custody. On 12/20/2021, the auditor revisited the facility and placed a test call to the Lockhart Police Department. The auditor only had to dial "5" without using any inmate identification information to place the call. The receiver for LPD confirmed to the auditor that the caller identification was not shown on their receiver and that if the call had been an actual report from a CCSO inmate concerning sexual abuse and sexual harassment, that LPD staff would then immediately contact the CCSO jail to inform the jail staff of the report.

Based upon review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this provision.

**115.51(c)** Provision 115.51(c) states, "Staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports."

CCSO Policy 6.5.1 (p. 1, 3) states staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports. Inmates are provided the CCSO Handout for Booking and the CCSO Inmate Handbook when being housed from booking.

The auditor reviewed a PREA investigation of sexual abuse that was pending at the time of the onsite audit. A report of sexual abuse had been made to staff and that staff member immediately documented the complaint and began the first-response protocols for the incident. The auditor was able to review the documentation of the verbal report while onsite.

*Corrective Action Phase Recommendations and Follow-up:*

During the pre-onsite and onsite audit phases, the inmate documents did not specify that inmates may make reports and that staff shall accept reports in the manners required by this provision. The auditor interviews with staff some staff were not aware that they were required to accept reports that were anonymous. Of the inmates interviewed, a very small percentage were aware that reports would be accepted by staff these ways and most inmates were not sure of how to make a report.

The auditor recommended the agency require staff to accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports.

The agency provided the auditor with a training memo sent to all staff dated 10/21/2021, referencing PREA that stated that effective 10/21/2021, all staff are expected to know and be able to articulate that they can accept reports from inmates verbally, in writing anonymously and from third parties. During the auditor's second visit to the facility on 12/20/2021, informal interviews with staff indicated that staff were now aware that all reports from inmates, to include anonymous and third-party reports, could be accepted by all staff.

Based upon review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this provision.

**115.51(d)** Provision 115.51(d) states, "The agency shall provide a method for staff to privately report sexual abuse and sexual harassment of inmates."

CCSO Policy 6.5.1 (p. 1, 4) states CCSO shall provide a method for staff to privately report sexual abuse and sexual harassment of inmates. The agency informed the auditor in the PAQ that the agency has established procedures for staff to privately report sexual abuse and sexual harassment of inmates and that staff are informed of these procedures. The agency informed the auditor that private reports from staff could be made to the PREA Coordinator.

*Corrective Action Phase Recommendations and Follow-up:*

During the onsite audit phase, the auditor interviewed staff asking if they knew a method in which staff could privately report sexual abuse and sexual harassment of inmates. The majority of the staff were unaware of how a report could be made and a many assumed various, inconsistent methods of how this could be accomplished to include contacting the PREA auditor.

The auditor recommended the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates and inform staff of this method so that they may know it can be used.

The agency provided the auditor with a Training Memo sent to All staff dated 10/21/2021, referencing PREA that stated that effective 10/21/2021, all can make a private report concerning PREA to the CCSO PREA Coordinator or by calling the Lockhart Police Department.

Based upon review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this provision.

**Corrective Action:**

The auditor recommends no further corrective action.

**STANDARD 115.52: EXHAUSTION OF ADMINISTRATIVE REMEDIES**

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

**115.52 (a)**

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of

explicit policy, the agency does not have an administrative remedies process to address sexual abuse.  Yes  No

#### 115.52 (b)

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

#### 115.52 (c)

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

#### 115.52 (d)

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

#### 115.52 (e)

- Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)  
 Yes  No  NA
- Are those third parties also permitted to file such requests on behalf of inmates? (If a third-party files such a request on behalf of an inmate, the facility may require as a condition of processing

the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)  Yes  No  NA

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

#### 115.52 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA
- After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)  
 Yes  No  NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)  Yes  No  NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)  
 Yes  No  NA
- Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)  Yes  No  NA

#### 115.52 (g)

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

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

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

### Instructions for Overall Compliance Determination Narrative

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

#### **Documents Reviewed:** (Policies, directives, forms, files, records, etc.)

- CCSO Policy 6.5.2 PREA, Exhaustion of Administrative Remedies (01/01/2021)
- CCSO Inmate Handbook 9.17 (09/21/2017, Updated 10/05/2021)
- CCSO Inmate Handout for Booking (updated 10/13/2021)
- CCSO Prison Rape Elimination Act Training and Information Acknowledgement form
- CCSO PREA Related Grievances Memo
- CCSO PREA Related Grievances Training (12/01/2021-12/03/2021)
- Agency Response to PREA Audit Request for Information, Allegations and Investigations Overview
- Agency Response to PAQ

#### **Interviews:**

- Grievance Staff
- Inmate Disciplinary Officer

#### **Site Review Observations:**

- General observations
- PREA case files
- Informal interviews with staff and inmates

#### **Findings (by provision):**

**115.52(a)** Provision 115.52(a) states, "An agency shall be exempt from this standard if it does not have administrative procedures to address inmate grievances regarding sexual abuse."

CCSO Policy 6.5.2: PREA, Exhaustion of Administrative Remedies (p. 1) is a policy that CCSO has in place whose purpose is to provide guidelines for response and determinations for inmates that report incidents of sexual harassment, abuse and assault.

The agency is not exempt from this standard.

**115.52(b)** Provision 115.52(b) states, "(1) The agency shall not impose a time limit on when an inmate may submit a grievance regarding an allegation of sexual abuse. (2) The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse. (3) The agency shall not require an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse. (4) Nothing in this section shall restrict the agency's ability to defend against an inmate lawsuit on the ground that the applicable statute of limitations has expired."

CCSO Policy 6.5.2: PREA, Exhaustion of Administrative Remedies (p. 1, A, 1-4) states CCSO shall not impose a time limit on when an inmate may submit a grievance regarding an allegation of sexual abuse and that CCSO may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse. The policy also states CCSO shall not require an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse. Finally, the policy states CCSO is not restricted in its ability to defend against an inmate lawsuit on the ground that the applicable statute of limitations has expired.

The auditor interviewed CCSO grievance staff who confirmed that there isn't a timeline for an inmate submitting a grievance regarding an allegation of sexual abuse and that the inmates in CCSO would never be required to use an informal grievance process for these allegations, or any other grievances.

The auditor was provided with the CCSO Inmate Handbook (p. 11) which states any inmate who has a grievance is encouraged to contact facility staff to resolve the problem. If this is not successful, an inmate may file a formal grievance which must be filed in the form of a written statement and sealed in the envelope marked "GRIEVANCE." The grievance must allege a prohibited act by a staff member, a civil rights violation, an abridgment of your privileges as outlined in the Inmate Handbook or a criminal act by a staff member. Then, the grievance will be forwarded to the Grievance Officer for investigation, who will respond to the grievance in writing. There is not any specification on if the grievances regarding sexual abuse are handled in this manner, but there is no time limit imposed upon an inmate for any type of grievance, including those regarding sexual abuse. The inmate handbook does encourage inmates to resolve their grievances with staff, however, it is not required in order for a grievance to be filed by an inmate.

Based upon review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this provision.

**115.52(c)** Provision 115.52(c) states, "The agency shall ensure that— (1) An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint, and (2) Such grievance is not referred to a staff member who is the subject of the complaint."

CCSO Policy 6.5.2 (p. 1, B, 1-2) states CCSO shall ensure an inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint, and, such grievance is not referred to a staff member who is the subject of the complaint.

Grievance staff confirmed through interview that inmates are not required to submit a grievance of any sort, including those regarding sexual abuse allegations, to any one staff member on duty. Inmates can give their grievances to the staff member on post, or if they wish, they may wait for the next staff member to be assigned to the post to turn in their grievances. Additionally, all inmates can request the ability to turn in their grievance directly to a supervisor or even the Lieutenant over grievances, if they so wish. The lieutenant also stated that any such grievances would be reviewed and forwarded to the PREA Coordinator as soon as it was determined to be a PREA allegation. The lieutenant also confirmed that the facility would not refer the grievance directly back to the staff who may be the subject of the complaint.

The auditor informally interviewed staff and inmates who confirmed that the grievance process proceeds in the manner described by the grievance staff. Additionally, inmates informed the auditor that they have used and trust the grievance process provided by CCSO and most believed that they have had issues resolved through this process, however none informally interviewed had filed grievances regarding sexual abuse.



Onsite, the auditor reviewed 5 sexual harassment and/or sexual abuse allegations in the facility's PREA case files. Only 1 of the inmates who had submitted a grievance of sexual harassment against staff was still in custody and the auditor interviewed them while onsite. The inmate made their complaint through the grievance process and confirmed that the facility had not required them to submit the grievance to the staff member who was the subject of their complaint. Additionally, the inmate confirmed that the grievance wasn't referred to the staff member whom they had alleged.

The auditor reviewed the 5 inmate grievances in the PREA case files while onsite. The documentation showed the grievances were addressed to the grievance lieutenant. While staff statements of the alleged staff were gathered, the investigation was referred to the PREA Coordinator and was not referred back to the staff member who was subject of the allegation.

Based upon review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this provision.

**115.52(d)** Provision 115.52(d) states, "(1) The agency shall 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. (2) Computation of the 90-day time period shall not include time consumed by inmates in preparing any administrative appeal. (3) The agency may claim an extension of time to respond, of up to 70 days, if the normal time period for response is insufficient to make an appropriate decision. The agency shall notify the inmate in writing of any such extension and provide a date by which a decision will be made. (4) 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, the inmate may consider the absence of a response to be a denial at that level."

CCSO Policy 6.5.2 (p. 1-2, C, 1-3) states CCSO shall 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 and computation of the 90-day time period shall not include time consumed by inmates in preparing any administrative appeal. This policy specifies when the normal time period for response is insufficient to make an appropriate decision, CCSO may claim an extension of time to respond, of up to 70 days. The policy states the inmate is notified in writing of any such extension and provided a date by which a decision will be made. Additionally, Policy 6.5.2 (p. 2, 4) states if at any level of the administrative process, including the final level, the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, the inmate may consider the absence of a response to be a denial at that level.

The auditor's interview with the lieutenant over grievances confirmed that they receive and address most grievances within 1-2 days. The auditor's interview with the inmate who had alleged staff-on-inmate sexual harassment had received their final decision within 1 week of allegation. Informal interviews with other inmates confirmed that most grievance decisions are made within a few days of allegation, however during these conversations, none of the inmates had disclosed grieving an allegation of sexual abuse.

*Corrective Action Phase Recommendations and Follow-up:*

While reviewing PREA investigation case files, the auditor reviewed 1 case of staff-on-inmate sexual abuse through voyeurism that had been filed by a third-party. The investigation documentation revealed that the alleged inmate victim had not personally filed the complaint of voyeurism and the lieutenant over grievances and Classifications Sergeant explained to the auditor that they had concluded the case once they realized the alleged inmate victim had not filed the complaint themself. The agency had not issued a final agency decision on the merits of this grievance alleging sexual

abuse. There were no other grievances of sexual abuse reported for the auditor to review for further evidence of agency compliance with this provision.

The auditor recommended the agency ensure it issues 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. (2) Computation of the 90-day time period shall not include time consumed by inmates in preparing any administrative appeal. (3) The agency may claim an extension of time to respond, of up to 70 days, if the normal time period for response is insufficient to make an appropriate decision. The agency shall notify the inmate in writing of any such extension and provide a date by which a decision will be made. (4) 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, the inmate may consider the absence of a response to be a denial at that level.

The agency informed the auditor that they had received training specific to PREA related grievances 12/01/2021-12/03/2021. The training specified that a procedure had been put in place in CCSO to ensure grievances of a PREA nature would have final agency decisions made within the timelines specified by this provision. In addition, the auditor was provided with the CCSO PREA Related Grievances Memo on 12/07/2021 that was sent to all CCSO jail staff on 12/8/2021-12/9/2021. The memo specifies the CCSO PREA related Grievance procedures and how they will be time stamped and forwarded/documentated by appropriate parties for investigation. The memo also reiterates the timelines in which the grievances will be processed in accordance with this provision.

Based upon review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this provision.

**115.52(e)** Provision 115.52(e) states, “(1) Third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, shall be permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of inmates. (2) 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. (3) If the inmate declines to have the request processed on his or her behalf, the agency shall document the inmate’s decision.”

CCSO Policy 6.5.2 (p. D, 1-3) states third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, shall be permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of inmates. The policy specifies if a third-party files such a request on behalf of an inmate, CCSO 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. Finally, the policy explains if the inmate declines to have the request processed on his or her behalf, CCSO shall document the inmate’s decision. The CCSO Inmate Handbook which was provided to the auditor for review did not detail this process.

*Corrective Action Phase Recommendations and Follow-up:*

The agency informed the auditor in the PAQ, in the past 12 months, 0 grievances alleging sexual abuse in which the inmate declined third-party assistance had been filed by inmates. However, while reviewing PREA investigation case files, the auditor reviewed 1 case of staff-on-inmate sexual abuse through voyeurism that had been filed by a third-party and the alleged inmate victim had not personally filed the complaint. The auditor was informed CCSO had concluded their initial PREA administrative

investigation and closed the grievance once they realized the alleged inmate victim had not filed the complaint themselves. The investigation case file and grievance documentation did not specify if the inmate had declined to have the request processed on their behalf, as required by this provision and agency policy.

The auditor recommended the agency ensure that requests for administrative remedies related to sexual abuse that are filed with the assistance of third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates or are filed on behalf of inmates by these parties, if the facility requires 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, the agency shall document this requirement and the inmate's decision as required by this provision.

The agency informed the auditor that they had received training specific to PREA related grievances 12/01/2021-12/03/2021. The training specified that a procedure had been put in place in CCSO to ensure grievances of a PREA nature filed by third parties would be investigated as required by this provision. In addition, the auditor was provided with the CCSO PREA Related Grievances Memo on 12/07/2021 that was sent to all CCSO jail staff on 12/8/2021-12/9/2021. The memo specifies the CCSO PREA related Grievance procedures and how those filed by a third party shall be processed as required by this provision

Based upon review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this provision.

**115.52(f)** Provision 115.52(f) states, "(1) The agency shall establish procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse. (2) After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, the agency shall 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, shall provide an initial response within 48 hours, and shall issue a final agency decision within 5 calendar days. The initial response and final agency decision shall document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance."

CCSO Policy 6.5.2 (p. 2, E, 1-2) states CCSO shall establish procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse. The policy specifies after receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, the agency shall 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, shall provide an initial response within 48 hours, and shall issue a final agency decision within 5 calendar days. The initial response and final agency decision shall document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance.

The CCSO Inmate Handbook states in the PREA section (p. 16) that an inmate may report an allegation of sexual abuse or harassment by filing an emergency grievance. However, the handbook does not specify what an emergency grievance is or how it may be filed in either the PREA section on page 16 or in the Inmate Grievance section on page 11.

*Corrective Action Phase Recommendations and Follow-up:*

The agency reported to the auditor in the PAQ that 0 emergency grievances alleging substantial risk of imminent sexual abuse were filed in the past 12 months. While reviewing grievance and inmate documents provided, the auditor could not find evidence that a procedure had been established as required. Additionally, the process could not be explained clearly by the staff responsible for inmate grievances.

The auditor recommended the agency establish clear procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse, and, after receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, the agency shall ensure the initial response and final agency decision and the agency's determination whether the inmate is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance are documented.

The agency informed the auditor that they had received training specific to PREA related grievances 12/01/2021-12/03/2021. The training specified that a procedure had been put in place in CCSO to ensure emergency grievances of a PREA nature would be handled and investigated as required by this provision. In addition, the auditor was provided with the CCSO PREA Related Grievances Memo on 12/07/2021 that was sent to all CCSO jail staff on 12/8/2021-12/9/2021. The memo specifies the CCSO PREA related Grievance procedures for emergency grievances and emphasizes the procedures for ensuring an inmate's safety and emergency response timelines as required by this standard.

Based upon review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this provision.

**115.52(g)** Provision 115.52(g) states, "The agency may discipline an inmate for filing a grievance related to alleged sexual abuse only where the agency demonstrates that the inmate filed the grievance in bad faith."

CCSO Policy 6.5.2 (p. 2, F) states CCSO may discipline an inmate for filing a grievance related to alleged sexual abuse only where the agency demonstrates that the inmate filed the grievance in bad faith. The CCSO Inmate Handbook does not specify to inmates that bad-faith allegations of sexual abuse may result in inmate discipline.

In the PAQ, the agency reported to the auditor that the agency has had 0 emergency grievances alleging sexual abuse that resulted in disciplinary action by the agency against the inmate for having filed the grievance in bad faith.

The auditor interviewed the disciplinary staff and the lieutenant over grievances. Both stated firmly that CCSO would never discipline an inmate for a grievance alleging sexual abuse if made in bad faith. The lieutenant stated if this were to occur, they would speak to the inmate and explain how serious sexual abuse allegations are in an attempt to dissuade the inmate from such actions in the future.

Based upon review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this provision.

**Corrective Action:**

The auditor recommends no further corrective action.

**STANDARD 115.53: INMATE ACCESS TO OUTSIDE CONFIDENTIAL SUPPORT SERVICES**

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

### 115.53 (a)

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

### 115.53 (b)

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

### 115.53 (c)

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

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

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

**Documents Reviewed:** (Policies, directives, forms, files, records, etc.)

- CCSO Policy 6.5.3 PREA, Inmate Access to Outside Confidential Support Services (01/01/2021)
- CCSO Inmate Handbook 9.17 (09/21/2017, Updated 10/05/2021)
- CCSO Inmate Handout for Booking (updated 10/13/2021)
- CCSO Prison Rape Elimination Act Training and Information Acknowledgement form
- Hays-Caldwell Women's Center (HCWC) Working Agreement with Caldwell County Sheriff's Correctional Facility for Sexual Assault/Abuse Services (signed 04/06/2021)
- Hays-Caldwell Crisis Center Flyer
- PREA Poster (10/13/2021)
- Agency Response to PAQ

**Interviews:**

- Mailroom staff
- Crisis center staff
- Random Inmates
- Targeted Inmates

**Site Review Observations:**

- General observations
- Posted PREA information
- Informal interviews with staff and inmates

**Findings (by provision):**

**115.53(a)** Provision 115.53(a) states, "The facility shall 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, and, for persons detained solely for civil immigration purposes, immigrant services agencies. The facility shall enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible."

