

# PREA Facility Audit Report: Final

**Name of Facility:** Lerdo Maximum-Medium Security Facility

**Facility Type:** Prison / Jail

**Date Interim Report Submitted:** 08/02/2021

**Date Final Report Submitted:** 02/04/2022

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
<b>Auditor Full Name as Signed:</b> Rick Winistorfer	<b>Date of Signature:</b> 02/04/2022

AUDITOR INFORMATION	
<b>Auditor name:</b>	Winistorfer, Rick
<b>Email:</b>	rwinistorfer@yahoo.com
<b>Start Date of On-Site Audit:</b>	06/14/2021
<b>End Date of On-Site Audit:</b>	06/17/2021

FACILITY INFORMATION	
<b>Facility name:</b>	Lerdo Maximum-Medium Security Facility
<b>Facility physical address:</b>	17645 Industrial Farm Road, Bakersfield, California - 93308
<b>Facility Phone</b>	
<b>Facility mailing address:</b>	

Primary Contact	
<b>Name:</b>	Sergeant Justin Weigand
<b>Email Address:</b>	weigandj@kernsheriff.org
<b>Telephone Number:</b>	(661)391-2604

Warden/Jail Administrator/Sheriff/Director	
<b>Name:</b>	Lieutenant Keven Wright
<b>Email Address:</b>	wright@kernsheriff.org
<b>Telephone Number:</b>	(661)391-3124

Facility PREA Compliance Manager	
<b>Name:</b>	Justin Weigand
<b>Email Address:</b>	weigandj@kernsheriff.org
<b>Telephone Number:</b>	O: (661) 391-2604

Facility Health Service Administrator On-site	
<b>Name:</b>	Margret Johnson
<b>Email Address:</b>	Margaret.Johnson@kernmedical.com
<b>Telephone Number:</b>	(661)391-3167

Facility Characteristics	
<b>Designed facility capacity:</b>	408
<b>Current population of facility:</b>	0
<b>Average daily population for the past 12 months:</b>	0
<b>Has the facility been over capacity at any point in the past 12 months?</b>	No
<b>Which population(s) does the facility hold?</b>	Both females and males
<b>Age range of population:</b>	18+
<b>Facility security levels/inmate custody levels:</b>	Minimum, Medium, Maximum
<b>Does the facility hold youthful inmates?</b>	No
<b>Number of staff currently employed at the facility who may have contact with inmates:</b>	3
<b>Number of individual contractors who have contact with inmates, currently authorized to enter the facility:</b>	65
<b>Number of volunteers who have contact with inmates, currently authorized to enter the facility:</b>	76

AGENCY INFORMATION	
<b>Name of agency:</b>	Kern County Sheriff's Office
<b>Governing authority or parent agency (if applicable):</b>	
<b>Physical Address:</b>	1350 Norris Road, Bakersfield, California - 93308
<b>Mailing Address:</b>	
<b>Telephone number:</b>	661-391-7850

Agency Chief Executive Officer Information:	
<b>Name:</b>	
<b>Email Address:</b>	Davistyson@kernsheriff.org
<b>Telephone Number:</b>	661-39

Agency-Wide PREA Coordinator Information			
<b>Name:</b>	Ian Silva	<b>Email Address:</b>	silvai@kernsheriff.org

SUMMARY OF AUDIT FINDINGS	
<p>The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.</p> <p>Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.</p>	
<b>Number of standards exceeded:</b>	
0	
<b>Number of standards met:</b>	
45	
<b>Number of standards not met:</b>	
0	

# POST-AUDIT REPORTING INFORMATION

## GENERAL AUDIT INFORMATION

### On-site Audit Dates

1. Start date of the onsite portion of the audit:	2021-06-14
2. End date of the onsite portion of the audit:	2021-06-17

### Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	Just Detention International (JDI) - June 10, 2021 Women's Center for High Desert (Handles counseling for both male and female inmates)

## AUDITED FACILITY INFORMATION

14. Designated facility capacity:	408
15. Average daily population for the past 12 months:	0
16. Number of inmate/resident/detainee housing units:	14
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	0
38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	3
39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	0
40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0