CCSO Policy 6.5.3: PREA, Inmate Access to Outside Confidential Support Services (p.1, a) states CCSO will post information on how to contact outside Crisis Organizations in each day room and common areas of its facility and provide immigrant service agencies upon request. The policy also states CCSO will 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, and, for persons detained solely for civil immigration purposes, immigrant services agencies. This policy states that they shall enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible.

Upon housing, inmates receive PREA education through receipt of the CCSO Inmate Handbook and CCSO Inmate Handout for Booking. They are asked to sign the CCSO Prison Rape Elimination Act Training and Information Acknowledgement form as receipt of the education information, but they do not keep a copy of this form after signing it for reference. The CCSO Prison Rape Elimination Act Training and Information Acknowledgement form asks inmates if they are in need of rape crisis counseling and if so, to notify staff for assistance. It also states, "If you want to receive confidential

counseling, you can contact the Crisis Center listed above.” This form does not list an address for contacting the center.

In the PAQ, the agency informed the auditor that the inmates may write the crisis center and redact their identifying information from the envelope, but the inmate must still hand the letter to the staff member for mailing.

The auditor interviewed the staff responsible for inmate mail. The officer explained to the auditor that any mail to the HCWC would be treated as “privileged mail,” meaning it would be dealt with in the same manner as legal mail and staff would not open the mail and scan it for contraband before sending it out, as they do other mail. Inmates are not required to write their name or identifying information on the mail sent out to HCWC. Legal mail, including mail sent or received to/from HCWC, would also be logged as going out to the legal entity or being received by the inmate. Received mail from HCWC wouldn’t be read prior to being given to the inmate but would be opened in front of the inmate and inspected for contraband. Inmates are required to give all outgoing correspondence to post staff, who then place it in an open distribution area. But the mailroom officer confirmed that if inmates wished, they could request the mail staff to pick up the mail directly from the inmate in lieu of giving it to a post officer.

The auditor interviewed inmates with the random inmate interview protocols, including 1 inmate who had alleged sexual abuse. Of the random inmate interviews, the inmate who had alleged sexual abuse was aware of the HCWC and the services offered by the center because they had been given the information after the allegation by contract mental health staff.

The auditor reviewed the memo between CCSO and HCWC by reading the Hays-Caldwell Women’s Center (HCWC) Working Agreement with Caldwell County Sheriff’s Correctional Facility for Sexual Assault/Abuse Services (signed 04-06-2021). The auditor interviewed the HCWC Director who confirmed that the CCSO and HCWC have a working agreement to provide emotional support services related to sexual abuse to the inmates in CCSO custody. The director informed the auditor that the facility was given flyers to post. The auditor received one of these flyers from the agency during the onsite audit. The services were listed as was the center’s phone number, but the mailing address was not listed. The auditor asked the director if the services provided were confidential and was informed that they were kept confidential at the center. The director also reported that they had not received any phone calls or letter to the crisis center from CCSO inmates.

*Corrective Action Phase Recommendations and Follow-up:*

During the pre-onsite and onsite audit phases, CCSO and HCWC had a working agreement to provide the emotional support services required by this provision. However, while inmates were given the HCWC phone number to contact in the CCSO Inmate Handbook and the CCSO Inmate Handout for Booking, the inmates were not informed that the center provides these services in these documents; the documents only stated that the center can be contacted to make a report. Also, there wasn’t information posted or provided to the inmates that list the HCWC mailing address. The auditor asked to make a call to the center using the inmate phones, however, the auditor could not test the phones without charging an inmate account for the use.

The auditor recommended the agency 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, and the facility shall enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible.

On 10/08/2021, the auditor received an updated CCSO Inmate Handbook that detailed that the HCWC could be contacted for an outside victim advocacy for emotional support services related to sexual abuse. The updated information included the phone number and that the call would be private and unrecorded. The information also included a mailing address. On 10/13/2021, the agency provided the auditor with an updated CCSO Inmate Handout for Booking and PREA Poster which also listed the information in the updated CCSO Inmate Handbook.

On 12/20/2021, the auditor revisited the facility and witnessed posters throughout the housing, booking and programs areas that showed the phone and address for the HCWC. The posting stated that the center could be contacted to provide emotional support services to inmates. Also, the auditor tested a call to the center and was able to dial the center without providing inmate identification information; inmates could not be charged without giving this identification information that links to the inmate account.

Based upon review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this provision.

**115.53(b)** Provision 115.53(b) states, “The facility shall 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.”

CCSO Policy 6.5.3: PREA, Inmate Access to Outside Confidential Support Services (p. 1, b) states CCSO shall 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.

*Corrective Action Phase Recommendations and Follow-up:*

During the pre-onsite and onsite audit phases, the auditor did not receive or witness any signs or postings in the agency that would inform inmates to what extent any communications they would have with outside entities would be monitored. The agency informed the auditor that when the phones were used by inmates, a recording tells the caller that the phones are subject to monitoring and are recorded, however, the auditor could not test the phones without charging an inmate account for the use, so this was not observed by the auditor.

On 10/08/2021, the auditor received an updated CCSO Inmate Handbook that detailed that the HCWC could be contacted for an outside victim advocacy for emotional support services related to sexual abuse. The updated information included a statement that reports of sexual abuse would be forwarded to authorities in accordance with mandatory reporting laws. In addition, the updated handbook detailed that the call to the HCWC would not be recorded and is private. On 10/13/2021, the agency provided the auditor with an updated CCSO Inmate Handout for Booking and PREA Poster which listed the address for the HCWC and specifically detailed that this “mail is privileged-unmonitored / treated as legal mail.”

Based upon review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this provision.

**115.53(c)** Provision 115.53(c) states, “The agency shall 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. The agency shall maintain copies of agreements or documentation showing attempts to enter into such agreements.”



CCSO Policy 6.5.3 (p. 1, c) states CCSO shall 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. The agency shall maintain copies of agreements or documentation showing attempts to enter into such agreements.

The auditor reviewed the agreement between CCSO and HCWC by reading the Hays-Caldwell Women's Center (HCWC) Working Agreement with Caldwell County Sheriff's Correctional Facility for Sexual Assault/Abuse Services (signed 04-06-2021) memo. The auditor interviewed the HCWC Director who confirmed that the CCSO and HCWC have a working agreement to provide emotional support services related to sexual abuse to the inmates in CCSO custody.

Based upon review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this provision.

**Corrective Action:**

The auditor recommends no further corrective action.

**STANDARD 115.54: THIRD-PARTY REPORTING**

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

**115.54 (a)**

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?  Yes  No
  
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?  Yes  No

**Auditor Overall Compliance Determination**

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

**Instructions for Overall Compliance Determination Narrative**

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

**Documents Reviewed:** (*Policies, directives, forms, files, records, etc.*)

- CCSO Policy 6.5.4 PREA, Third Party Reporting (01/01/2021)
- CCSO Inmate Handbook 9.17 (09/21/2017, Updated 10/05/2021)

- CCSO Inmate Handout for Booking (updated 10/13/2021)
- CCSO Prison Rape Elimination Act Training and Information Acknowledgement form
- CCSO Website: <https://www.co.caldwell.tx.us/page/caldwell.Sheriff>
- Agency Response to PAQ

#### Interviews:

- Third-party reporting mechanism test (by local phone number)

#### Findings (by provision):

**115.54(a)** Provision 115.54(a) states, “The agency shall establish a method to receive third-party reports of sexual abuse and sexual harassment and shall distribute publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate.”

CCSO Policy 6.5.4: PREA, Third Party Reporting (p. 1, 1) states CCSO shall provide multiple ways for inmates to privately report sexual abuse and sexual harassment to a third party. The policy details that CCSO will place notices throughout the facility, in housing units and in common areas that give specific instructions regarding reporting sexual harassment and sexual abuse and that third party notifications may be executed by the individual in question contacting outside resources or through the following procedures: Have a family/friend report on inmates behalf by calling the Hays /Caldwell Crisis Center at a 1-800 number, emailing CCSO PREA, or calling CCSO at a local number provided.

The CCSO Inmate Handbook 9.17 (p. 16) states that inmates may have a family email CCSO PREA on their behalf and lists the CCSO PREA email address. The handbook also lists the local number to call CCSO. The CCSO Prison Rape Elimination Act Training and Information Acknowledgement form also lists the email and phone can be used by family/friends on an inmate’s behalf. Inmates do not keep a copy of this form after signing it.

The CCSO Inmate Handout for Booking states that a family or friend may make a report on an inmate’s behalf. It then lists the ways for a third-party to make a report are by emailing CCSO PREA or by calling the CCSO office at a local number. In the PAQ, the agency informed the auditor that the handout is also laminated and posted throughout the facility for inmate referral. However, on the site review, the auditor only witnessed 3 handouts in English posted in the 23 units observed by the auditor. There was 1 posting of the handout in both English and Spanish in the booking area.

The CCSO Website lists a PREA Policy document that states, “To report issues follow the directions on the flyers below.” The document then has hyperlink titles: PREA AUDIT: Auditor’s Summary Report Adult Prisons and Jails 2017, PREA Flyer- English and PREA Flyer- Spanish. The PREA Flyers both link to the CCSO Inmate Handout for Booking, which clearly lists that a family or friend may make a report on an inmate’s behalf by emailing CCSO PREA or by calling the CCSO office at a local number.

During the pre-onsite audit, the auditor called the CCSO local phone number that is provided for third-party reports. The auditor went through a few menu options and opted to contact “jail”. The auditor was then immediately sent to the facility control room where the auditor reached an officer. The auditor explained the purpose of the call was to test the third-party reporting mechanism and the officer proceeded to explain to the auditor that if the auditor’s call was a third-party report, the officer would contact the PREA Coordinator or a supervisor on-duty to take the report.

Based upon review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this provision.

**Corrective Action:**

The auditor recommends no corrective action.

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

**STANDARD 115.61: STAFF AND AGENCY REPORTING DUTIES**

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

**115.61 (a)**

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

**115.61 (b)**

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

**115.61 (c)**

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

**115.61 (d)**

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

**115.61 (e)**

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

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

### Documents Reviewed: (*Policies, directives, forms, files, records, etc.*)

- CCSO Policy 6.1.1: PREA, Definitions (01/01/2021)
- CCSO Policy 6.6.1: PREA, Staff and Agency Reporting and Protection Duties (01/01/2021, updated 11/22/2021)
- CCSO Policy 6.6.2: PREA, Staff First Responder Duties and Coordinated Response (01/01/2021, Updated on 09/23/2021)
- National PREA Resource Center Specialized Training: PREA Medical and Mental Care Standards (12/2013)
- CCSO Informed Consent/Duty to Report Posters
- CCSO PIP 6.6.2(a) Inmate-on-Inmate Sexual Harassment
- CCSO PIP 6.6.2(b) Inmate-on-Inmate Sexualized Behavior
- CCSO PIP 6.6.2(c) Inmate-on-Inmate Sexually Abusive Contact
- CCSO PIP 6.6.2(d) Inmate-on-Inmate Sexually Abusive Penetration
- CCSO PIP 6.6.2(e) Staff-on-Inmate Sexually Abusive Behavior
- CCSO PIP 6.6.2(f) Staff-on-Inmate Sexually Abusive Contact and/or Penetration

### Interviews:

- Jail Administrator
- PREA Coordinator
- Medical and Mental Health Staff
- Random Staff
- Random Inmates
- Targeted Inmates

### Site Review Observations:

- PREA case files

### Findings (by provision):

**115.61(a)** Provision 115.61(a) states, "The agency shall 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; retaliation

against inmates or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.”

CCSO Policy 6.6.1: PREA, Staff and Agency Reporting and Protection Duties (p. 1) states all staff members of CCSO are required to report immediately any knowledge, suspicion, or information regarding an incident of sexual misconduct and/or retaliation. CCSO Policy 6.1.1: PREA, Definitions (p. 3-5) defines sexual misconduct as staff on inmate and inmate on inmate sexual abuse or sexual harassment according to PREA Standard §115.6: Definitions related to sexual abuse and sexual harassment.

The auditor interviewed staff using the random staff interview protocols. All staff stated they are required to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in the facility, retaliation against inmates or staff who reported such an incident, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

*Corrective Action Phase Recommendations and Follow-up:*

During the pre-onsite and onsite audit phases, CCSO had a policy in place that required staff to immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in the facility, whether or not it is part of the agency and any retaliation against inmates or staff who reported such an incident. However, the policy neglected to require staff to immediately report any knowledge, suspicion or information regarding an incident of staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

The auditor recommended the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation.

On 11/22/2021, the agency provided the auditor with an updated CCSO Policy 6.6.1: PREA, Staff and Agency Reporting and Protection Duties which stated the requirements of this provision.

Based upon review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this provision.

**115.61(b)** Provision 115.61(b) states, “Apart from reporting to designated supervisors or officials, staff shall not reveal 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.”

CCSO Policy 6.6.1 (p.1, 3) states apart from reporting to designated supervisors or officials, CCSO staff shall not reveal any information related to a sexual misconduct report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions.

The auditor interviews with random staff revealed that all staff are aware of the CCSO mandate to keep information related to a sexual abuse report private and only reveal information to the extent necessary to make treatment, investigation and other security and management decisions.

The auditor interviewed inmates who had alleged sexual abuse or sexual harassment. When asking these inmates about their allegations, the majority reported that staff were discrete with the information concerning their allegations. Another inmate stated that the staff told other inmates about their

allegation were very unprofessional. It should be noted that the auditor's review of this inmate's allegation case appeared to be made in bad faith as a method of retaliating against staff for an unrelated matter (not PREA) (see 115.78 (f)). The auditor informally asked agency leadership regarding the ability of the agency to keep the information discrete and was assured that the allegations are kept confidential.

Based upon review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this provision.

**115.61(c)** Provision 115.61(c) states, "Unless otherwise precluded by Federal, State, or local law, medical and mental health practitioners shall be required to report sexual abuse pursuant to paragraph (a) of this section and to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services."

*Corrective Action Phase Recommendations and Follow-up:*

The auditor asked the agency for information supporting evidence of CCSO compliance with this provision in the pre-onsite audit, onsite audit phases. No evidence was provided to the auditor to review for compliance with this provision. The auditor interviews with medical and mental health contract workers while onsite at the facility showed inconsistent knowledge of their duty to report as required by this provision. The auditor reviewed 1 pending case of sexual abuse that was alleged prior to the onsite audit phase. The allegation was made to medical staff who immediately notified a supervisor, who then notified the CCSO Criminal Investigations Division investigators (CID), however, there was no documentation indicating that the inmate was provided information regarding the practitioner's duty to report.

The auditor recommended the agency ensure, unless otherwise precluded by Federal, State, or local law, that medical and mental health practitioners be required to report sexual abuse pursuant to paragraph (a) of this section and to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services.

The agency informed the auditor that they had received training specific to medical and mental health response duties on 12/01/2021-12/03/2021. The auditor reviewed the National PREA Resource Center Specialized Training: PREA Medical and Mental Care Standards (12/2013) that was provided to staff in this training session. The training detailed the requirements of medical and mental health staff to inform inmates of their duties to report, as required by this provision. In addition, the agency made Informed Consent/Duty to Report posters in both English and Spanish and provided the auditor with photographs of these posters hung in the facility on 12/07/2021. The posters give inmates information on the requirements of a practitioner's duty to report.

Based upon this analysis, the auditor finds the agency is not substantially compliant with this provision and corrective action is required.

**115.61(d)** Provision 115.61(d) states, "If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, the agency shall report the allegation to the designated State or local services agency under applicable mandatory reporting laws."

*Corrective Action Phase Recommendations and Follow-up:*

The auditor asked the agency for information supporting evidence of CCSO compliance with this provision, but no evidence was provided to the auditor to review. The auditor interviews with the PREA Coordinator and Jail Administrator were indeterminate on if this provision was followed by the agency as required.

The auditor recommended the agency ensure if the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, the agency shall report the allegation to the designated State or local services agency under applicable mandatory reporting laws.

The agency informed the auditor that they had received training specific to mandatory reporting duties on 12/01/2021-12/03/2021. In addition, the agency made Informed Consent/Duty to Report posters both English and Spanish and provided the auditor with photographs of these posters hung in the facility on 12/07/2021. The posters give inmates information on the requirements of a mandatory reporting laws that the agency may have to follow given an inmate's age or status as a vulnerable adult.

Based upon this analysis, the auditor finds the agency is not substantially compliant with this provision and corrective action is required.

**115.61(e)** Provision 115.61(e) states, "The facility shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators."

CCSO Policy 6.6.1 (p. 1, 2) states for reports of sexual misconduct, the shift supervisor shall follow procedures as outlined in Policy 6.6.2 PREA, Staff First Responder Duties and Coordinated Response (p. 2, 4) which states all incidents of sexual misconduct will be responded to and investigated following PREA Incident Protocol (PIP) specific to the type of sexual abuse and/or sexual harassment alleged. The agency provided the auditor with 6 PREA Incident Protocols (PIP) for inmate-on inmate sexual harassment, sexualized behavior, sexually abusive contact, and sexually abusive penetration and staff-on-inmate sexually abusive behavior and sexually and/or abusive contact penetration. In all of these documents, the staff are instructed to contact the Jail Lieutenant who is specified as being the facility's designated investigator. In cases that involve criminal prosecution, the Jail Lieutenant would also contact the necessary criminal investigators to include CCSO CID Investigators and/or the Texas Rangers.

The auditor interviewed the Jail Administrator who stated all allegations of sexual abuse and sexual harassment are reported directly to designated facility investigators. The auditor interviewed random staff, most of which stated they would report the incident to their immediate supervisor.

The auditor reviewed the PREA case files and 1 pending sexual abuse case while onsite; all of these were forwarded to the PREA Coordinator to investigate. One case was a third-party report of staff-on-inmate voyeurism that was initially investigated by the agency's prior PREA Coordinator who suspended the case due to the alleged victim not making the report. However, the initial third-party voyeurism allegation was immediately forwarded to the facility's designated investigator as this provision requires. The pending sexual abuse case was an allegation made through medical staff who immediately notified a supervisor to notify CCSO CID, who then took over the investigation. One case was a report made by an inmate in custody of another agency that was forwarded to CCSO as required by PREA Standard §115.63.

The agency has a policy in place requiring allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators. Case file review by the auditor showed evidence of compliance with this provision.

Based upon review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this provision.

**Corrective Action:**

The auditor recommends no further corrective action.

## STANDARD 115.62: AGENCY PROTECTION DUTIES

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

#### 115.62 (a)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

#### Documents Reviewed: (*Policies, directives, forms, files, records, etc.*)

- CCSO Policy 6.6.1: PREA, Staff and Agency Reporting and Protection Duties (01/01/2021)
- CCSO Policy 6.6.2: PREA, Staff First Responder Duties and Coordinated Response (01/01/2021, Updated on 09/23/2021)
- CCSO Policy 6.6.3: PREA, Investigation Referral (01/01/2021)
- CCSO Policy 6.6.4: PREA, Preservation of ability to protect inmate from contact with abusers (01/01/2021)
- CCSO Policy 6.6.5: PREA, Agency Protection Against Retaliation (01/01/2021)
- CCSO Policy 6.6.6: PREA, Post-Allegation Protective Custody (01/01/2021)
- Agency Response to PAQ

#### Interviews:

- Jail Administrator
- Random Staff

#### Findings (by provision):

**115.62(a)** Provision 115.62(a) states, "When an agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the inmate."



The agency informed the auditor that they have a policy that details when CCSO learns that an inmate is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the inmate. The agency provided the auditor with multiple policies including CCSO Policy 6.6.1: PREA, Staff and Agency Reporting and Protection Duties, CCSO Policy 6.6.2: PREA, Staff First Responder Duties and Coordinated Response, CCSO Policy 6.6.3: PREA, Investigation Referral, CCSO Policy 6.6.4: PREA, Preservation of ability to protect inmate from contact with abusers, CCSO Policy 6.6.5: PREA, Agency Protection Against Retaliation, CCSO Policy 6.6.6: PREA, Post-Allegation Protective Custody. None of the policies provided to the auditor detailed what actions CCSO would take to immediately protect an inmate when the agency learns that the inmate is subject to substantial risk of imminent sexual abuse, however a policy is not required for compliance, according to the PREA Auditor Compliance Tool for Adult Prisons and Jails.

The agency informed the auditor in the PAQ that there had been 0 times the agency determined that an inmate was subject to a substantial risk of imminent sexual abuse.

The auditor interviewed the Jail Administrator and random staff on the actions the facility would take if it learned an inmate was subject to imminent sexual abuse. The Jail Administrator stated he would put the alleged victim in the best place possible, on a case-by-case basis, on "short-watch" (requiring 15-minute visuals on the person) and not put the victim with the predators. Of the random staff interviewed, all stated they would not put the inmate victim in contact with the imminent threat and notify a supervisor.

Based upon review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this provision.

**Corrective Action:**

The auditor recommends no corrective action.

**STANDARD 115.63: REPORTING TO OTHER CONFINEMENT FACILITIES**

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

**115.63 (a)**

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

**115.63 (b)**

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

**115.63 (c)**

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

**115.63 (d)**

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

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

### **Documents Reviewed:** (*Policies, directives, forms, files, records, etc.*)

- CCSO Policy 6.6.2: PREA, Staff First Responder Duties and Coordinated Response (01/01/2021, Updated on 09/23/2021)
- CCSO Policy 6.6.3: PREA, Investigation Referral (01/01/2021)
- Agency Response to PAQ

### **Interviews:**

- Jail Administrator

### **Site Review Observations:**

- PREA case files

### **Findings (by provision):**

**115.63(a)** Provision 115.63(a) states, "Upon receiving an allegation that an inmate was sexually abused while confined at another facility, the head of the facility that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred."

CCSO Policy 6.6.2: PREA, Staff First Responder Duties and Coordinated Response (p. 2, 5) states if a CCSO report reveals that an inmate was sexually abused while confined at another facility, the shift supervisor shall immediately contact the Jail Lieutenant and the Jail Captain and complete a Jail Incident Report as soon as possible but no later than the end of shift. In the PAQ, the agency informed the auditor that the Jail Captain serves as the Jail Administrator, and therefore, is head of the facility for CCSO.

The auditor interviewed the Jail Administrator regarding this provision, who stated that CCSO would make notification to the other facility as required by this provision but informed the auditor that CCSO has not had any cases of this in which the notification was required.

### **Corrective Action Phase Recommendations and Follow-up:**

The auditor recommended the agency update CCSO Policy 6.6.2: PREA, Staff First Responder Duties and Coordinated Response to specify that the head of the facility that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred. On 09/23/2021, the agency provided the auditor with an updated policy that was signed by Sheriff Lane.

The Policy update specified that the Jail Captain, who serves as the Jail Administrator and head of the facility, will contact the head of the facility or appropriate office of the agency where the alleged abuse occurred.

Based upon review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this provision.

**115.63(b)** Provision 115.63(b) states, “Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation.”

CCSO Policy 6.6.2 (p. 2, b) states the notification to the facility or appropriate office of the agency where the alleged abuse occurred shall be provided as soon as possible but no later than 24 hours after receiving the allegation. CCSO Policy 6.6.3 (p. 1, b) states that the notification of an allegation that an inmate was sexually abused while confined at another facility will be provided to the other facility as soon as possible, but no later than 72 hours after receiving the allegation.

The Jail Administrator informed the auditor that should CCSO receive such an allegation, he would make the notification as soon as possible, within 24 hours. According to the Jail Administrator, there had been 0 reported cases, therefore the review of the timeframe in which notifications have been made could not be completed by the auditor.

Based upon review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this provision.

**115.63(c)** Provision 115.63(c) states, “The agency shall document that it has provided such notification.”

CCSO Policy 6.6.2 (p. 2, c) states the Jail Lieutenant and/or the Jail Captain shall document on the PREA Administrative Response Report that such notification was provided. CCSO Policy 6.6.3 (p. 1, c) states CCSO shall document that it has provided such notification.

The Jail Administrator advised the auditor that they have not had any incidents regarding this provision, but that the notification would be documented, as required.

Based upon review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this provision.

**115.63(d)** Provision 115.63(d) states, “The facility head or agency office that receives such notification shall ensure that the allegation is investigated in accordance with these standards.”

CCSO Policy 6.6.2 (p. 2, d) states the Jail Lieutenant and/or Jail Captain shall request from the agency where the alleged abuse occurred a copy of all reports and investigation documentation. If the agency does not comply with the request, it shall also be documented on the PREA Administrative Response Report. CCSO Policy 6.6.3 (p. 1, d) states the facility head or agency office that receives such notification shall ensure that the allegation is investigated in accordance with these standards.

The agency reported in the PAQ that they had received 0 allegations of sexual abuse at the CCSO facility from other facilities. However, while reviewing PREA case files onsite, the auditor found an allegation of staff-on-inmate sexual abuse that had been reported by another facility to CCSO. CCSO had received the notification and completed an investigation within 48 hours. CCSO had then notified the other agency of their investigative findings.

The Jail Administrator informed the auditor that when they receive an allegation of sexual abuse from another facility, they would take the allegation seriously and investigate just as if the inmate was still in their custody.

CCSO has had 1 case of an inmate allegation received from another facility and had taken the notification, investigated the allegation and notified the other facility of their findings. All was documented according to this provision.

Based upon review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this provision.

**Corrective Action:**

The auditor recommends no further corrective action.

**STANDARD 115.64: STAFF FIRST RESPONDER DUTIES**

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

**115.64 (a)**

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

**115.64 (b)**

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

**Auditor Overall Compliance Determination**

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

### Instructions for Overall Compliance Determination Narrative

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

#### Documents Reviewed: (*Policies, directives, forms, files, records, etc.*)

- CCSO Policy 6.6.2: PREA, Staff First Responder Duties and Coordinated Response (01/01/2021, Updated on 09/23/2021)
- CCSO PIP 6.6.2(a) Inmate-on-Inmate Sexual Harassment
- CCSO PIP 6.6.2(b) Inmate-on-Inmate Sexualized Behavior
- CCSO PIP 6.6.2(c) Inmate-on-Inmate Sexually Abusive Contact
- CCSO PIP 6.6.2(d) Inmate-on-Inmate Sexually Abusive Penetration
- CCSO PIP 6.6.2(e) Staff-on-Inmate Sexually Abusive Behavior
- CCSO PIP 6.6.2(f) Staff-on-Inmate Sexually Abusive Contact and/or Penetration
- PREA Employee PowerPoint (dated 10/30/2017)
- First Response Cards
- Agency Response to PAQ

#### Interviews:

- Non-Security Staff who have acted as first responders
- Random Staff
- Targeted Inmates

#### Findings (by provision):

**115.64(a)** Provision 115.64(a) states, "Upon learning of an allegation that an inmate was sexually abused, the first security staff member to respond to the report shall be required to: (1) Separate the alleged victim and abuser; (2) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; (3) If the abuse occurred within a time period that still allows for the collection of physical evidence, 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; and (4) If the abuse occurred within a time period that still allows for the collection of physical evidence, 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."

CCSO Policy 6.6.2: PREA, Staff First Responder Duties and Coordinated Response states all incidents of sexual misconduct will be responded to and investigated following PREA Incident Protocol (PIP) specific to the type of sexual abuse and/or sexual harassment alleged. The CCSO PIPs are categorized as follows:

#### Inmate-on-Inmate

- a. 6.6.2 (a) Inmate-on-Inmate Sexual Harassment
- b. 6.6.2 (b) Inmate-on-Inmate Sexualized Behavior
- c. 6.6.2 (c) Inmate-on-Inmate Sexually Abusive Contact
- d. 6.6.2 (d) Inmate-on-Inmate Sexually Abusive Penetration

#### Staff-on-Inmate

- a. 6.6.2 (e) Staff-on-Inmate Sexually Abusive Behavior
- b. 6.6.2 (f) Staff-on-Inmate Sexually Abusive Contact and/or Penetration

The auditor reviewed each of these protocols. Protocols 6.6.2 (a) Inmate-on-Inmate Sexual Harassment, 6.6.2 (c) Inmate-on-Inmate Sexually Abusive Contact, 6.6.2 (d) Inmate-on-Inmate Sexually Abusive Penetration specify that the staff member who witnesses an incident or receives a report shall immediately separate the victim and the perpetrator and then notify the shift supervisor.

The auditor was provided PREA Employee training PowerPoint for review. Slide 70 of this presentation states that if a line staff member requests protection, line staff should immediately do the following:

1. Assess the immediate need of the offender;
2. Separate the alleged victim from their alleged aggressor;
3. Preserve and protect any crime scene until appropriate steps can be taken to collect evidence;
4. If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim and alleged assailant not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, drinking, or eating.
5. Notify a supervisor; and
6. Turn over all information, written and verbal

The auditor interviewed staff with random interview protocols asking what their responsibility would be if they were the first person to be alerted that an inmate may have been the victim of sexual abuse and the majority stated they would separate the victim from the abuse and notify their supervisor and secure the scene.

The agency reported in the PAQ that there had been 0 cases of alleged sexual abuse that had required security staff to act as first responders. However, prior to the onsite audit, the facility had learned of a sexual abuse allegation. The first responder to the allegation was not a security staff member. The inmate confirmed in the interview with the auditor that they were kept separate from their abuser but they were not sure of any other action that was taken concerning evidence by the facility.

#### *Corrective Action Phase Recommendations and Follow-up:*

The PIPs 6.6.2 (e) Staff-on-Inmate Sexually Abusive Behavior, 6.6.2 (f) Staff-on-Inmate Sexually Abusive Contact and/or Penetration did not require the first security staff member to respond to the report to separate the alleged victim and abuser. Instead, the PIPs require the staff member who witnesses an incident or receives a report to immediately notify the shift supervisor. The shift supervisor, once notified, is listed as the staff member responsible for ensuring the separation of the alleged victim and abuser.

In PIPs (a) Inmate-on-Inmate Sexual Harassment, PIPs 6.6.2, 6.6.2 (c) Inmate-on-Inmate Sexually Abusive Contact and 6.6.2 (e) Staff-on-Inmate Sexually Abusive Behavior, staff first responders are not

directed to preserve and protect the crime scene until appropriate steps can be taken to collect any evidence.

PIPs 6.6.2 (d) Inmate-on-Inmate Sexually Abusive Penetration and 6.6.2 (f) Staff-on-Inmate Sexually Abusive Contact and/or Penetration specify that the staff member who witnesses an incident or receives a report shall immediately separate the victim and the perpetrator and then notify the shift supervisor. The shift supervisor is then charged with preserving and protecting any crime scene until appropriate steps can be taken to collect evidence, requesting that the alleged victim not take any actions that could destroy physical evidence, if the abuse occurred within a time period that still allows for the collection of physical evidence, and ensuring that the alleged abuser does not take any actions that could destroy physical evidence, if the abuse occurred within a time period that still allows for the collection of physical evidence. None of the protocols specify that the first security staff member to respond is responsible for these actions.

In staff training, the information provided to sworn staff requires them to *request* both the victim and alleged assailant not take actions that could destroy evidence and the provision requires that the first responding staff member *ensure* that the alleged abuser not take actions that could destroy physical evidence.

The auditor recommended the agency ensure, upon learning of an allegation that an inmate was sexually abused, the first security staff member to respond to the report shall be required to: (1) Separate the alleged victim and abuser (2) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence, (3) If the abuse occurred within a time period that still allows for the collection of physical evidence, 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; and, (4) If the abuse occurred within a time period that still allows for the collection of physical evidence, 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.

On 09/23/2021, the agency provided the auditor with the Caldwell County Jail PREA Coordinated Response Plan that specified the required first response actions of sworn staff as required by this provision. Also, the agency informed the auditor that they had received training specific to first response duties for all staff on 12/01/2021-12/03/2021. The training detailed the requirements of first response for staff as required by this provision. In addition, the agency distributed First Response Cards to all its staff and provided the auditor with a copy of this card. The card requires first responding staff to take the steps required by this provision. And, on 12/09/2021, the agency provided the auditor with updated PREA Incident Protocols (PIPs) that directed the first steps of the responding staff to be those required by this provision. On 12/20/2021, the auditor revisited the facility and informal and formal conversations with staff provided evidence that staff understood their required actions regarding this provision. Also, all staff referred to and showed the auditor they carried First Response Cards to ensure proper response.

Based upon review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this provision.

**115.64(b)** Provision 115.64(a) states, “If the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff.”

CCSO Policy 6.6.2 (p. 1, 3) states the staff member who witnesses an incident of sexual misconduct or who receives a report of sexual misconduct, whether verbally or in writing, shall immediately notify the shift supervisor. In the PAQ, the agency informed the auditor that agency policy requires that if the first staff responder is not a security staff member, that responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence; and/or notify security staff. The agency provided the auditor with CCSO Policy 6.6.2 and the PIPs, as mentioned above. These documents did not specify the requirement for non-security staff to request physical evidence to be preserved and/or notify a security staff member, other than the shift supervisor.

The auditor interviewed non-security staff who had received an allegation of sexual abuse from a CCSO inmate. The staff stated they kept the inmate separated from the alleged abuser and notified the supervisor of the situation. The staff stated they did not request the victim to not take actions that could destroy evidence. The auditor reviewed documentation on this case which confirmed this staff member's actions. The inmate confirmed in the interview with the auditor that they were kept separate from their abuser but they were not sure of any other action that was directed to them concerning evidence by the facility.

*Corrective Action Phase Recommendations and Follow-up:*

The agency policy and PREA Incident Protocols did not include the actions that a non-security staff member would be required to take should they be a first responder to an incident of alleged sexual abuse. The only allegation of sexual abuse for auditor review in which CCSO had received, the first responding staff member was non-security. While the alleged victim was kept separate from the alleged perpetrator, no further actions were taken as required by this provision.

The auditor recommended the agency ensure that if the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff

On 09/23/2021, the agency provided the auditor with the Caldwell County Jail PREA Coordinated Response Plan that specified the required first response actions of non-sworn staff as required by this provision. Also, the agency informed the auditor that they had received training specific to first response duties for all staff on 12/01/2021-12/03/2021. The training detailed the requirements of first response for non-sworn staff as required by this provision. In addition, the agency distributed First Response Cards to all its staff and provided the auditor with a copy of this card. The card requires first responding staff to take the steps outlined in this provision. And, on 12/09/2021, the agency provided the auditor with updated PREA Incident Protocols (PIPs) that required the first steps of the responding staff to be those required by this provision.

Based upon review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this provision.

**Corrective Action:**

The auditor recommends no further corrective action.

**STANDARD 115.65: COORDINATED RESPONSE**

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

**115.65 (a)**



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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### Documents Reviewed: (*Policies, directives, forms, files, records, etc.*)

- CCSO Policy 6.6.2: PREA, Staff First Responder Duties and Coordinated Response (01/01/2021, Updated on 09/23/2021)
- CCSO PIP 6.6.2(a) Inmate-on-Inmate Sexual Harassment
- CCSO PIP 6.6.2(b) Inmate-on-Inmate Sexualized Behavior
- CCSO PIP 6.6.2(c) Inmate-on-Inmate Sexually Abusive Contact
- CCSO PIP 6.6.2(d) Inmate-on-Inmate Sexually Abusive Penetration
- CCSO PIP 6.6.2(e) Staff-on-Inmate Sexually Abusive Behavior
- CCSO PIP 6.6.2(f) Staff-on-Inmate Sexually Abusive Contact and/or Penetration
- Caldwell County Jail PREA Coordinated Response Plan (09/23/2021)
- Agency Response to PAQ

### Interviews:

- Jail Administrator
- PREA Coordinator

### Findings (by provision):

**115.65** Provision 115.65 states, "The facility shall develop 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."

CCSO Policy 6.6.2: PREA, Staff First Responder Duties and Coordinated Response (p. 1) states the purpose of this policy is to ensure coordinated actions are taken in response to an incident of inmate-on-inmate sexual misconduct or staff-on-inmate sexual misconduct.

CCSO Policy 6.6.2 states all incidents of sexual misconduct will be responded to and investigated following PREA Incident Protocol (PIP) specific to the type of sexual abuse and/or sexual harassment alleged. These protocols cover the responsibilities of the shift supervisor and Jail Lieutenant for the

following cases: Inmate-on-Inmate Sexual Harassment, Inmate-on-Inmate Sexualized Behavior, Inmate-on-Inmate Sexually Abusive Contact, Inmate-on-Inmate Sexually Abusive Penetration, Staff-on-Inmate Sexually Abusive Behavior and Staff-on-Inmate Sexually Abusive Contact and/or Penetration. The shift supervisor is charged with evidence collection, ensuring reports are written and notification of CCSO Criminal Investigations Division investigators (if required). The Jail Lieutenant assists with notification of the Jail Captain, coordinating evidence and documentation to CCSO CID (if required), and events after the conclusion of investigation (victim notification of findings, retaliation monitoring and disciplinary actions for alleged abusers).