41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0
43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	0
44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	0
45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	0
46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	0
47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	Lerdo Max/Med is a vacant, fully operational, and prepared facility, which can be immediately populated in the event that the KCSO inmate population increases, that requires additional housing facilities. Inmate/Staff interviews were conducted at CRF. High population turn over on a daily basis at CRF. During the four (4) day on-site period, the facility had a 90% turn over rate of the offender population. As a result of the California / Kern County Bail reform laws, county jail populations result in significant population reductions.
<b>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</b>	
49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	85
50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	76
51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	65
52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	No text provided.
<b>INTERVIEWS</b>	

## Inmate/Resident/Detainee Interviews

### Random Inmate/Resident/Detainee Interviews

**53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:**

38

**54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)**

- Age
- Race
- Ethnicity (e.g., Hispanic, Non-Hispanic)
- Length of time in the facility
- Housing assignment
- Gender
- Other
- None

**55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?**

Review of facility roster on a daily basis while on site

**56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?**

- Yes
- No

**57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):**

No text provided.

### Targeted Inmate/Resident/Detainee Interviews

**58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:**

3

As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".

**60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:**

3

<p><b>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>Review of facility roster on a daily basis while on site</p>
<p><b>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>Review of facility roster on a daily basis while on site</p>
<p><b>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>Review of facility roster on a daily basis while on site</p>

<p>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Review of facility roster on a daily basis while on site</p>
<p>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Review of facility roster on a daily basis while on site</p>
<p>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Review of facility roster on a daily basis while on site</p>

<p><b>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>Review of facility roster on a daily basis while on site</p>
<p><b>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>Review of facility roster on a daily basis while on site</p>
<p><b>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>Review of facility roster on a daily basis while on site</p>

70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	As a result of the lack of inmate population at Lerdo Max/Med, the random Inmate population at CRF was oversampled due to limited targeted inmate availability. On day 2, individual who identified as gay was arrested on PM shift, and was released due to bail release policies, prior to arrival of auditors arrival in the morning.
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## Staff, Volunteer, and Contractor Interviews

### Random Staff Interviews

71. Enter the total number of RANDOM STAFF who were interviewed:	21
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72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	<input checked="" type="checkbox"/> Length of tenure in the facility <input checked="" type="checkbox"/> Shift assignment <input checked="" type="checkbox"/> Work assignment <input checked="" type="checkbox"/> Rank (or equivalent) <input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken) <input type="checkbox"/> None
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73. Were you able to conduct the minimum number of RANDOM STAFF interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	Because Lerdo Max/Med is currently vacant, and has minimal staffing, the additional staffing interviews have been incorporated in with this report.
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### Specialized Staff, Volunteers, and Contractor Interviews

Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.

75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	28
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76. Were you able to interview the Agency Head?	<input type="radio"/> Yes <input checked="" type="radio"/> No
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a. Explain why it was not possible to interview the Agency Head:	Sheriff was unavailable - Interviewed designee - Chief Deputy / Commander
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77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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<p>78. Were you able to interview the PREA Coordinator?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>79. Were you able to interview the PREA Compliance Manager?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)</p>
<p>80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)</p>	<p><input checked="" type="checkbox"/> Agency contract administrator</p> <p><input checked="" type="checkbox"/> Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment</p> <p><input checked="" type="checkbox"/> Line staff who supervise youthful inmates (if applicable)</p> <p><input type="checkbox"/> Education and program staff who work with youthful inmates (if applicable)</p> <p><input checked="" type="checkbox"/> Medical staff</p> <p><input checked="" type="checkbox"/> Mental health staff</p> <p><input type="checkbox"/> Non-medical staff involved in cross-gender strip or visual searches</p> <p><input checked="" type="checkbox"/> Administrative (human resources) staff</p> <p><input checked="" type="checkbox"/> Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff</p> <p><input checked="" type="checkbox"/> Investigative staff responsible for conducting administrative investigations</p> <p><input checked="" type="checkbox"/> Investigative staff responsible for conducting criminal investigations</p> <p><input checked="" type="checkbox"/> Staff who perform screening for risk of victimization and abusiveness</p> <p><input checked="" type="checkbox"/> Staff who supervise inmates in segregated housing/residents in isolation</p> <p><input checked="" type="checkbox"/> Staff on the sexual abuse incident review team</p> <p><input checked="" type="checkbox"/> Designated staff member charged with monitoring retaliation</p> <p><input checked="" type="checkbox"/> First responders, both security and non-security staff</p> <p><input checked="" type="checkbox"/> Intake staff</p> <p><input type="checkbox"/> Other</p>