The auditor interviewed the Jail Administrator and PREA Coordinator about the agency's Coordinated Response Plan. Both stated that the agency policy and PREA Incident Protocols serve as the agency's Coordinated Response Plan.

*Corrective Action Phase Recommendations and Follow-up:*

CCSO Policy 6.6.2 that was provided during the pre-onsite and onsite audit phases did cover some aspects of a coordinated response plan, however it did not coordinate the actions of all staff who would be a part of a sexual abuse response. The auditor recommended the agency develop 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. On 09/23/2021, the agency provided the auditor with the Caldwell County Jail PREA Coordinated Response Plan that was signed by Sheriff Lane. This document provided the necessary guidance for each entity as required by this provision. Staff first responders are required to provide the initial response, evidence preservation and notifications according to agency policy and PREA standards. Medical staff assist in coordinating medical attention, to include a SAFE exam, as necessary. Mental health practitioners' notifications are outlined in this document. Investigator's responsibilities are delineated as to what reports and documentation are necessary as well as the responsibilities for conducting criminal investigations. And finally, agency leadership duties are detailed to include notifications, PREA Coordinator responsibilities and documentation requirements as well as sexual assault incident reviews with the CCSO Sex Abuse Incident Review Board.

Based upon review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this provision.

**Corrective Action:**

The auditor recommends no further corrective action.

**STANDARD 115.66: PRESERVATION OF ABILITY TO PROTECT INMATES FROM CONTACT WITH ABUSERS**

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

**115.66 (a)**

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

**115.66 (b)**

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

#### **Documents Reviewed:** (*Policies, directives, forms, files, records, etc.*)

- CCSO Policy 6.6.4: PREA, Preservation of ability to protect inmate from contact with abusers (01/01/2021)
- Agency Response to PAQ

#### **Interviews:**

- Jail Administrator

#### **Findings (by provision):**

**15.66(a)** Provision 115.66(a) states, "Neither the agency nor any other governmental entity responsible for collective bargaining on the agency's behalf shall enter into or renew any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted."

CCSO Policy 6.6.4: PREA, Preservation of ability to protect inmate from contact with abusers (p. 1) states neither Caldwell County Sheriff's Office nor any other governmental entity responsible for collective bargaining on CCSO's behalf shall enter into or renew any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.

The auditor was unable to secure an interview with the agency head or designee to discuss this provision. The agency informed the auditor in the PAQ that the agency has not entered into or renewed any collective bargaining agreement since the last PREA audit. The Jail Administrator advised the auditor in an informal interview that the agency does not have collective bargaining nor any other governmental entity equivalent to collective bargaining.

Based upon review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this provision.

**Corrective Action:**

The auditor recommends no corrective action.

**STANDARD 115.67: AGENCY PROTECTION AGAINST RETALIATION**

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

**115.67 (a)**

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

**115.67 (b)**

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

**115.67 (c)**

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

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

#### 115.67 (d)

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

#### 115.67 (e)

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

#### 115.67 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

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

**Documents Reviewed:** (*Policies, directives, forms, files, records, etc.*)

- CCSO Policy 6.6.5: PREA, Agency Protection Against Retaliation (01/01/2021)
- CCSO PIP 6.6.2(a) Inmate-on-Inmate Sexual Harassment
- CCSO PIP 6.6.2(b) Inmate-on-Inmate Sexualized Behavior
- CCSO PIP 6.6.2(c) Inmate-on-Inmate Sexually Abusive Contact
- CCSO PIP 6.6.2(d) Inmate-on-Inmate Sexually Abusive Penetration
- CCSO PIP 6.6.2(e) Staff-on-Inmate Sexually Abusive Behavior
- CCSO PIP 6.6.2(f) Staff-on-Inmate Sexually Abusive Contact and/or Penetration
- PREA Retaliation Monitoring Sheet
- Agency Response to PAQ

**Interviews:**

- Jail Administrator
- Designated Staff Member Charged with Monitoring Inmates
- Targeted Inmates

**Site Review Observations:**

- PREA case files

**Findings (by provision):**

**15.67(a)** Provision 115.67(a) states, “The agency shall establish 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, and shall designate which staff members or departments are charged with monitoring retaliation.”

CCSO Policy 6.6.5: PREA, Agency Protection Against Retaliation (p. 1) states the Caldwell County Sheriff’s Office will 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 and shall designate which staff members or departments are charged with monitoring retaliation.

The auditor was provided 6 PREA Incident Protocols (PIPs): CCSO PIP 6.6.2(a) Inmate-on-Inmate Sexual Harassment, CCSO PIP 6.6.2(b) Inmate-on-Inmate Sexualized Behavior, CCSO PIP 6.6.2(c) Inmate-on-Inmate Sexually Abusive Contact, CCSO PIP 6.6.2(d) Inmate-on-Inmate Sexually Abusive Penetration, CCSO PIP 6.6.2(e) Staff-on-Inmate Sexually Abusive Behavior, CCSO PIP 6.6.2(f) Staff-on-Inmate Sexually Abusive Contact and/or Penetration. For every protocol, the Jail Lieutenant is tasked with completing a 90-day Retaliation Report. The Jail Lieutenant also serves as the PREA Coordinator.

The auditor interviewed the PREA Coordinator who is the designated staff member charged with monitoring retaliation. The PREA Coordinator confirmed that he is designated to perform monitoring of staff and inmate for retaliation.

Based upon review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this provision.

**115.67(b)** Provision 115.67(b) states, “The agency shall 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.”

CCSO Policy 6.6.5 (p. 1, a) states CCSO shall employ multiple protection measures, including 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. The policy also states the agency should include monitoring any inmate disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff.

The PREA Incident Protocols (PIPs) outline steps for the Jail Lieutenant to take following an allegation of sexual abuse and sexual harassment which including completing a 90-Day Retaliation Report in all the protocols, even those for sexual harassment. The auditor reviewed the PREA Retaliation Monitoring Sheet. This sheet lists the monitoring activity performed by the agency which includes inmate and staff interviews, disciplinary report reviews, inmate housing reviews, inmate program changes, staff performance reviews and staff shift/post assignment reviews. The form also asks, “Have you experienced any problems since the incident has been reported? Do you feel safe?” and “Would you liked to be moved to another unit (inmate) or reassigned to another post/shift (staff)?” The form also indicated any staff actions that were required with space for notations to be made.

The auditor’s interview with the PREA Coordinator confirmed that they perform monitoring measures and talk with the involved inmates and staff on a frequent basis to ensure they are not having any problems. The PREA Coordinator also advised they would ensure the inmates and staff involved are kept separate, and that staff are being allowed to work all areas of the facility, as the case requires.

#### *Corrective Action Phase Recommendations and Follow-up:*

During the onsite audit, the auditor reviewed the PREA case files for completed investigations. One case was a report of an allegation from an inmate assigned to another facility, outside of CCSO custody, so retaliation monitoring would not be possible or required. Of the other 4 PREA case files, only 1 case file for a sexual harassment allegation had included a PREA Retaliation Monitoring Sheet. The inmate was released from CCSO custody approximately 2 weeks prior to the 90-day retaliation period concluding. The sheet on this case showed it was created, but none of the retaliation monitoring required by the agency policy was completed on the sheet. The other completed cases (1 of which was a sexual abuse allegation) did not document the protection measures put into place for the inmates and/or staff who were involved with the allegations.

The auditor recommended 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.

During the corrective action phase, only 2 additional PREA investigations were necessary, and both were for sexual harassment allegations. The auditor asked for any PREA investigations, to include sexual harassment cases, be provided to the auditor so that retaliation monitoring practices could be observed to determine if multiple protection measures were institutionalized. The agency provided 2 cases for review. In both investigations, the agency had determined the cases to be unfounded, however, preliminary protection measures were put into place, like monitoring housing changes, staff roster reassignments, as necessary, until the cases were determined to be unfounded.

Based upon review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this provision.

**115.67(c)** Provision 115.67(c) states, “For at least 90 days following a report of sexual abuse, the agency shall monitor the conduct and treatment of inmates or staff who reported the sexual abuse and 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, and shall act promptly to remedy any such retaliation. Items the agency should monitor include any inmate disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The agency shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need.”

CCSO Policy 6.6.5 (p. 1, b-c) states for a period of at least 90 days following a report of sexual abuse, the agency shall monitor the conduct and treatment of inmates or staff who reported the sexual abuse and 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 and shall act promptly to remedy any such retaliation. The policy also states the agency shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need. CCSO Policy 6.6.5 does not state it shall act promptly to remedy any such forementioned retaliation.

The auditor was provided the PREA Retaliation Monitoring Sheet which serves as the 90-day Retaliation Report for the CCSO PREA cases. The sheet provides instructions stating that inmates or staff who report sexual abuse, or inmates who have suffered sexual abuse, shall be monitored for at least 90-days. This sheet lists the monitoring activity performed by the agency which includes inmate and staff interviews, disciplinary report reviews, inmate housing reviews, inmate program changes, staff performance reviews and staff shift/post assignment reviews. The form also asks, “Have you experienced any problems since the incident has been reported? Do you feel safe?” and “Would you liked to be moved to another unit (inmate) or reassigned to another post/shift (staff)?” The form also indicated any staff actions that were required with space for notations to be made.

*Corrective Action Phase Recommendations and Follow-up:*

During the onsite audit, the auditor reviewed the PREA case files for completed investigations. One case would have required 90-days of retaliation monitoring, however, the agency did not document the retaliation monitoring efforts for the inmates and/or staff who were involved with this allegation.

The auditor recommended the agency, for at least 90 days following a report of sexual abuse, monitor the conduct and treatment of inmates or staff who reported the sexual abuse and 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, and shall act promptly to remedy any such retaliation. Items the agency should monitor include any inmate disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff and that the agency shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need.

During the corrective action phase, only 2 additional PREA investigations were necessary, and both were for sexual harassment allegations. There was one pending case of sexual abuse, but the investigation would not conclude during the corrective action phase and could not be reviewed for compliance with this provision. The auditor asked for any PREA investigations, to include sexual harassment cases, be provided to the auditor so that retaliation monitoring practices could be observed to find compliance. The agency provided 2 cases for review. Both cases were unfounded, however, the agency continued the retaliation monitoring for the cases, which concluded upon their releases from CCSO custody after 43 days for the first case, and the second case, after 19 days. In both cases, the agency had shown retaliation monitoring for all parties involved as required by this provision, to include monitoring of staffing assignments, inmate assignments to housing and programs, and staff/inmate disciplinary paperwork, as found.



Based upon review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this provision.

**115.67(d)** Provision 115.67(d) states, “In the case of inmates, such monitoring shall also include periodic status checks.”

CCSO Policy 6.6.5 (p. 2, d) states in the case of inmates, such monitoring shall also include periodic status checks. The auditor interviewed the PREA Coordinator who informed the auditor they conduct visitation with inmates throughout the facility daily and that part of their retaliation monitoring with any inmates who may have had a PREA case would include periodic status checks.

The agency policy and staff charged with this duty indicate that retaliation monitoring would occur and include periodic status checks by staff. The PREA Retaliation Monitoring Sheet indicates that the staff would be required to ask the inmate questions in-person.

*Corrective Action Phase Recommendations and Follow-up:*

During the onsite audit, the auditor reviewed the PREA case files for completed investigations. One case would have required 90-days of retaliation monitoring with periodic status checks per this provision, however the agency did not document that this occurred.

The auditor recommended the agency, in the case of inmates, ensure monitoring also include periodic status checks.

During the corrective action phase, only 2 additional PREA investigations were necessary, and both were for sexual harassment allegations. The auditor asked for any PREA investigations, to include sexual harassment cases, be provided to the auditor so that retaliation monitoring practices could be observed to find institutionalized compliance. The agency provided 2 cases for review. In both cases, the agency had shown retaliation monitoring for all parties involved, however, only one case had the person in custody for a period in which the status checks could be conducted. For this case, the agency had conducted and documented these in-person status checks.

Based upon review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this provision.

**115.67(e)** Provision 115.67(e) states, “If any other individual who cooperates with an investigation expresses a fear of retaliation, the agency shall take appropriate measures to protect that individual against retaliation.”

CCSO Policy 6.6.5 (p. 2, e) states if any other individual who cooperates with an investigation expresses a fear of retaliation, the agency shall take appropriate measures to protect that individual against retaliation. The auditor interviewed the Jail Administrator who stated that appropriate measures would be taken as required by this provision. The auditor was advised that the facility had not had any such cases occur and auditor review of the PREA case files for the facility supported this statement.

Based upon review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this provision.

**Corrective Action:**

The auditor recommends no further corrective action.

## STANDARD 115.68: POST-ALLEGATION PROTECTIVE CUSTODY

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

#### 115.68 (a)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

#### Documents Reviewed: (*Policies, directives, forms, files, records, etc.*)

- CCSO Policy 6.6.6: PREA, Post-Allegation Protective Custody (01/01/2021)
- CCSO Classifications Plan
- Document Review Worksheet for Investigation and Response Records
- Agency Response to PAQ

#### Interviews:

- Jail Administrator
- Staff who Supervise Inmates in Segregated Housing
- Random Staff
- Targeted Inmates

#### Site Review Observations:

- PREA case files
- Inmate files (segregation assignment/review)

#### Findings (by provision):

**115.68** Provision 115.68 states, "Any use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse shall be subject to the requirements of § 115.43."

CCSO Policy 6.6.6 PREA, Post-Allegation Protective Custody (p. 1) states its purpose is to provide the least restrictive means to separate alleged victims that have reported incidents of sexual harassment, abuse and assault from the general population. Then, the policy details the requirements of PREA Standard § 115.43, specifying the requirements as discussed in the auditor's report of this standard.

CCSO Classifications Plan (p. 2, III, f) states inmates who require protection or those who require separation to protect the safety and security of the facility will be housed in administrative separation. The Classification Plan (p. 2, III, f) states that inmates housed in administrative separation shall retain access to privileges, services, and activities unless the continuance of the service or activity would adversely affect the safety and security of the facility.

The agency reported to the auditor in the PAQ that there had been 0 inmates held in involuntary segregated housing to protect one who has alleged to have suffered sexual abuse in the 12 months preceding the onsite audit. However, prior to the onsite audit phase, the agency had an allegation of sexual abuse. The inmate had requested segregated housing and been granted this housing by the agency upon receiving the allegation and request. The auditor interviewed the inmate who stated they requested administrative segregation. The inmate confirmed they had been allowed access to all programs and privileges as they had when housed in general population. The auditor reviewed this inmate's investigation and classification file which showed the inmate had requested administrative separation and had been moved immediately based on their request and allegation and that there were no restrictions in place on this inmate's access to programs, services, activities, etc.

*Corrective Action Phase Recommendations and Follow-up:*

During the onsite audit, the auditor's interviews with jail staff were inconsistent and did not show compliance with this standard, many showing that inmates may be placed in involuntary housing over multiple days, depending on when the incident was alleged to have occurred.

The auditor recommended the agency ensure inmates who have alleged to have suffered sexual abuse shall not be placed 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. If a facility cannot conduct such an assessment immediately, the facility may hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment.

The agency informed the auditor that they had received training specific to protective custody for inmates who have alleged to have suffered sexual abuse from 12/01/2021-12/03/2021. The training specified the requirements of this standard. In addition, the auditor was provided with PREA investigation case files which contained the Document Review Worksheet for Investigation and Response Records. The worksheet specifically requires documentation of protective custody placements should one be required for a PREA investigation. In detail, the worksheet documents if segregated housing is voluntary, what programs are or are not offered and the dates of when these are restricted, assessments of all alternative housings made and if the person was held in involuntary segregated housing under 24 hours and lists the reasons and limitations for the facility's concern for the inmate. Each worksheet on each case reflected the agency had a procedure to ensure compliance; none of the cases required protective custody.

Based upon review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this provision.

**Corrective Action:**

The auditor recommends no further corrective action.

## INVESTIGATIONS

### STANDARD 115.71: CRIMINAL AND ADMINISTRATIVE AGENCY INVESTIGATIONS

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

##### 115.71 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).]  Yes  No  NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).]  Yes  No  NA

##### 115.71 (b)

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

##### 115.71 (c)

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

##### 115.71 (d)

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

##### 115.71 (e)

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

#### 115.71 (f)

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

#### 115.71 (g)

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

#### 115.71 (h)

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

#### 115.71 (i)

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

#### 115.71 (j)

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

#### 115.71 (k)

- Auditor is not required to audit this provision.

#### 115.71 (l)

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

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

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

### **Instructions for Overall Compliance Determination Narrative**

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

#### **Documents Reviewed:** (*Policies, directives, forms, files, records, etc.*)

- CCSO Policy 6.7.1: PREA, Criminal and administrative agency investigations (01/01/2021)
- CCSO Policy 6.7.2: PREA, Evidentiary Standard for Administrative Investigations (01/01/2021)
- Agency Response to PREA Audit Request for Information: Allegations and Investigations Overview form
- Agency Response to PAQ

#### **Interviews:**

- Jail Administrator
- PREA Coordinator
- Investigative Staff
- Targeted Inmates

#### **Site Review Observations:**

- PREA case files

#### **Findings (by provision):**

**15.71(a)** Provision 115.71(a) states, "When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports."

CCSO Policy 6.7.1: PREA, Criminal and administrative agency investigations (p. 1) states when the Caldwell County Sheriff's Office conducts its own investigations into allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports.

In their response to the PAQ, the agency informed the auditor that when allegations of sexual abuse involve staff and appear to be criminal in nature, the Texas Rangers may assume control of the investigation. CCSO conducts all its own criminal and administrative investigations that do not involve staff.

The auditor interviewed investigators, which were Criminal Incident Division (CID) investigators who investigate criminal cases for the agency and jail supervisors who are assigned the non-criminal cases within the facility. All investigators stated they conduct investigations into allegations of sexual abuse and sexual harassment as required by this provision.

The agency informed the auditor prior to the onsite audit phase, and after the PAQ submission, that they had received an allegation of sexual abuse that they had referred to CCSO CID. The allegation had occurred two weeks prior to the onsite audit phase. The preliminary investigation had begun as

soon as the allegation was made, and the documentation thus far indicated a thorough investigation practice.

*Corrective Action Phase Recommendations and Follow-up:*

The agency reported there had been 0 criminal and/or administrative investigation of alleged inmate sexual abuse that were completed by the agency within the past 12 months. However, the auditor's review of investigation files showed different numbers from what had been reported in the PAQ and the PREA Audit Request for Information: Allegations and Investigations Overview form that had been sent by the auditor for completion by the agency. Many of the cases reviewed did not show a completed investigation.

The auditor recommended the agency conduct its own investigations into allegations of sexual abuse and sexual harassment, promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports.

The agency provided the auditor with the completed investigations during the post onsite audit phase. The cases were investigated by CCSO jail investigators were for sexual harassment allegations and the majority of these did not meet the definition of sexual harassment according to the PREA Standards (not repeated harassment), however, the investigators completed the investigations per PREA Standards. On 12/07/2021, the agency provided the auditor with finalized investigations for all cases with a new Document Review Worksheet for Investigation and Response Records that had been fully completed by the PREA Coordinator. In addition, the agency informed the auditor that they had received training specific to PREA Investigations from 12/01/2021-12/03/2021. The training emphasized the requirements of this standard and how to thoroughly complete an investigation.

Based upon review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this provision.

**115.71(b)** Provision 115.71(b) states, "Where sexual abuse is alleged, the agency shall use investigators who have received special training in sexual abuse investigations pursuant to § 115.34."

CCSO Policy 6.7.1 (p. 1, 1) states where sexual abuse is alleged, the Office shall use investigators who have received special training in sexual abuse investigations pursuant to §115.34. The auditor confirmed in interview and through investigator training files that the CCSO CID and CCSO jail investigators who conduct sexual abuse investigations have been trained according to this provision.

Based upon review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this provision.

**115.71(c)** Provision 115.71(c) states, "Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator."

CCSO Policy 6.7.1 (p. 1, 2) states investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data using the PREA Sexual Assault Investigation Uniform Evidence Protocol Checklist, interview alleged victims, suspected perpetrators, and witnesses, and review prior complaints and reports of sexual abuse involving the suspected perpetrator.

The auditor interviewed investigators for the agency who confirmed that they gather and preserve evidence as required by this provision. The investigators stated they look at prior complaints and reports from inmates involved in any allegations, review jail surveillance video when it is available in the area of the incident, interview all involved staff and inmates or other witnesses as necessary. The investigators stated that if any physical evidence was required to be collected, the CCSO CID investigators would be responsible for collection, however, jail staff would preserve the crime scene awaiting CCSO CID. CCSO CID investigators confirmed that all evidence provided by the jail would be reviewed. Additionally, they may conduct additional interviews of staff, inmates, or other witnesses, as necessary and look at all inmates involved, including their criminal history and other information of other incidents that the jail staff may provide.

The auditor reviewed the sexual abuse allegation in which CCSO CID was currently investigating. The case was still pending but the CCSO CID investigator had begun the process of a criminal investigation. The CCSO CID investigator had interviewed involved persons and collected and reviewed evidence specific for this case.

The auditor reviewed the completed cases from the jail's PREA case files. The completed cases had shown that jail investigators had compiled witnesses for each case and interviewed all involved inmates and gathered inmate statements in some cases. Also, all involved staff had written reports which were included in the case files. If video was available, the review was documented in the investigator's report.

Based upon review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this provision.

**115.71(d)** Provision 115.71(d) states, "When the quality of evidence appears to support criminal prosecution, the agency shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution."

CCSO Policy 6.7.1 (p. 2, 4) states when the quality of evidence appears to support criminal prosecution, the Office shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.

The agency informed the auditor that the CCSO CID would be responsible for criminal cases and, therefore, would be the only investigators who would conduct compelled interviews. The auditor interviewed CCSO CID investigators who confirmed that if a case required compelled interviews, they would consult prosecutors prior to the interviews. The investigators also confirmed that CCSO had never conducted such interviews for any PREA cases in the facility.

Based upon review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this provision.

**115. 71(e)** Provision 115.71(e) states, "The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as inmate or staff. No agency shall require an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation."

CCSO Policy 6.7.1 (p. 2, 5) and CCSO Policy 6.7.2: Evidentiary Standard for Administrative Investigations (p. 1, 1) state the credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as inmate or staff. These policies also state CCSO shall not require an inmate who alleges sexual abuse to submit to a polygraph



examination or other truth-telling device as a condition for proceeding with the investigation of such allegation.

The auditor interviews with investigators confirmed that all investigators assess each alleged victim, suspect, or witness is given credibility on an individual basis and not on the person's status as an inmate or staff. The auditor did not see evidence of credibility assessments being conducted by investigators that would be contrary to this provision in the case files reviewed.

The auditor interviewed an inmate who had alleged sexual abuse. The inmate informed the auditor that in the investigative process, they had not felt judged by the investigative staff and felt that the staff had treated them fairly and kindly. The inmate felt the investigative staff were responsive and professional.

The agency informed the auditor that the agency does not use polygraph examinations or other truth-telling devices in their investigations. The CCSO CID investigators confirmed that these examinations and devices are not used during the interviews with the auditor.

Based upon review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this provision.

**115. 71(f)** Provision 115.71(f) states, "Administrative investigations: (1) Shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and (2) Shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings."

CCSO Policy 6.7.1 (p. 2, 8) states CCSO administrative investigations shall include an effort to determine whether staff actions or failures to act contributed to the abuse. This policy also states administrative investigations shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

*Corrective Action Phase Recommendations and Follow-up:*

The auditor was given inconsistent investigation procedures concerning administrative investigations for CCSO, specifically showing that the responsibility of the administrative investigations was unknown to the agency's investigative staff. Also, the agency could not produce completed investigation files for cases and the numbers of completed cases were also inconsistent. Of the cases that were completed, the synopses did not specifically include notation or documentation on if staff actions or failures contributed to the abuse or reasoning behind credibility assessments.

The auditor recommended the agency ensure administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse and be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

On 12/07/2021, the agency provided the auditor with finalized investigations for all cases of the past year with a new Document Review Worksheet for Investigation and Response Records that had been fully completed by the PREA Coordinator. The worksheets included checklists for the administrative investigation which allow the user to document if staff actions/failures contributed to the abuse and allow the user to check that each report contains evidence as it is available. The cases reviewed showed all available evidence listed and none of the cases had shown staff neglect/failure as a contribution to the incident. In addition, the agency informed the auditor that they had received training specific to PREA Investigations from 12/01/2021-12/03/2021. The training specified the requirements

of this standard. On 12/20/2021, the auditor revisited the facility and in formal interviews with investigative staff and the PREA Coordinator, the auditor could determine that the administrative process for PREA investigations was understood and practiced according to this provision.

Based upon review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this provision.

**115. 71(g)** Provision 115.71(g) states, “Criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible.”

CCSO Policy 6.7.1 (p. 2, 7) states criminal investigations shall be documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence where feasible.

The agency reported 0 cases of sexual abuse in the PAQ, however, the auditor was informed that there was 1 current sexual abuse case under investigation. The auditor reviewed the preliminary documentation and testimonial evidence for this case, however, the physical and other testimonial evidence was still pending. The CCSO CID investigator for this case and the other CCSO CID investigators interviewed confirmed that all evidence is thoroughly described and annotated in their written, criminal reports.

Based upon review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this provision.

**115. 71(h)** Provision 115.71(h) states, “Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution.”

CCSO Policy 6.7.1 (p. 2, 9) states substantiated allegations of conduct that appears to be criminal shall be referred for prosecution.

The agency reported that they have had 0 cases of criminal conduct that could be referred for prosecution. The auditor interviewed the CCSO CID investigators for the agency who are responsible for criminal PREA cases in the facility. All investigators interviewed stated that criminal cases would be referred for prosecution. The investigator who was assigned to the criminal sexual abuse allegation that was pending during the onsite audit also confirmed that the case would be referred for prosecution if the evidence supported criminality (evidence was still pending on this case).

Based upon review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this provision.

**115. 71(i)** Provision 115.71(i) states, “The agency shall retain all written reports referenced in paragraphs (f) and (g) of this section for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.”

CCSO Policy 6.7.1 (p. 2, 10) states CCSO shall retain all written reports referenced in this section for as long as the alleged abuser is incarcerated or employed by the Office, plus 5 years.

The agency reported that they have had 0 cases of sexual abuse at the agency. The auditor interviewed the PREA Coordinator who stated that all cases are kept on file and onsite and that these files would be retained as required by PREA. The auditor did review the entirety of PREA case files

while onsite and confirmed that the PREA Coordinator had retained all case files for the agency since the agency implemented the PREA Standards in 2017.

Based upon review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this provision.

**115. 71(j)** Provision 115.71(j) states, “The departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation.”

CCSO Policy 6.7.1 (p. 2, 11) states the departure of the alleged abuser or victim from the employment or control of the Office shall not provide a basis for terminating an investigation. The PREA Coordinator and CCSO CID investigators informed the auditor in interviews that the investigation would continue regardless of the alleged abuser or victim’s employment or control of the agency. The auditor was informed by the agency that they have not had any cases of sexual abuse in which this provision would need to be applied for auditor review.

There was 1 case reported to CCSO by another facility whose inmate alleged to have suffered sexual abuse. The investigation was not criminal in nature and the CCSO jail investigator still completed an investigation on this case as required in this provision.

Based upon review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this provision.

**115. 71(l)** Provision 115.71(l) states, “When outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation.”

CCSO Policy 6.7.1 (p. 2, 12) states when outside agencies investigate sexual abuse, the CCSO shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation. The agency informed the auditor that the US Marshalls may be called in to investigate criminal sexual abuse cases involving staff, but that this had not historically occurred at the facility.

The auditor interviewed the Jail Administrator who informed the auditor that they would call the US Marshalls in for staff criminal cases of sexual abuse. If this occurred, the Jail Administrator explained, the CCSO CID investigators would be charged with staying informed of the progress of the investigation. The PREA Coordinator confirmed that if the US Marshalls were called in, the agency would remain informed on the progress of the investigation through the CCSO CID investigators. The auditor interviewed CCSO CID investigators who also stated that they would inquire to the status of the investigation, as required by this provision.

Based upon review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this provision.

**Corrective Action:**

The auditor recommends no further corrective action.

**STANDARD 115.72: EVIDENTIARY STANDARD FOR ADMINISTRATIVE INVESTIGATIONS**

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

## 115.72 (a)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

#### Documents Reviewed: (*Policies, directives, forms, files, records, etc.*)

- CCSO Policy 6.7.1: PREA, Criminal and administrative agency investigations (01/01/2021)
- CCSO Policy 6.7.2: PREA Evidentiary Standard for Administrative Investigations (01/01/2021)
- PREA Program Notification of Investigative Outcome form
- Agency Response to PAQ

#### Interviews:

- Investigator

#### Site Review Observations:

- PREA Case files
- Informal interviews with staff and inmates

#### Findings (by provision):

**115.72** Provision 115.72 states, "The agency shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated."

CCSO Policy 6.7.1: PREA, Criminal and administrative agency investigations (p. 2, 8, c) and CCSO Policy 6.7.2: PREA Evidentiary Standard for Administrative Investigations (p. 1) state for administrative investigations, CCSO shall impose no standard higher than a preponderance of evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

The auditor interviewed jail investigators who would be responsible for conducting administrative investigations for the agency. The investigators informed the auditor that they would use the evidentiary standard preponderance of evidence.

The auditor reviewed case files while onsite that had had administrative investigations completed. The auditor reviewed the evidence and findings and was able to observe that preponderance of evidence was used to determine the investigator's findings. The auditor was provided the case files of investigations that occurred during the post-onsite audit phase for allegations of sexual harassment (none were for sexual abuse). The cases contained documentation of a PREA Program Notification of Investigative Outcome form that the other case files reviewed onsite did not contain. This document informs inmates of the finding of the investigation. The form specifically reads, "The decision made is based on the preponderance of evidence contained within the investigative report and supporting documents." The investigator then circles a finding, which was completed for the cases reviewed by the auditor.

Based upon review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this provision.

**Corrective Action:**

The auditor recommends no corrective action.

**STANDARD 115.73: REPORTING TO INMATES**

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

**115.73 (a)**

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

**115.73 (b)**

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

**115.73 (c)**

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

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

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

#### 115.73 (d)

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

#### 115.73 (e)

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

#### 115.73 (f)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

#### Documents Reviewed: (*Policies, directives, forms, files, records, etc.*)

- CCSO Policy 6.7.1: PREA, Criminal and administrative agency investigations (01/01/2021)
- CCSO PIP 6.6.2(b) Inmate-on-Inmate Sexualized Behavior

- CCSO PIP 6.6.2(c) Inmate-on-Inmate Sexually Abusive Contact
- CCSO PIP 6.6.2(d) Inmate-on-Inmate Sexually Abusive Penetration
- CCSO PIP 6.6.2(e) Staff-on-Inmate Sexually Abusive Behavior
- CCSO PIP 6.6.2(f) Staff-on-Inmate Sexually Abusive Contact and/or Penetration
- CCSO NOTIFICATION OF INVESTIGATION STATUS form
- PREA Program Notification of Investigative Outcome form
- CCSO PREA NOTIFICATION FORM Staff on Inmate Sexual Abuse
- CCSO PREA NOTIFICATION FORM Inmate on Inmate Sexual Abuse
- Agency Response to PAQ

**Interviews:**

- Jail Administrator
- Investigative Staff

**Site Review Observations:**

- PREA case files

**Findings (by provision):**

**15.73(a)** Provision 115.73(a) states, “Following an investigation into an inmate’s allegation that he or she suffered sexual abuse in an agency facility, the agency shall inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.”

CCSO Policy 6.7.1: PREA, Criminal and administrative agency investigations (p. 2, 1) states after an investigation into an inmate’s allegation that he or she suffered sexual abuse while in the facility, CCSO shall inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.

The agency provided the auditor with the CCSO PREA Incident Protocols (PIPs) for sexual harassment and sexual abuse. CCSO PIP 6.6.2(c) Inmate-on-Inmate Sexually Abusive Contact (p. 1, 7), CCSO PIP 6.6.2(d) Inmate-on-Inmate Sexually Abusive Penetration (p. 2, 7), CCSO PIP 6.6.2(e) Staff-on-Inmate Sexually Abusive Behavior (p. 2, 7), CCSO PIP 6.6.2(f) Staff-on-Inmate Sexually Abusive Contact and/or Penetration (p. 2, 7) indicates that the Jail Lieutenant (PREA Coordinator) would inform the victim regarding the outcome of the investigation (substantiated, unsubstantiated, unfounded).

The agency informed the auditor that for criminal investigations, CCSO CID would make notifications to inmates regarding the findings of the case. The auditor was also informed that for administrative investigations, the jail investigators would notify the inmates. The auditor interviewed CCSO CID investigators and jail investigators regarding this provision. The CCSO CID investigators confirmed that if there was a criminal case, the inmate victim would remain informed of the case and its status in prosecution. The jail investigators stated they would ensure all inmates who make an allegation of sexual abuse are kept informed and notified of the investigation’s findings.

In the PAQ, the agency informed the auditor that 0 cases of sexual abuse had been criminally and/or administratively investigated in the preceding 12 months. During the pre-onsite audit phase, the agency provided the auditor with a sample CCSO NOTIFICATION OF INVESTIGATION STATUS form. This document informs the inmate the status of the investigation and if the allegation was determined to be substantiated, unsubstantiated, or unfounded. It would be signed by the CCSO PREA Coordinator. While onsite, the auditor reviewed cases which had been completed by jail investigators, however, 4 of these allegations were of sexual harassment and 1 was a sexual abuse allegation that had been received by CCSO from another facility that their inmate had reported. The allegations of sexual

harassment cases all had notifications to inmate victims notifying them of the investigator's findings of the case.

While onsite, the auditor discovered another allegation that had not been investigated by the agency. Once told, the agency began investigating the allegation of sexual harassment. The agency provided the auditor with a completed investigation file during the post onsite audit phase. The file contained a signed copy of the PREA Program Notification of Investigative Outcome form which told the inmate that the investigation had completed, the finding of the investigation and that the finding was made based on the preponderance of evidence contained within the investigative report and supporting documents.

Based upon review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this provision.

**115.73(b)** Provision 115.73(b) states, "If the agency did not conduct the investigation, it shall request the relevant information from the investigative agency in order to inform the inmate."

CCSO Policy 6.7.1 (p. 2, 2) states if CCSO did not conduct the investigation, it shall request the relevant information from the investigative agency in order to inform the inmate [whether the allegation had been determined to be substantiated, unsubstantiated or unfounded].

The agency informed the auditor in the PAQ that 0 investigations of alleged sexual abuse were completed by an outside agency in the past 12 months. The auditor's review of PREA case files confirmed this report. The PREA Coordinated informed the auditor that the agency would request information from an outside agency should they investigate a CCSO sexual abuse allegation for the facility.

The auditor interviewed the Jail Administrator who informed the auditor that if the US Marshalls were called in for staff criminal cases of sexual abuse, the agency would request any necessary information on the investigation through the CCSO CID investigators. The auditor interviewed CCSO CID investigators who also stated that they would inquire on this information as requested by the facility.

Based upon review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this provision.

**115.73(c)** Provision 115.73(c) states, "Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, the agency shall subsequently inform the inmate (unless the agency has determined that the allegation is unfounded) whenever: (1) The staff member is no longer posted within the inmate's unit; (2) The staff member is no longer employed at the facility; (3) The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or (4) The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility."

CCSO Policy 6.7.1 (p. 2, 3-4) states following an inmate's allegation that a staff member has committed sexual abuse against the inmate, CCSO shall subsequently inform the inmate (unless it was determined that the allegation was unfounded) whenever the staff member is no longer posted within the inmate's unit and/or the staff member is no longer employed by the Office. This policy also states it will inform the inmate when CCSO learns that the staff member has been indicted on a charge related to sexual abuse within the facility and/or CCSO learns that the staff member has been convicted on a charge related to sexual abuse within the facility.



In the PAQ, the agency indicated that it would inform an inmate that a staff member is no longer posted within the inmate'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 that the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. The agency indicated that there had been 0 substantiated or unsubstantiated complaints of sexual abuse committed by a staff member against an inmate in the 12-month period preceding the onsite audit.

*Corrective Action Phase Recommendations and Follow-up:*

CCSO has not had any substantiated or unsubstantiated findings of staff-on-inmate sexual abuse allegations in the facility throughout this audit cycle (to include corrective action phase) or in past audit cycles for the auditor to review concerning this provision. During the pre-onsite and onsite audit phases, the agency provided the auditor with the CCSO NOTIFICATION OF INVESTIGATION STATUS form which informs the inmate if the staff member is no longer posted in the offender's housing unit, is no longer employed at CCSO, and/or has been included as a suspect in the case which was presented for prosecution to local authorities. The form did not specify if the staff member was indicted on a charge related to sexual abuse within the facility and/or convicted on a charge related to sexual abuse within the facility.