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

## SITE REVIEW AND DOCUMENTATION SAMPLING

### Site Review

PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: discussions related to testing critical functions are expected to be included in the relevant Standard-specific overall determination narratives.

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

85. Reviewing/examining all areas of the facility in accordance with the site review component of the audit instrument?	<input checked="" type="radio"/> Yes <input type="radio"/> No
86. Testing and/or observing all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., intake process, risk screening process, PREA education)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
88. Informal conversations with staff during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).	No text provided.

### Documentation Sampling

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

90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?	<input checked="" type="radio"/> Yes <input type="radio"/> No
91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).	Auditor identified and reviewed personnel and training files from various staff members, volunteers and contractors.

## SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

### Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

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

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

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

## Sexual Abuse and Sexual Harassment Investigation Outcomes

### Sexual Abuse Investigation Outcomes

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

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

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

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

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

**Sexual Harassment Investigation Outcomes**

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0
<b>Total</b>	0	0	0	0

**Sexual Abuse and Sexual Harassment Investigation Files Selected for Review**

**Sexual Abuse Investigation Files Selected for Review**

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/sampled:	0
a. Explain why you were unable to review any sexual abuse investigation files:	Lerdo Max/Med has not had an inmate population for the past twelve (12) months.
99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)

**Inmate-on-inmate sexual abuse investigation files**

100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
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101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
<b>Staff-on-inmate sexual abuse investigation files</b>	
103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
<b>Sexual Harassment Investigation Files Selected for Review</b>	
106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	0
a. Explain why you were unable to review any sexual harassment investigation files:	Lerdo Max/Med has not had an inmate population for the past twelve (12) months.
107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)
<b>Inmate-on-inmate sexual harassment investigation files</b>	
108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0

<p>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p> <input type="radio"/> Yes  <input type="radio"/> No  <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files) </p>
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<p>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p> <input type="radio"/> Yes  <input type="radio"/> No  <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files) </p>
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**Staff-on-inmate sexual harassment investigation files**

<p>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
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<p>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</p>	<p> <input type="radio"/> Yes  <input type="radio"/> No  <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files) </p>
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<p>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p> <input type="radio"/> Yes  <input type="radio"/> No  <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files) </p>
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<p>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p>	<p>Lerdo Max/Med has not had an inmate population for the past twelve (12) months.</p>
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**SUPPORT STAFF INFORMATION**

**DOJ-certified PREA Auditors Support Staff**

<p>115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p>	<p> <input type="radio"/> Yes  <input checked="" type="radio"/> No </p>
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**Non-certified Support Staff**

<p>116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p>	<p> <input checked="" type="radio"/> Yes  <input type="radio"/> No </p>
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<p>a. Enter the TOTAL NUMBER OF NON-CERTIFIED SUPPORT who provided assistance at any point during this audit:</p>	<p>1</p>
<p><b>AUDITING ARRANGEMENTS AND COMPENSATION</b></p>	
<p>121. Who paid you to conduct this audit?</p>	<p> <input type="radio"/> The audited facility or its parent agency   <input type="radio"/> My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)   <input checked="" type="radio"/> A third-party auditing entity (e.g., accreditation body, consulting firm)   <input type="radio"/> Other         </p>
<p>Identify the name of the third-party auditing entity</p>	<p>PREA Auditors of America</p>