The auditor recommended the agency, following an inmate's allegation that a staff member has committed sexual abuse against the inmate, subsequently inform the inmate (unless the agency has determined that the allegation is unfounded) whenever: (1) The staff member is no longer posted within the inmate's unit; (2) The staff member is no longer employed at the facility; (3) The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or (4) The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

On 11/03/2021, the agency provided the auditor with the updated CCSO PREA NOTIFICATION FORM Staff on Inmate Sexual Abuse document. This form specified that the agency would inform the inmate victim of all the requirements in this provision, to include if the staff member had been indicted or convicted on a charge related to sexual abuse within the facility.

Based upon review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this provision.

**115.73(d)** Provision 115.73(d) states, "Following an inmate's allegation that he or she has been sexually abused by another inmate, the agency shall subsequently inform the alleged victim whenever: (1) The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or (2) The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility."

CCSO Policy 6.7.1 (p. 3, 5) states following an inmate's allegation that he or she has been sexually abused by another inmate, the Office shall subsequently inform the alleged victim whenever CCSO learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility and/or CCSO learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

*Corrective Action Phase Recommendations and Follow-up:*

CCSO has not had any substantiated or unsubstantiated findings of inmate-on-inmate sexual abuse allegations in the facility throughout this audit cycle (to include corrective action phase) or in past audit cycles for the auditor to review concerning this provision. During the pre-onsite and onsite audit

phases, the agency provided the auditor with the CCSO NOTIFICATION OF INVESTIGATION STATUS form which informs the inmate that the alleged abuser has been included as a suspect in the case which was presented for prosecution to local authorities and/or as been charged with a disciplinary violation institutionally. The form does not specify if the inmate was indicted on a charge related to sexual abuse within the facility and/or convicted on a charge related to sexual abuse within the facility.

The auditor recommended the agency, following an inmate's allegation that he or she has been sexually abused by another inmate, subsequently inform the alleged victim whenever: (1) The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or (2) The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

On 11/03/2021, the agency provided the auditor with the updated CCSO PREA NOTIFICATION FORM Staff on Inmate Sexual Abuse document. This form specified that the agency would inform the inmate victim of all the requirements in this provision, to include if the alleged inmate had been indicted or convicted on a charge related to sexual abuse within the facility.

Based upon review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this provision.

**115.73(e)** Provision 115.73(e) states, "All such notifications or attempted notifications shall be documented."

CCSO Policy 6.7.1 (p. 3, 6) states all above-described notifications or attempted notifications shall be documented. The agency informed the auditor in the PAQ that CCSO documents all the above notifications using the CCSO NOTIFICATION OF INVESTIGATION STATUS form. The form requires that the PREA Coordinator signs the form.

The auditor reviewed the PREA case files for completed CCSO allegations that occurred within the facility in the 12 months preceding the onsite audit. All four cases did have notifications to inmates using the CSCO NOTIFICATION OF INVESTIGATION STATUS form, however, all cases were sexual harassment, and the actions required in this provision were not applicable.

Based upon review and analysis of all the available evidence, the auditor has determined that this provision is not applicable to this audit.

**Corrective Action:**

The auditor recommends no further corrective action.

DISCIPLINE

**STANDARD 115.76: DISCIPLINARY SANCTIONS FOR STAFF**

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

**115.76 (a)**

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

#### 115.76 (b)

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

#### 115.76 (c)

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

#### 115.76 (d)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

#### Documents Reviewed: (*Policies, directives, forms, files, records, etc.*)

- CCSO Policy 6.8.1: PREA, Disciplinary Sanctions for Staff (01/01/2021)
- Agency Response to PAQ

#### Site Observations:

- PREA case files

#### Findings (by provision):

**115.76(a)** Provision 115.76(a) states, “Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.”

CCSO Policy 6.8.1: PREA, Disciplinary Sanctions for Staff (p. 1, a) states CCSO shall provide multiple disciplinary sanctions for staff up to and including termination for participation and non-reporting of sexual assault, sexual abuse, sexual harassment, retaliation by other inmates or staff for reporting such incidents and staff neglect or violation of responsibilities that may have contributed to such incidents.

In the PAQ, the agency reported that 0 staff have been terminated (or resigned in lieu of termination) for violating the agency sexual abuse or sexual harassment policies. The auditor reviewed the facility’s PREA case files and confirmed that the agency has had 0 of these incidents.

Based upon review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this provision.

**115.76(b)** Provision 115.76(b) states, “Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse.”

CCSO Policy 6.8.1 (p. 1, b) states termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual assault or sexual abuse.

The agency informed the auditor in the PAQ that there had been 0 staff from the facility who had violated CCSO’s sexual abuse or sexual harassment policies, and 0 staff have been terminated (or resigned prior to termination) for such conduct. The auditor reviewed the facility’s PREA case files and confirmed that the agency has had 0 of these incidents.

Based upon review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this provision.

**115.76(c)** Provision 115.76(c) states, “Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be 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.”

CCSO Policy 6.8.1 (p. 1-2, c) states disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be 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.

The agency informed the auditor in the PAQ that there had been 0 staff from the facility who have been disciplined for such conduct. The auditor reviewed the facility’s PREA case files and confirmed that the agency has had 0 of these incidents.

Based upon review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this provision.

**115.76(d)** Provision 115.76(d) states, “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, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.”

CCSO Policy 6.8.1 (p.2, d) states 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, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.

The agency informed the auditor in the PAQ that there had been 0 staff from the facility who had to be reported to these entities for such conduct. The auditor reviewed the facility’s PREA case files and confirmed that the agency has had 0 of these incidents.

Based upon review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this provision.

**Corrective Action:**

The auditor recommends no corrective action.

**STANDARD 115.77: CORRECTIVE ACTION FOR CONTRACTORS AND VOLUNTEERS**

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

**115.77 (a)**

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

**115.77 (b)**

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

**Auditor Overall Compliance Determination**

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

**Instructions for Overall Compliance Determination Narrative**

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

**Documents Reviewed:** (Policies, directives, forms, files, records, etc.)

- CCSO Policy 6.8.2: PREA, Corrective Action for Contractors and Volunteers (01/01/2021)
- Agency Response to PAQ

**Interviews:**

- Jail Administrator

**Site Review Observations:**

- PREA case files

**Findings (by provision):**

**15.77(a)** Provision 115.77(a) states, "Any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with inmates and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies."

CCSO Policy 6.8.2: PREA, Corrective Action for Contractors and Volunteers (p. 1, a) states any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with inmates and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.

The agency informed the auditor in the PAQ that there had been 0 contractors or volunteers reported to these entities for such conduct. The auditor reviewed the PREA case files while onsite at the facility and confirmed that there had been 0 volunteer/contractor-on-inmate sexual abuse cases alleged for review of compliance with this provision.

Based upon review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this provision.

**115. 77 (b)** Provision 115.77(b) states, "The facility shall take appropriate remedial measures, and shall consider whether to prohibit further contact with inmates, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer."

CCSO Policy 6.8.2 (p. 1, b) states CCSO shall take appropriate remedial measures and shall consider whether to prohibit further contact with inmates, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.

The auditor interviewed the Jail Administrator regarding the remedial measures CCSO would take regarding this provision. The Jail Administrator advised the auditor that the volunteer of contractor would be treated like any other employee and not allowed back into the facility to have further contact with any of their inmates.

Based upon review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this provision.

**Corrective Action:**

The auditor recommends no corrective action.

## STANDARD 115.78: DISCIPLINARY SANCTIONS FOR INMATES

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

#### 115.78 (a)

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

#### 115.78 (b)

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

#### 115.78 (c)

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

#### 115.78 (d)

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

#### 115.78 (e)

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

#### 115.78 (f)

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

#### 115.78 (g)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

#### **Documents Reviewed:** (*Policies, directives, forms, files, records, etc.*)

- CCSO Policy 6.8.3: PREA, Disciplinary Sanctions for Inmates (1/01/2021)
- CCSO PIP 6.6.2(b) Inmate-on-Inmate Sexualized Behavior
- CCSO PREA Coordinator to Auditor Memo, 115.78(d) (10/14/2021)
- Agency Response to PAQ

#### **Interviews:**

- Jail Administrator
- PREA Coordinator
- Medical and Mental Health Staff
- Inmate Disciplinary Supervisor

#### **Site Review Observations:**

- PREA case files
- Informal interviews with staff

#### **Findings (by provision):**

**15.78(a)** Provision 115.78(a) states, "Inmates shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse or following a criminal finding of guilt for inmate-on-inmate sexual abuse."

CCSO Policy 6.8.3: PREA, Disciplinary Sanctions for Inmates (p.1, a) states inmates shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse or following a criminal finding of guilt for inmate-on-inmate sexual abuse.

The agency informed the auditor that in the past 12 months, there have been 0 administrative and/or criminal findings of such inmate-on-inmate sexual abuse at the facility. The auditor reviewed the PREA case files while onsite at the facility and confirmed that there had been 0 inmate-on-inmate sexual abuse cases alleged for review of compliance with this provision. The agency informed the auditor that prior to the onsite audit, but after the PAQ was submitted, an allegation of sexual abuse had been made, however, the investigation was still ongoing and disciplinary sanctions had not been determined or issued at the time of the investigation review by the auditor.



Based upon review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this provision.

**115.78 (b)** Provision 115.78(b) states, “Sanctions shall be 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.”

CCSO Policy 6.8.3 (p. 1, b) states sanctions shall be 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.

In the interview with the auditor, the Jail Administrator confirmed that if the agency had determined an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse or a criminal finding of guilt for inmate-on-inmate sexual abuse, the inmate abuser would receive disciplinary sanctions according to the requirements of this provision.

Based upon review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this provision.

**115.78 (c)** Provision 115.78(c) states, “The disciplinary process shall consider whether an inmate’s mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.”

CCSO Policy 6.8.3 (p. 1, c) states in the disciplinary process, CCSO shall consider whether an inmate’s mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.

The auditor interviewed the Jail Administrator and inmate disciplinary supervisor who confirmed that if an inmate’s mental disabilities or mental illness contributed to his or her behavior, it would be considered in determining what type of sanction should be imposed, if any.

Based upon review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this provision.

**115.78 (d)** Provision 115.78(d) states, “If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to require the offending inmate to participate in such interventions as a condition of access to programming or other benefits.”

CCSO Policy 6.8.3 (p. 2, d) states CCSO may offer therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse and shall consider whether to require the offending inmate to participate in such interventions as a condition of access to programming or other benefits.

*Corrective Action Phase Recommendations and Follow-up:*

During the pre-onsite and onsite audit phase, the agency gave the auditor inconsistent feedback as to whether CCSO offered therapy, counseling or other interventions as addressed in this provision. Since the agency could not give the auditor conclusive evidence that the facility could and did provide this service to its inmates, the auditor could not find compliance with this provision. The auditor recommended that if the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to

require the offending inmate to participate in such interventions as a condition of access to programming or other benefits.

On 10/14/2021, the agency informed the auditor via memo from the PREA Coordinator that CCSO could not offer the services in this provision. Therefore, this provision is not applicable to this agency. The agency does have a policy in place that may allow CCSO to perform these services and the policy states that it would do so considering the items in this provision.

Based upon review and analysis of all the available evidence, the auditor has determined that this provision is not applicable to this audit.

**115.78 (e)** Provision 115.78(e) states, “The agency may discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact.”

CCSO Policy 6.8.3 (p. 2, e) states CCSO may discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact. The agency informed the auditor that the agency had not had an inmate-on-staff sexual contact case. The auditor reviewed the facility’s PREA case files while onsite and did not see any cases of this type of behavior.

Based upon review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this provision.

**115.78 (f)** Provision 115.78(f) states, “For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.”

CCSO Policy 6. 8.3 (p. 2, f) states for the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.

The auditor interviewed the PREA Coordinator and inmate disciplinary supervisor who confirmed that CCSO does not discipline inmates for filing an allegation of sexual abuse made in good faith. They also stated that while the agency policy allows for disciplining inmates who file such allegations in bad faith, they still would not discipline any inmate for any PREA allegations.

The auditor reviewed cases of staff-on-inmate sexual harassment allegations that were fully investigated and determined to be unfounded. After reviewing these cases, the auditor could see that the cases were possibly made in bad faith, as the alleged inmate victims were retaliating on staff for non-PREA related actions. The PREA Coordinator and inmate disciplinary supervisor both informed the auditor in an informal conversation that they also believed the allegations were made in bad faith, however, for those instances, they chose not to pursue disciplinary sanctions against the inmates. The inmates were counseled for their actions, but nothing further occurred, as seen in the documentation reviewed and informal interviews held by the auditor.

Based upon review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this provision.

**115.78 (g)** Provision 115.78(g) states, “An agency may, in its discretion, prohibit all sexual activity between inmates and may discipline inmates for such activity. An agency may not, however, deem such activity to constitute sexual abuse if it determines that the activity is not coerced.”

CCSO Policy 6. 8.3 (p. 2, g) states CCSO prohibits all sexual activity between inmates and may discipline inmates for such activity. CCSO may not, however, deem such activity to constitute sexual abuse if it determines that the activity is not coerced.

The agency provided the auditor with the CCSO PREA Incident Protocol (PIP) 6.6.2(b) Inmate-on-Inmate Sexualized Behavior as part of the agency’s Coordinated Response Plan documentation. This document (p. 1) defines Inmate-on-Inmate Sexualized Behavior as sexual contact which produces or is intended to produce sexual stimulation or gratification, and where force is not substantiated. Individual behaviors include, but are not limited to, massages, kissing, fondling, holding hands or touching, lying in the same bed with another, indecent exposure, masturbation, fondling oneself in the presence of others, or manipulation of a person’s private parts. The PIP states that this behavior is where force is not substantiated.

The auditor interviewed the PREA Coordinator and inmate disciplinary supervisor who confirmed that sexual activity between inmates is prohibited by CCSO.

Based upon review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this provision.

**Corrective Action:**

The auditor recommends no further corrective action.

**MEDICAL AND MENTAL CARE**

**STANDARD 115.81: MEDICAL AND MENTAL HEALTH SCREENINGS; HISTORY OF SEXUAL ABUSE**

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

**115.81 (a)**

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

**115.81 (b)**

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

**115.81 (c)**

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

#### 115.81 (d)

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

#### 115.81 (e)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

#### Documents Reviewed: (*Policies, directives, forms, files, records, etc.*)

- CCSO Policy 6.9.1: PREA, Medical and Mental Health Screening History of Sexual Misconduct (01/01/2021)
- CCSO Sexual Predator/Vulnerability PREA Screening Checklist
- Agency Response to PAQ

#### Interviews:

- Medical and Mental Health Staff
- Staff who Perform Screening for Risk of Victimization and Abusiveness
- Classification Staff

#### Site Review Observations:

- Inmate screening process

- Inmate medical records
- Informal interviews with staff

### Findings (by provision):

**15.81(a)** Provision 115.81(a) states, “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, staff shall ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening.”

CCSO is not a prison and is not required to abide by this standard. CCSO Policy 6.9.1: PREA, Medical and Mental Health Screening History of Sexual Misconduct (p.1, a) states if 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, staff shall ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening.

The agency informed the auditor in the PAQ that there had been 0 prison inmates who disclosed prior victimization during screening who were offered a follow-up meeting with a medical or mental health practitioner.

Based upon review and analysis of all the available evidence, the auditor has determined that the agency is not required to comply with this provision.

**115.81 (b)** Provision 115.81(b) states, “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, staff shall ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening.”

CCSO is not a prison and is not required to abide by this standard. CCSO Policy 6.9.1 (p.1, 2) states if screening indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening.

The agency informed the auditor in the PAQ that there had been 0 prison inmates who have previously perpetrated sexual abuse, as indicated during screening who were offered a follow-up meeting with a medical or mental health practitioner.

Based upon review and analysis of all the available evidence, the auditor has determined that the agency is not required to comply with this provision.

**115.81 (c)** Provision 115.81(c) states, “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, staff shall ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening.”

CCSO Policy 6.9.1 (p. 1, c) states if screening indicates that a jail inmate has experienced prior sexual victimization or perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening.

The auditor interviewed the Classifications Sergeant who reviews all inmate screening forms, asking if a screening indicates that an inmate previously experience sexual victimization, whether in an institutional setting or in the community, how would the agency ensure the inmate is offered a follow up meeting with a medical or mental health practitioner. The sergeant informed the auditor that any inmate who disclosed this would have a copy of their screening sheet given to medical staff by screening staff and that this would occur as soon as the inmate is screened by the facility. The auditor interviewed staff who perform screening for risk of sexual victimization for CCSO who stated if an inmate was flagged as having experience prior sexual victimization, they would make the notation for the classifications sergeant to review, which would occur within a day.

*Corrective Action Phase Recommendations and Follow-up:*

During the onsite audit phase, the auditor interviewed contract medical staff regarding this procedure. Both staff stated they were unsure of their responsibilities for this provision. The auditor also interviewed contract mental health staff who stated that they had not ever received a request for a meeting with an inmate regarding this provision, but they would meet with the inmate if the facility requested them to do so.

During the onsite audit, the auditor requested a list of inmates who had disclosed prior sexual victimization at screening and was informed that the agency had 0 inmates who disclosed this information. The auditor reviewed the CCSO Sexual Predator/Vulnerability PREA Screening Checklist which asks inmates if they have been a former victim of prison rape or sexual assault within the last ten years. The form discounts gathering information on sexual victimization if it did not occur within the past ten years, which could exclude a victim of sexual victimization from being annotated as such during screening.

The auditor recommended the agency shall ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening 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.

On 08-02-2021, the agency provided the auditor with an updated Sexual Predator / Vulnerability PREA Screening Checklist. This updated form gathered the necessary screening information as required by § 115.41, including all possible sexual victimization of an inmate regardless of the timeline in which the victimization occurred. CCSO advised that they had begun the initial screening of inmates using this form and the auditor monitored the facility's compliance using this form for 60 days during the corrective action phase. The auditor reviewed these screenings and made note of any inmates who had experienced sexual victimization. On those that had, the auditor reviewed that the facility documented the medical practitioner referral of these inmates to medical/mental health staff. On 12/20/2021, the auditor revisited the facility and reviewed the medical files of these inmates who had disclosed sexual victimization in the corrective action phase; all showed that the follow-up with a medical care practitioner had occurred within 14 days, often within 24 hours. Informal conversations with medical staff while onsite for the second visit confirmed this practice occurs in the facility for every inmate who discloses prior sexual victimization.