## Standards

### Auditor Overall Determination Definitions

- Exceeds Standard  
(Substantially exceeds requirement of standard)
- Meets Standard  
(substantial compliance; complies in all material ways with the stand for the relevant review period)
- Does Not Meet Standard  
(requires corrective actions)

### Auditor Discussion Instructions

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

115.11	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>
	<p data-bbox="242 145 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="242 210 451 239"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1469 365">Agency employs PREA Compliance Managers at facility, with an additional assigned PREA Compliance Manager assigned to work directly with PREA Compliance Coordinator at the Agency level, providing liaison between the facility PREA Compliance Managers and the PREA Compliance Coordinator.</p> <p data-bbox="242 396 1485 524">Following the on-site portion, the auditor began a review of the information that had been uploaded into the OAS, the auditor discovered that not all required information had been uploaded as required for this standard/provision. In those instances when an identified section of specific policy or procedures was required to address the requirement, only the first page of the document was uploaded and not the specific section that is required to reflect compliance with that standard/provision.</p> <p data-bbox="242 555 1461 647">In order to ensure that a thorough review is conducted of this standard/provision, additional supporting documents need to be identified and uploaded (training materials, logs, etc), in order to ensure that this standard/provision is considered appropriately.</p> <p data-bbox="242 678 1458 739">The auditor has since spoken with the PREA Compliance Manager who has indicated that he will be working to identify all required documents, and upload them into the OAS for review.</p> <p data-bbox="242 770 1474 862">The auditor and agency will collaborate on the corrective action plans for any identified non-compliance issues. The agency will have 180-days to correct the non-compliant issues after which, the auditor has an additional 30-days to submit the Final PREA Audit Report.</p> <p data-bbox="242 893 1452 985">Auditor will conduct a status review with KCSO PREA Compliance Manager the week of September 7, 2021 to determine status of those documents that have been identified for each standard/provision. If Corrective Actions are identified, they must be implemented and institutionalized by the end of the 180-day Corrective Action Period: January 29, 2022.</p> <p data-bbox="242 1016 766 1046"><u>CORRECTIVE ACTION COMPLETION 01/24/2022:</u></p> <p data-bbox="242 1077 1485 1234">According to the KCSO Organizational Chart, the PREA Coordinator falls under the Chief Deputy. The PREA coordinator indicated that he has sufficient time and authority to develop, implement, and oversee agency efforts to comply with PREA standards in all KCSO facilities. Reporting directly to the PREA Coordinator is the Departmental PREA Compliance Manager (PCM), who oversees the day to day operations of the various KCSO facilities, each facility has its own assigned PCM, who works in collaboration with the both the departmental PCM and PREA Coordinator.</p> <p data-bbox="242 1265 1493 1460">During the interview with the PCM, he indicated that he has sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards. He works routinely with the PREA team, investigations, and the entire Lerdo Max-Med staff to ensure policy and procedure are being followed properly. He was knowledgeable with regards to specific policy surrounding the PREA standards. He reported that he remains abreast of any new and/or modified practices on a department wide level. It is evident that he is extremely knowledgeable with the Department's expectations, and is able to implement them into his daily responsibilities.</p> <p data-bbox="242 1491 1458 1552">The PREA Coordinator advised he would assist the facilities and ensure they have all the tools and guidance they need to meet all of the requirements of the PREA standards.</p> <p data-bbox="242 1583 1404 1644">KCSO has developed a zero tolerance stance towards sexual abuse and sexual harassment, staff and inmates were extremely knowledgeable of the PREA standards and zero tolerance policy</p> <p data-bbox="242 1675 363 1704"><u>Conclusion:</u></p> <p data-bbox="242 1736 1493 1827">The agency/facility has met the requirements of the Standard provision(s), which have been completed during the corrective action period. The auditor has determined that the agency/facility has met all standard provisions and complies with Standard 115.11.</p>

<b>115.12</b>	<b>Contracting with other entities for the confinement of inmates</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The agency has not entered into or renewed a contract for the confinement of inmates on or after August 20, 2012, or since the last PREA audit, whichever is later.</p> <p>Based upon the final analysis of evidence, the auditor finds the facility is fully compliant with Standard 115.12.</p>

115.13	<b>Supervision and monitoring</b>
	<p data-bbox="242 145 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="242 208 451 237"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1485 398">Following the on-site portion, the auditor began a review of the information that had been uploaded into the OAS, the auditor discovered that not all required information had been uploaded as required for this standard/provision. In those instances when an identified section of specific policy or procedures was required to address the requirement, only the first page of the document was uploaded and not the specific section that is required to reflect compliance with that standard/provision.</p> <p data-bbox="242 432 1461 521">In order to ensure that a thorough review is conducted of this standard/provision, additional supporting documents need to be identified and uploaded (training materials, logs, etc), in order to ensure that this standard/provision is considered appropriately.</p> <p data-bbox="242 555 1458 613">The auditor has since spoken with the PREA Compliance Manager who has indicated that he will be working to identify all required documents, and upload them into the OAS for review.</p> <p data-bbox="242 647 1474 736">The auditor and agency will collaborate on the corrective action plans for any identified non-compliance issues. The agency will have 180-days to correct the non-compliant issues after which, the auditor has an additional 30-days to submit the Final PREA Audit Report.</p> <p data-bbox="242 770 1452 860">Auditor will conduct a status review with KCSO PREA Compliance Manager the week of September 7, 2021 to determine status of those documents that have been identified for each standard/provision. If Corrective Actions are identified, they must be implemented and institutionalized by the end of the 180-day Corrective Action Period: January 29, 2022.</p> <p data-bbox="242 893 766 922"><u>CORRECTIVE ACTION COMPLETION 01/24/2022:</u></p> <p data-bbox="242 956 1426 1014">At this time the facility is vacant; however, it is prepped and immediately ready for inmates, should the need arise. The facility is fully operational, and maintains a minimum staffing, to ensure that all facets of the facility remain ready.</p> <p data-bbox="242 1048 1430 1137">Current policy ensures the facility continues to develop, document, and make its best effort to follow a staffing plan that provides for adequate levels of staffing, and when applicable, utilize video monitoring to protect inmates against sexual abuse.</p> <p data-bbox="242 1171 1485 1261">The current staffing plan was reviewed by the auditor, and conforms with the direction and allocations as directed by policy. In calculating adequate staffing levels and determining the need for video monitoring, the facility will utilize the PREA staffing analysis in accordance with the following considerations:</p> <ol data-bbox="276 1317 1485 1675" style="list-style-type: none"> <li>1. Generally accepted detention and correctional practices;</li> <li>2. Any judicial findings of inadequacy;</li> <li>3. Any findings of inadequacy from Federal investigative agencies;</li> <li>4. Any findings of inadequacy from internal or external oversight;</li> <li>5. All components of the facility's physical plant (including "blind-spots" or areas where staff or Inmates may be isolated);</li> <li>6. The composition of the Inmate population;</li> <li>7. The number and placement of supervisory staff;</li> <li>8. Institution programs occurring on a particular shift;</li> <li>9. Any applicable regulations or standards;</li> <li>10. The prevalence of substantiated and unsubstantiated incidents of sexual abuse;</li> <li>11. Any other relevant factors</li> </ol> <p data-bbox="242 1709 1465 1798">The staffing plan is reviewed annually in collaboration with the Chief Deputy, his executive staff, the PCM, the PREA Coordinator, and any additional multi-disciplinary staff. The Chief Deputy reported that the KCSO also conducts an agency wide staffing analysis.</p> <p data-bbox="242 1832 1485 2022">The facility provided a staffing plan and daily staff rosters clearly indicating staffing levels. The leadership team conducts an annual staffing analysis including a review of existing posts, video monitoring, and other monitoring technologies at the facility. During the interview with the Chief Deputy, he reported if the facility deviates from the staffing plan, the staffing roster is updated. In those circumstances where the staffing plan is not complied with, it is the shift supervisor's responsibility to document and justify all deviations from the plan in the daily shift report. Because of the existing COVID precautions, inmate education or program time was shut down as a result for the past year.</p> <p data-bbox="242 2056 1461 2114">The plans that were provided were comprehensive and addressed each of the bullet items required according to Provision (a). On an annual basis, quality assurance audits are conducted to ensure compliance with the established staffing model.</p>

A staffing plan review board is convened at least once annually for the review and assessment of the staffing plan, deployment of video monitoring system, and resources available to ensure adherence to the staffing plan.