**115.81 (d)** Provision 115.81(d) states, "Any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, 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."

CCSO Policy 6.9.1 (p. 2, e) states any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, 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.

The auditor interviewed the Classifications Sergeant, staff responsible for screening inmates for risk and contract medical and mental health staff regarding the agency's control measures on the information disclosed at screening. All staff confirmed that only agency leadership, medical and mental health staff and the screening staff who take the information from inmates have access to this information.

The auditor witnessed 1 inmate screening for sexual victimization risk and noticed that the information was obtained in a private setting, away from other inmates and staff. Additionally, once obtained, the information remained enclosed in a file, which was only shared between screening and classifications staff. The auditor learned in informal interviews that medical and mental health staff would have access to the file as they needed it for treatment plans, and that agency leadership would have access to the file if needed for management decisions. The screening witnessed by the auditor had no need of either of these reviews.

Based upon review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this provision.

**115.81 (e)** Provision 115.81(e) states, "Medical and mental health practitioners shall obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18."

CCSO Policy 6.8.3 (p. 2, f) states medical and mental health practitioners shall obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting unless the inmate is under the age of 18.

The auditor interviewed the contracted medical and mental health staff. The staff stated they would obtain consent prior to reporting this information and that there was not a separate informed consent process for inmates under the age of 18.

Based upon review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this provision.

**Corrective Action:**

The auditor recommends no further corrective action.

**STANDARD 115.82: ACCESS TO EMERGENCY MEDICAL AND MENTAL HEALTH SERVICES**

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

**115.82 (a)**

- Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by

medical and mental health practitioners according to their professional judgment?

Yes  No

#### 115.82 (b)

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

#### 115.82 (c)

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

#### 115.82 (d)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

#### Documents Reviewed: (Policies, directives, forms, files, records, etc.)

- CCSO Policy 6.9.2: PREA, Access to emergency medical and mental health services
- CCSO PIP 6.6.2(a) Inmate-on-Inmate Sexual Harassment
- CCSO PIP 6.6.2(b) Inmate-on-Inmate Sexualized Behavior
- CCSO PIP 6.6.2(c) Inmate-on-Inmate Sexually Abusive Contact
- CCSO PIP 6.6.2(d) Inmate-on-Inmate Sexually Abusive Penetration
- CCSO PIP 6.6.2(e) Staff-on-Inmate Sexually Abusive Behavior
- CCSO PIP 6.6.2(f) Staff-on-Inmate Sexually Abusive Contact and/or Penetration



- Agency Response to PAQ

**Interviews:**

- Medical and Mental Health Staff
- Security Staff and Non-Security Staff who have acted as first responders
- Crisis Center
- Targeted Inmates

**Site Review Observations:**

- PREA case files

**Findings (by provision):**

**15.82(a)** Provision 115.82(a) states, “Inmate victims of sexual abuse shall 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.”

CCSO Policy 6.9.2: PREA, Access to emergency medical and mental health services (p. 1) states the purpose of this CCSO Policy is to provide timely and unimpeded access to emergency medical treatment and crisis intervention services and that offenders will be provided medical and mental health treatment services that are clinically indicated based upon the evaluation.

The agency provided the auditor with the CCSO PREA Incident Protocols (PIP) 6.6.2 a-f. for incidents of sexual harassment and sexual abuse as evidence of a Coordinated Response Plan. The PIPs give specific procedures for first response staff, shift supervisors and the jail lieutenant when responding to a PREA incident.

The auditor interviewed contract medical and mental health staff regarding this provision. The mental health staff stated they would provide crisis intervention services if requested but believed the crisis center also provided services and they stated that medical treatment would be coordinated with medical staff on duty. The medical staff stated that inmates would receive medical treatment immediately and as required.

The auditor interviewed the director of the Hays-Caldwell Women’s Center (HCWC) who confirmed that the agency would request the services of the center if a sexual assault allegation was made. The HCWC staff would provide immediate crisis intervention services by licensed professionals to the inmate victim as soon as they were notified and called to the hospital and/or jail and would continue to provide services to the inmate, based on the inmate’s request.

The auditor interviewed an inmate who had alleged an incident of sexual abuse at the facility. The inmate stated that they have been offered emergency medical treatment and had received crisis intervention services from the facility’s mental health staff and HCWC. The auditor confirmed with facility staff and HCWC that the inmate had been offered and received emergency crisis intervention services.

Based upon review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this provision.

**115.82 (b)** Provision 115.82(b) states, “If no qualified medical or mental health practitioners are on duty at the time a report of recent 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 auditor reviewed the PREA case file for the pending investigation allegation of a sexual abuse case in the facility. The allegation was made to medical staff who immediately notified the jail supervisor and investigators about the allegation and ensured that emergency medical treatment and crisis intervention services had begun.

Based upon review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this provision.

**115.82 (c)** Provision 115.82(c) states, “Inmate victims of sexual abuse while incarcerated shall be 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.”

CCSO Policy 6.9.2 (p. 1, 1) states any offender who has made an allegation involving sexual abuse or sexual assault will be referred immediately to the facility medical department for investigation and initial evaluation. This policy also states the offender will be given information regarding the need for further medical evaluation to determine the testing for and treatment of sexually transmitted infections, and the prevention of pregnancy, if applicable. This policy states that CCSO will offer ongoing medical and mental health evaluation and, as appropriate, treatment with the community level of care.

The auditor’s interview with contract medical staff confirmed that the inmates would immediately be taken to the facility’s medical staff for evaluation and that the SAFE/SANE would then be arranged between medical, jail supervisors and the CCSO Criminal Incident Division investigators. The SAFE/SANE hospital staff would give the relevant information required by this standard to the inmate victim.

The auditor interviewed an inmate who had alleged sexual abuse and the inmate confirmed that they had been seen by medical staff at CCSO initially but was then transported to a hospital. At the hospital, the inmate confirmed receipt of information regarding testing and treatment for sexually transmitted infections.

Based upon review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this provision.

**115.82 (d)** Provision 115.82(d) states, “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.”

CCSO Policy 6.9.2 (p. 1) states the offender will be provided medical and mental health treatment services that are clinically indicated at no cost to the offender. CCSO Policy 6.9.3 (p. 2, g) states these 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.

The medical staff interviewed confirmed that the inmate victim would receive all related treatment services without financial cost. The inmate who had alleged sexual abuse also confirmed that they had not been charged for any services or treatments received.

Based upon review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this provision.

**Corrective Action:**

The auditor recommends no corrective action.

**STANDARD 115.83: ONGOING MEDICAL AND MENTAL HEALTH CARE FOR SEXUAL ABUSE VICTIMS AND ABUSERS**

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

**115.83 (a)**

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

**115.83 (b)**

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

**115.83 (c)**

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

**115.83 (d)**

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

**115.83 (e)**

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

**115.83 (f)**

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

### 115.83 (g)

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

### 115.83 (h)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### Documents Reviewed: (*Policies, directives, forms, files, records, etc.*)

- CCSO Policy 6.9.3: PREA, Ongoing Medical and Mental Healthcare for victims and abusers (01/01/2021)

### Interviews:

- Medical and Mental Health Staff
- Targeted Inmates

### Site Review Observations:

- PREA case files

### Findings (by provision):

**15.83(a)** Provision 115.83(a) states, "The facility shall 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."

CCSO Policy 6.9.3: PREA, Ongoing Medical and Mental Healthcare for victims and abusers (p. 1, a) states CCSO shall 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.

The auditor interviewed contract medical and mental health staff who confirmed that they would provide medical and mental health evaluations to inmates who had been victimized by sexual abuse as required by this provision. The mental health staff stated that they provide counseling sessions and would help provide any inmate information on other resources, if requested. The mental health staff informed the auditor that they had been notified and assisted the facility with the recent sexual abuse allegation and the inmate involved.

The auditor interviewed an inmate who alleged sexual abuse within the facility. The inmate stated they had been offered medical evaluation at the facility and received other treatments at the hospital. The inmate stated that they had seen mental health staff at the facility.

Based upon review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this provision.

**115.83 (b)** Provision 115.83(b) states, “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.”

CCSO Policy 6.9.3 (p. 1, b-c) states 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.

The auditor’s interviews with medical and mental health staff confirmed that the facility would provide evaluation and treatment that includes the services listed in this provision. Medical staff stated they would provide whatever service is required from the hospital or treatment team for any inmate in CCSO custody. The staff confirmed the services would be consistent with the community level of care. Mental health staff stated that in addition to counseling services, they could provide information and resources to the inmate, based on the inmates need, that could include referrals for continuity of care after the inmate is transferred or released from CCSO custody. The staff confirmed that these services would be consistent with the community level of care. The inmate who alleged sexual abuse informed the auditor that they had received follow-up services from mental health staff at CCSO.

Based upon review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this provision.

**115.83 (c)** Provision 115.83(c) states, “The facility shall provide such victims with medical and mental health services consistent with the community level of care.”

CCSO Policy 6.9.3 (p. 1, c) states the facility shall provide such victims with medical and mental health services consistent with the community level of care.

The auditor’s interviews with medical and mental health staff confirmed that the facility would provide evaluation and treatment that includes the services listed in this provision. The staff confirmed the services would be consistent with the community level of care.

The auditor interviewed the inmate victim of sexual abuse and reviewed the documentation gathered by the facility on the case. The inmate had been offered initial medical treatment and been referred to the hospital for additional treatment by SAFE/SANE at the time of the report. Mental health staff interviewed by the auditor confirmed that the level of care provided to the inmate by staff was consistent with the community level of care.

Based upon review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this provision.

**115.83 (d)** Provision 115.83(d) states, “Inmate victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests.”

CCSO Policy 6.9.3 (p. 2, d) states inmate victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests. The auditor’s interviews with contract medical staff stated that inmate victims of sexual abusive vaginal penetration would be offered pregnancy tests. The agency informed the auditor that it had not had such cases for review. The auditor reviewed the facility’s PREA case files and confirmed that the facility had not had this occur.

Based upon review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this provision.

**115.83 (e)** Provision 115.83(e) states, “If pregnancy results from the conduct described in paragraph (d) of this section, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services.”

CCSO Policy 6.9.3 (p. 2, e) states if pregnancy results from the conduct described in paragraph (d) of this section, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services. The auditor’s interviews with contract medical staff stated that inmate victims of sexual abuse resulting in pregnancy would be receive timely and comprehensive information as required by this provision. There had not been cases of this for additional auditor review.

Based upon review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this provision.

**115.83 (f)** Provision 115.83(f) states, “Inmate victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate.”

CCSO Policy 6.9.3 (p. 2, f) states inmate victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate. The auditor’s interviews with contract medical staff stated that inmate victims of sexual abuse would be offered tests for sexually transmitted infections as medically appropriate. The medical staff informed the auditor that this would occur at the hospital. The auditor confirmed with an inmate victim of sexual abuse that they had received such tests at the hospital.

Based upon review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this provision.

**115.83 (g)** Provision 115.83(g) states, “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.”

CCSO Policy 6.9.3 (p. 2, g) states 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. The auditor’s interviews with contract medical staff stated that inmate victims of sexual abuse would be offered treatment services without financial cost to the victim, regardless of

their cooperation with an investigation. The auditor confirmed with an inmate victim of sexual abuse that they had received treatment without financial costs.

Based upon review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this provision.

**115.83(h)** Provision 115.83(h) states, “All prisons shall 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.”

CCSO is not a prison and is not required to abide by this standard. CCSO Policy 6.9.3 (p. 2, h) states CCSO shall 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.

Based upon review and analysis of all the available evidence, the auditor has determined that the agency is not required to comply with this provision.

**Corrective Action:**

The auditor recommends no corrective action.

DATA COLLECTION AND REVIEW

**STANDARD 115.86: SEXUAL ABUSE INCIDENT REVIEWS**

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

**115.86 (a)**

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

**115.86 (b)**

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

**115.86 (c)**

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

**115.86 (d)**

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

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

#### 115.86 (e)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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#### Documents Reviewed: (*Policies, directives, forms, files, records, etc.*)

- CCSO Policy 6.10.1: PREA, Data Collection and Review (01/01/2021)
- CCSO Training Memo, PREA-SAIR Team Members (01/12/2021)
- Agency Response to PAQ

#### Interviews:

- Jail Administrator
- PREA Coordinator
- Incident Review Team



- Medical and mental health staff

**Site Review Observations:**

- PREA case files

**Findings (by provision):**

**115.86(a)** Provision 115.86(a) states, “The facility shall 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.”

CCSO Policy 6.10.1: PREA, Data Collection and Review (p. 1, a) states CCSO shall 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.

In the PAQ, the agency informed the auditor that there had been 0 criminal and/or administrative investigations of alleged sexual abuse completed at the facility, excluding unfounded incidents. The auditor confirmed that of the completed investigations performed by CCSO, 0 had been completed, excluding those that were unfounded. There was a third-party allegation of staff-on-inmate sexual abuse through voyeurism, however, the agency had not completed the investigation to make a determination on the incident being unfounded.

The auditor interviewed the Jail Administrator and PREA Coordinator who confirmed that the agency had not had any concluded investigations of sexual abuse that required a sexual abuse incident review.

Based upon review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this provision.

**115.86 (b)** Provision 115.86(b) states, “Such review shall ordinarily occur within 30 days of the conclusion of the investigation.”

CCSO Policy 6.10.1 (p. 1, b) states such review shall ordinarily occur within 30 days of the conclusion of the investigation. The agency reported to the auditor that there had not been any concluded investigations of sexual abuse that required a sexual abuse incident review in the facility. The auditor’s interview with the Jail Administrator and PREA Coordinator confirmed that the facility had not had any such incidents but that these reviews would occur within 30 days as required if they had an incident.

Based upon review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this provision.

**115.86 (c)** Provision 115.86(c) states, “The review team shall include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners.”

CCSO Policy 6.10.1 (p. 1, c) states the review team shall include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners.

The agency provided the auditor with a memo from Lt. Clay dated 01-12-21: PREA-SAIR Team Members. This memo states that the Sexual Abuse Incident Review Team Members for Caldwell County Jail consist of CCSO Chief Deputy, CCSO CID Captain, CCSO Patrol Captain, CCSO Jail Captain and CCSO Jail Lieutenant/PREA Coordinator.

The auditor interviewed the contract staff medical director and mental health staff who stated they were not aware of this provision. Both, however, stated they would provide whatever documentation is necessary, as requested by the agency.

The auditor interviewed the Jail Administrator regarding this provision and they stated that the agency does have an incident review team, but they had not had to use the team as of yet. The Jail Administrator confirmed that the team includes upper-level management and that input from medical and mental health staff, line supervisors and investigators is allowed. The auditor's interview with the PREA Coordinator and other upper-level staff confirmed the makeup of this team and that CCSO has not had an incident for the review team to meet on.

Based upon review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this provision.

**115.86 (d)** Provision 115.12(b) states, "The review team shall: (1) Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; (2) 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; (3) Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; (4) Assess the adequacy of staffing levels in that area during different shifts; (5) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and (6) 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."

CCSO Policy 6.10.1 (p. 1-2, d) states the CCSO review team shall:(1) Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; (2) 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; (3) Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; (4) Assess the adequacy of staffing levels in that area during different shifts; (5) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and (6) 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 coordinator.

The auditor's interview with the Jail Administrator confirmed that the team looks at incidents to determine what went wrong, if training is needed or if policies need to be put in place. The auditor interviewed another member of the incident review team who stated that they would look at the incident to determine if there was evidence of a hate-crime, if blind-spots could have been a contributing factor to the incident, if staffing was sufficient at the time and if surveillance evidence needed to be updated.

Based upon review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this provision.

**115.86 (e)** Provision 115.86(e) states, "The facility shall implement the recommendations for improvement, or shall document its reasons for not doing so."

CCSO Policy 6.10.1 (p. 2, e) states the CCSO review team shall implement the recommendations for improvement in the facility or shall document its reasons for not doing so. The agency not been required to conduct an incident review meeting and had thus not had any recommendations for submittal. The auditor's interview with the PREA Coordinator confirmed that the agency had not had any such meetings, but any recommendations determined by the review committee would be submitted to the Jail Administrator or the Chief Deputy and that all requests would be documented, as would the reasons why they may or may not have been implemented by the agency.

Based upon review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this provision.

**Corrective Action:**

The auditor recommends no corrective action.

**STANDARD 115.87: DATA COLLECTION**

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

**115.87 (a)**

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

**115.87 (b)**

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

**115.87 (c)**

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

**115.87 (d)**

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

**115.87 (e)**

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

**115.87 (f)**

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

#### Documents Reviewed: (*Policies, directives, forms, files, records, etc.*)

- CCSO Policy 6.10.1: PREA, Data Collection and Review (01/01/2021)
- Agency Website: <https://www.co.caldwell.tx.us/page/caldwell.Sheriff>:
- CCSO PREA Annual Reports 2017-2021
- CCSO PREA Tracking Spreadsheet
- Agency Response to PAQ

#### Interviews:

- Agency Contract Administrator
- PREA Coordinator

#### Site Review Observations:

- PREA case files

#### Findings (by provision):

**115.87(a)** Provision 115.87(a) states, "The agency shall collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions."

CCSO Policy 6.10.1: PREA, Data Collection and Review (p. 2, subsection 2, a) states CCSO shall collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions.

#### *Corrective Action Phase Recommendations and Follow-up:*

The auditor requested to look at the data collection of the agency's sexual abuse allegations and was informed that the agency keeps a copy of all the sexual abuse and sexual harassment cases, but that the facility did not have a uniform data, standardized instrument as required by this standard.

The auditor recommended the agency ensure it collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions.

The agency informed the auditor that it had undergone training from 12/01/2021-12/03/2021 regarding uniform data collection and tracking PREA incidents. On 12/10/2021, the agency provided the auditor with the CCSO PREA Tracking Spreadsheet. In this spreadsheet, the agency had collected its data from its 2020 and 2021 PREA cases as required by this standard. The information in the instrument was accurate to the cases and organized using uniform data.

Based upon review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this provision.

**115.87(b)** Provision 115.87(b) states, “The agency shall aggregate the incident-based sexual abuse data at least annually.”