The annual staffing plan review board analyzes the most common reasons for any deviation from the staffing plan and propose corrective actions or alternatives. It has been documented that in the past 12 months, the following are the six (6) instances when deviation from the staffing plan might occur:

1. Sick Leave
2. Medical transports
3. Hospital Guard Coverage
4. Industrial injury
5. Medical Leave / FMLA
6. Family Sick Leave

The PREA Coordinator was interviewed and reported that the KCSO completes an Agency wide staffing analysis.

The Lerdo Max-Med has minimum staffing requirements. In the event that a mandatory post is vacant for whatever reason, that position is filled with overtime staff or staff redirected from non-mandatory positions. The auditor reviewed randomly chosen rosters over a twelve-month period and each roster reflected various position deviations. During this review period, there were various instances when voluntarily overtime, or staff diversions were utilized to cover any vacant positions. As indicated in the documentation, normal unit operations occurred and were uninterrupted.

According to KCSO policy, it is the responsibility of each facility for providing direction to reflect the practice of having intermediate level and high-level-supervisors conduct and document unannounced rounds to identify and deter staff and inmate sexual abuse and sexual harassment. Staff are prohibited from alerting other staff members that these rounds are occurring. The facility provided examples of their electronic logbooks documenting unannounced rounds by staff on all shifts to the auditor both in the pre- audit paperwork and during the Onsite Audit Phase.

During the site review, the auditor observed that there are numerous cameras distributed throughout facility. All areas of concern were covered through either direct staff observation, or through camera observation. During the site review, the auditor identified a couple areas of concern regarding the pixeled areas of several camera views. The auditor was advised by the PCM that the facility had just changed out several facility cameras, which resulted in the pixilation moving off of the previous locations. The facility has since made the adjustments to the camera pixilation, which has since been verified by this auditor.

During the interviews with both the Chief Deputy and the PCM indicated that they regularly conduct random reviews of staffing levels, how they affect the inmate programming, various classification amounts, as well as any changes or modifications to the video monitoring. They will also review other concerns which include, physical plant configuration, internal or external oversight bodies, inmate population configuration, placement of supervisor staff, line-staff needs, and any prevalence of substantiated or unsubstantiated incidents of sexual abuse.

Additionally, the Chief Deputy indicated that during his regular executive staff meetings, staffing plan compliance and any deviations from the staffing plan are a frequent topic.

Interviews conducted with intermediate or higher level staff affirmed that these staff are making unannounced rounds and documenting these rounds on the respective shift rosters.

During the interview with the PREA Coordinator, he confirmed that the staffing plan is reviewed annually for each facility/unit which includes video monitoring staff, and resources available to commit to the staffing plan.

Interviews with higher level staff indicate that they begin their rounds by instructing staff to not inform each other they are making their rounds and moving throughout the facility/unit. Supervisors go anywhere the inmates have access. Supervisors confirmed these rounds are documented in the logbooks.

Conclusion:

The agency/facility has met the requirements of the Standard provision(s), which have been completed during the corrective action period. The auditor has determined that the agency/facility has met all standard provisions and complies with Standard 115.13.