CCSO Policy 6.10.1 (p. 2, b) states CCSO shall aggregate the incident-based sexual abuse data at least annually. The auditor reviewed the agency’s website, specifically studying the documents listed as CCSO PREA Annual Reports 2017-2021. The reports detail the following allegations: inmate-on-inmate non-consensual sexual act, abusive sexual contact, sexual harassment and abusive sexual contact. The report also lists staff sexual harassment and staff sexual misconduct. The data is then calculated into monthly totals. Then, for each month, the data lists how many inmate-on-inmate incidents total the facility had and the total incidents of staff on inmate cases. Finally, the form lists how many incidents, per month, were substantiated, unsubstantial and unfounded. The agency had one of these reports for the years of 2017, 2018, 2019, 2020 and 2021.

Based upon review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this provision.

**115.87(c)** Provision 115.87(c) states, “The incident-based data collected shall 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.”

CCSO Policy 6.10.1 (p. 2, c) states the incident-based data collected shall 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. The auditor reviewed the CCSO PREA Annual Reports from 2017-2021, as provided on the agency’s website. The reports detail the following allegations: inmate-on-inmate non-consensual sexual act, abusive sexual contact, sexual harassment and abusive sexual contact. The report also lists staff sexual harassment and staff sexual misconduct.

The Survey of Sexual Violence conducted by the Department of Justice lists each category of sexual violence as defined under the Prison Rape Elimination Act of 2003. The survey requests the following: if the agency records all nonconsensual inmate-on-inmate sex acts or just substantiated cases; the number of nonconsensual inmate-on-inmate sex acts, nonconsensual inmate-on-inmate abusive contacts, staff sexual harassment and staff sexual misconducts are reported for the year; and, of those reported, how many were substantiated, unsubstantiated, unfounded or ongoing for each category.

*Corrective Action Phase Recommendations and Follow-up:*

The agency provided the auditor with the aggregated data of its incidents as evidence for compliance with this standard. However, the reports provided did not include the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice.

The auditor recommended the agency's 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.

The agency informed the auditor that it had undergone training from 12/01/2021-12/03/2021 regarding uniform data collection and tracking PREA incidents. On 12/10/2021, the agency provided the auditor with the CCSO PREA Tracking Spreadsheet. In this spreadsheet, the agency had collected its data from its 2020 and 2021 PREA cases. Each case listed the information that could answer the Survey of Sexual Violence conducted by the Department of Justice, as required by this standard. The spreadsheet would be able to be utilized by the agency to track its incidents for past and future cases. The agency had also completed the instrument for the past 24 months to show compliance with this standard.

Based upon review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this provision.

**115.87(d)** Provision 115.87(d) states, "The agency shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews."

CCSO Policy 6.10.1 (p. 2, d) states CCSO shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

The auditor was able to review the entirety of collected PREA case files from the facility since the agency implemented the PREA Standards in 2017.

*Corrective Action Phase Recommendations and Follow-up:*

The auditor requested to see the agency's aggregated data instrument while onsite and was told that the agency did maintain such an instrument. While the agency had kept a case packet on every allegation of sexual abuse and sexual harassment that it had investigated, the agency could not provide evidence that it collected data from all available incident-based documents as required by this provision.

The auditor recommended the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

The agency informed the auditor that it had undergone training from 12/01/2021-12/03/2021 regarding uniform data collection and tracking PREA incidents. On 12/10/2021, the agency provided the auditor with the CCSO PREA Tracking Spreadsheet. In this spreadsheet, the agency had collected its data from its 2020 and 2021 PREA cases. Each case listed the information allowing the facility to maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews, as required by this standard. The spreadsheet would be able to be utilized by the agency to track its incidents for past and future cases. The agency had also completed the instrument for the past 24 months to show compliance with this standard.

Based upon review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this provision.

**115.87(e)** Provision 115.87(e) states, “The agency also shall obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates.”

CCSO Policy 6.10.1 (p. 2, e) states CCSO also shall obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates. The agency informed the auditor in the PAQ that it does not contract for the confinement of its inmates with a private facility.

The auditor interviewed the Jail Administrator who also serves as the agency’s contract administrator who confirmed that the agency does not contract other facilities for the confinement of its inmates.

Based upon review and analysis of all the available evidence, the auditor has determined that this provision is not applicable to this audit.

**115.87(f)** Provision 115.87(f) states, “Upon request, the agency shall provide all such data from the previous calendar year to the Department of Justice no later than June 30.”

CCSO Policy 6.10.1 (p. 3, f) states upon request, CCSO shall provide all such data from the previous calendar year to the Department of Justice no later than June 30. The agency informed the auditor that they have received no such request from the Department of Justice.

Based upon review and analysis of all the available evidence, the auditor has determined that this provision is not applicable to this audit.

**Corrective Action:**

The auditor recommends no further corrective action.

**STANDARD 115.88: DATA REVIEW FOR CORRECTIVE ACTION**

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

**115.88 (a)**

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

**115.88 (b)**

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

#### 115.88 (c)

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

#### 115.88 (d)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

#### Documents Reviewed: (*Policies, directives, forms, files, records, etc.*)

- CCSO Policy 6.10.1: PREA, Data Collection and Review (01/01/2021)
- Agency Website: <https://www.co.caldwell.tx.us/page/caldwell.Sheriff>:
- CCSO PREA Annual Reports 2017-2021
- CCSO 2021 Annual Report
- CCSO 2020 Annual Report
- Agency Response to PAQ

#### Interviews:

- PREA Coordinator

#### Site Review Observations:

#### Findings (by provision):

**115.88(a)** Provision 115.88(a) states, "The agency shall 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: (1) Identifying problem areas; (2) Taking



corrective action on an ongoing basis; and (3) Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole.”

CCSO Policy 6.10.1: PREA, Data Collection and Review (p. 3, subsection 3, a) states CCSO shall 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: (1) identifying problem areas; (2) taking corrective action on an ongoing basis; and (3) preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole.

*Corrective Action Phase Recommendations and Follow-up:*

In the PAQ, the agency reported compliance with this provision. The auditor requested documentation of the agency’s review as required by this provision in the pre-onsite and onsite audit phase and was not provided with the information. The auditor reviewed the CCSO PREA Annual Reports available through its website. The annual reports were the annual lists of aggregated data provided in 115.87 (b). These reports did not identify problem areas in the facility or document corrective action taken on an ongoing basis as required by this provision.

The auditor recommended 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: (1) Identifying problem areas; (2) Taking corrective action on an ongoing basis; and (3) Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole.

The agency informed the auditor that it had undergone training from 12/01/2021-12/03/2021 regarding uniform data collection and tracking PREA incidents. On 12/10/2021, the agency provided the auditor with the CCSO PREA Tracking Spreadsheet. In this spreadsheet, the agency had collected its data from its 2020 and 2021 PREA cases. On 12/20/2021, the auditor revisited the facility for a second site review. At the conclusion of the site review, the auditor and PREA Coordinator discussed reviewing data and the PREA Coordinator was able to articulate how the agency would prepare and review data moving forward, after receiving and understanding the training earlier in the month. The PREA Coordinator was also able to show the auditor the CCSO 2021 Annual Report on the CCSO website. The report met the requirements of this provision, identifying training needs and problem areas and where practices have been improved.

Based upon review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this provision.

**115.88(b)** Provision 115.88(b) states, “Such report shall include a comparison of the current year’s data and corrective actions with those from prior years and shall provide an assessment of the agency’s progress in addressing sexual abuse.”

CCSO Policy 6.10.1 (p. 3, b) states the CCSO report shall include a comparison of the current year’s data and corrective actions with those from prior years and shall provide an assessment of the agency’s progress in addressing sexual abuse.

*Corrective Action Phase Recommendations and Follow-up:*

During the onsite audit, the auditor reviewed the CCSO PREA Annual Reports available through the agency’s website and they did not include a comparison of the current year’s data and corrective actions with those from prior years, nor did it provide an assessment of the agency’s progress in

addressing sexual abuse. The auditor requested documentation of the agency's review as required by this provision in the pre-onsite and onsite audit phase and was not provided with the information.

The auditor recommended the agency review data including a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of the agency's progress in addressing sexual abuse in the agency's annual report(s).

The agency informed the auditor that it had undergone training from 12/01/2021-12/03/2021 regarding uniform data collection and tracking PREA incidents. On 12/10/2021, the agency provided the auditor with the CCSO PREA Tracking Spreadsheet, which the agency used to collect data from its 2020 and 2021 PREA cases. On 12/20/2021, the auditor revisited the facility for a second site review. At the conclusion of the site review, the auditor and PREA Coordinator discussed reviewing data and the PREA Coordinator was able to articulate how the agency would prepare and review data moving forward. The PREA Coordinator was also able to show the auditor the CCSO 2021 Annual Report on the CCSO website. The report met the requirements of this provision, comparing past years' PREA investigations and findings to the current year.

Based upon review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this provision.

**115.88(c)** Provision 115.88(c) states, "The agency's report shall be 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."

CCSO Policy 6.10.1 (p. 3, c) states CCSO's report shall be approved by the agency head and made readily available to the public upon request.

*Corrective Action Phase Recommendations and Follow-up:*

During the onsite audit phase, the data on the website did not qualify as the annual reports required in this provision. The aggregated data was available on the website, but it was not approved by the agency head.

The auditor recommended the agency's report be 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.

The agency informed the auditor that it had undergone training from 12/01/2021-12/03/2021 regarding uniform data collection and tracking PREA incidents. On 12/20/2021, the auditor revisited the facility for a second site review and the PREA Coordinator was also able to show the auditor the CCSO 2021 Annual Report on the CCSO website. The report met the requirements of this provision and was signed by CCSO Sheriff Lane on 12/17/2021.

Based upon review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this provision.

**115.88(d)** Provision 115.88(d) states, "The agency may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility but must indicate the nature of the material redacted."

CCSO Policy 6.10.1 (p. 3, d) states CCSO may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility but must indicate the nature of the material redacted.

**Corrective Action Phase Recommendations and Follow-up:**

During the onsite audit, the auditor reviewed the CCSO PREA Annual Reports available through the agency's website and they did not meet the requirements of this standard.

The auditor recommended the agency create a report as required by this standard and redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility, the agency must indicate the nature of the material redacted.

The agency informed the auditor that it had undergone training from 12/01/2021-12/03/2021 regarding uniform data collection and tracking PREA incidents. On 12/10/2021, the agency provided the auditor with the CCSO PREA Tracking Spreadsheet and the CCSO 2021 Annual Report on 12/20/2021. The information on the website did not have any material that could present clear and specific threats to the safety and security of the facility, so the agency did not need to indicate the nature of the material redacted.

Based upon review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this provision.

**Corrective Action:**

The auditor recommends no further corrective action.

**STANDARD 115.89: DATA STORAGE, PUBLICATION, AND DESTRUCTION**

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

**115.89 (a)**

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

**115.89 (b)**

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

**115.89 (c)**

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

**115.89 (d)**

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

**Auditor Overall Compliance Determination**

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

### Instructions for Overall Compliance Determination Narrative

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

#### **Documents Reviewed:** (*Policies, directives, forms, files, records, etc.*)

- CCSO Policy 6.10.1: PREA, Data Collection and Review (01/01/2021)
- Agency Website: <https://www.co.caldwell.tx.us/page/caldwell.Sheriff>:
- CCSO PREA Annual Reports 2017-2021
- Agency Response to PAQ

#### **Interviews:**

- PREA Coordinator

#### **Site Review Observations:**

- PREA case files

#### **Findings (by provision):**

**115.89(a)** Provision 115.89(a) states, "The agency shall ensure that data collected pursuant to § 115.87 are securely retained."

CCSO Policy 6.10.1: PREA, Data Collection and Review (p. 3-4, subsection 4, a) states CCSO shall ensure that data collected pursuant to § 115.87 are securely retained.

The auditor interviewed the PREA Coordinator who confirmed that all the PREA case files were kept secured in his office under lock and key. The auditor confirmed the location and security of the case files while onsite.

The auditor requested to see the agency's aggregated data collected while onsite and was told that the agency did not maintain such an instrument. The facility had kept a case packet on every allegation of sexual abuse and sexual harassment that it had investigated.

Agency policy requires data collection to be retained securely by the agency and the auditor witnessed the security of PREA case files in the PREA Coordinator's office. The agency did not collect any other data pursuant to § 115.87 until the conclusion of the corrective action phase. The auditor confirmed during a second site review that the data, including the data recently collected in the corrective action phase, continued to be maintained under lock and key in the PREA Coordinator's Office.

Based upon review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this provision.

**115.89(b)** Provision 115.89(b) states, “The agency shall 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.”

CCSO Policy 6.10.1 (p. 4, b) states CCSO shall 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.

The auditor’s review of the agency website did show evidence that the annual, aggregated data as required by 115.87 (b). The website listed annual, aggregated data for each year from 2017-2021.

Based upon review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this provision.

**115.89(c)** Provision 115.89(c) states, “Before making aggregated sexual abuse data publicly available, the agency shall remove all personal identifiers.”

CCSO Policy 6.10.1 (p. 4, c) states before making aggregated sexual abuse data publicly available, the agency shall remove all personal identifiers. The auditor reviewed the agency’s aggregated data as required by 115.87(b) through its public website and did not see any personal identifiers listed on these reports.

Based upon review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this provision.

**115.89(d)** Provision 115.89(d) states, “The agency shall 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.”

The auditor requested to review the security and maintenance of the agency’s sexual abuse data collected pursuant to § 115.87. The agency did not maintain a data collection instrument until after the corrective action phase. During the initial onsite audit phase and in a second site visit at the conclusion of the corrective action phase on 12/20/202, the auditor confirmed the agency kept all the documentation of its PREA case in a secured file in the PREA Coordinator’s office. The auditor was able to review the agency’s PREA cases from 2017-2021. The agency had implemented the PREA Standards in 2017.

Based upon review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this provision.

**Corrective Action:**

The auditor recommends no corrective action.

**AUDITING AND CORRECTIVE ACTION**

**STANDARD 115.401: FREQUENCY AND SCOPE OF AUDITS**

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

#### 115.401 (a)

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

#### 115.401 (b)

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

#### 115.401 (h)

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

#### 115.401 (i)

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

#### 115.401 (m)

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

#### 115.401 (n)

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

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

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

### Instructions for Overall Compliance Determination Narrative

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

#### **Documents Reviewed:** (Policies, directives, forms, files, records, etc.)

- Agency Website: <https://www.co.caldwell.tx.us/page/caldwell.Sheriff>:
- CCSO PREA Annual Reports 2017-2021
- CCSO PREA Compliance Audit 2018
- Agency response to PAQ

#### **Findings (by provision):**

**115.401 (a)** Provision 115.401(a) states, "During the three-year period starting on August 20, 2013, and during each three-year period thereafter, the agency shall ensure that each facility operated by the agency, or by a private organization on behalf of the agency, is audited at least once."

CCSO received a PREA Compliance Audit report for the previous PREA Audit Cycle on March 8, 2018. The facility exceeded 2 standards, met 43 standards and did not meet 0 standards in the previous audit.

Based upon review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this provision.

**115.401 (b)** Provision 115.401(b) states, "During each one-year period starting on August 20, 2013, the agency shall ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, is audited."

This is the third year of the third audit cycle. CCSO operates one facility.

Based upon review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this provision.

**115.401 (h)** Provision 115.401(h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities."

The auditor received unfettered access to all areas of the facility and was able to observe all areas of the facility during the audit.

Based upon review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this provision.

**115.401 (i)** Provision 115.401(i) states, "The auditor shall be permitted to request and receive copies of any relevant documents (including electronically stored information)."

#### *Corrective Action Phase Recommendations and Follow-up:*

The auditor requested documents multiple times throughout the pre-onsite and onsite audit phases and received inconsistent response from the agency. This led to the auditor requiring corrective action for many standards, mostly due to lack of information received from the facility. The auditor and PREA Coordinator and agency staff discussed the need for completed requests for information and documentation in order for the agency to come into compliance during the corrective action phase. The auditor and agency worked together to establish consistent, reliable communication throughout the corrective action phase. The agency staff were able to provide the documentation needed to the auditor electronically and during the auditor's second site review on 12/20/2021, which allowed the agency to become compliant in all standards of this audit.

Based upon review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this provision.

**115.401 (m)** Provision 115.401(m) states, "The auditor shall be permitted to conduct private interviews with inmates, residents, and detainees."

The auditor was permitted to conduct private interviews with inmates and staff.

Based upon review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this provision.

**115.401 (n)** Provision 115.401(n) states, "Inmates, residents, and detainees shall be permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel."

The auditor provided the agency with Notice of PREA Audit flyers in both English and Spanish. The flyers detailed the timeframe the auditor would be onsite and how to submit written, confidential correspondence to the auditor. The CCSO was asked to post the Notice of PREA Audit flyers throughout the facility in both inmate and staff areas by April 12th, 2021. CCSO provided time-stamped photographs of these posted notices to the auditor on April 8th, 2021.

While onsite, the auditor witnessed these notices posted throughout the facility in both English and Spanish. Both inmates and staff confirmed knowledge of these notices and were aware of how to contact the auditor through the information contained on these notices. The auditor confirmed this in informal and formal interviews with inmates and staff.

During the pre-onsite audit and post-onsite audit phase, the auditor did not receive any correspondence from CCSO inmates or staff.

Based upon review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this provision.

#### **Corrective Action:**

The auditor recommends no further corrective action.

### **STANDARD 115.403: AUDIT CONTENTS AND FINDINGS**

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



## 115.403 (f)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

#### Documents Reviewed: (*Policies, directives, forms, files, records, etc.*)

- [https://www.co.caldwell.tx.us/upload/page/4120/CCSO\\_Final%20PREA%20Report\\_2018.pdf](https://www.co.caldwell.tx.us/upload/page/4120/CCSO_Final%20PREA%20Report_2018.pdf)

#### Findings (by provision):

**115.403 (f)** Provision 115.401(f) states, "The agency shall ensure that the auditor's final report is published on the agency's website if it has one or is otherwise made readily available to the public."

CCSO was previously audited in the second audit cycle and has published the PREA Audit Report from March 8, 2018 on its public website.

#### Corrective Action:

The auditor recommends no corrective action.

## AUDITOR CERTIFICATION

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

### Auditor Instructions:

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

Tracy Shumard \_\_\_\_\_

12-23-2021 \_\_\_\_\_

**Auditor Signature**

**Date**

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

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