115.14	<b>Youthful inmates</b>
	<p data-bbox="240 147 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 273 1458 362">Need to provide a statement of fact that reflects that over the past 12 months, there are no housing units to which youthful inmates are assigned that provide sight and sound no youthful inmates placed in SAME HOUSING UNIT as adults at this facility.</p> <p data-bbox="240 398 1485 524">Following the on-site portion, the auditor began a review of the information that had been uploaded into the OAS, the auditor discovered that not all required information had been uploaded as required for this standard/provision. In those instances when an identified section of specific policy or procedures was required to address the requirement, only the first page of the document was uploaded and not the specific section that is required to reflect compliance with that standard/provision.</p> <p data-bbox="240 560 1461 649">In order to ensure that a thorough review is conducted of this standard/provision, additional supporting documents need to be identified and uploaded (training materials, logs, etc), in order to ensure that this standard/provision is considered appropriately.</p> <p data-bbox="240 685 1458 739">The auditor has since spoken with the PREA Compliance Manager who has indicated that he will be working to identify all required documents, and upload them into the OAS for review.</p> <p data-bbox="240 775 1474 864">The auditor and agency will collaborate on the corrective action plans for any identified non-compliance issues. The agency will have 180-days to correct the non-compliant issues after which, the auditor has an additional 30-days to submit the Final PREA Audit Report.</p> <p data-bbox="240 900 1452 990">Auditor will conduct a status review with KCSO PREA Compliance Manager the week of September 7, 2021 to determine status of those documents that have been identified for each standard/provision. If Corrective Actions are identified, they must be implemented and institutionalized by the end of the 180-day Corrective Action Period: January 29, 2022.</p> <p data-bbox="240 1025 766 1048"><u>CORRECTIVE ACTION COMPLETION 01/24/2022:</u></p> <p data-bbox="240 1084 868 1106">This facility does not accept youthful inmates into confinement.</p> <p data-bbox="240 1142 1404 1196">Staff and Inmate interviews confirm youthful inmates are not housed at the facility. Staff indicated per policy; youthful inmates are never housed at Lerdo Max-Med.</p> <p data-bbox="240 1232 1433 1285">The Central Office also provided an age breakdown for those inmates housed at Lerdo Max-Med; the age of the inmate population ranges over 18 years of age.</p> <p data-bbox="240 1321 1142 1344">During the site visit, the auditor did not observe any youthful inmates housed at the facility.</p>

115.15	<b>Limits to cross-gender viewing and searches</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 208 451 235"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1485 398">Following the on-site portion, the auditor began a review of the information that had been uploaded into the OAS, the auditor discovered that not all required information had been uploaded as required for this standard/provision. In those instances when an identified section of specific policy or procedures was required to address the requirement, only the first page of the document was uploaded and not the specific section that is required to reflect compliance with that standard/provision.</p> <p data-bbox="240 430 1461 521">In order to ensure that a thorough review is conducted of this standard/provision, additional supporting documents need to be identified and uploaded (training materials, logs, etc), in order to ensure that this standard/provision is considered appropriately.</p> <p data-bbox="240 553 1458 613">The auditor has since spoken with the PREA Compliance Manager who has indicated that he will be working to identify all required documents, and upload them into the OAS for review.</p> <p data-bbox="240 645 1474 736">The auditor and agency will collaborate on the corrective action plans for any identified non-compliance issues. The agency will have 180-days to correct the non-compliant issues after which, the auditor has an additional 30-days to submit the Final PREA Audit Report.</p> <p data-bbox="240 768 1452 860">Auditor will conduct a status review with KCSO PREA Compliance Manager the week of September 7, 2021 to determine status of those documents that have been identified for each standard/provision. If Corrective Actions are identified, they must be implemented and institutionalized by the end of the 180-day Corrective Action Period: January 29, 2022.</p> <p data-bbox="240 891 766 918"><u>CORRECTIVE ACTION COMPLETION 01/24/2022:</u></p> <p data-bbox="240 949 1489 1041">Existing KCSO/Lerdo Max-Med policy covers the procedures for appropriate searches and is compliant with the mandates of this standard. Strip searches and visual body cavity searches shall be conducted by staff of the same gender and in a private place which prevents the search from being observed by those not assisting in the search.</p> <p data-bbox="240 1072 1445 1200">Further policy states that 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.</p> <p data-bbox="240 1232 1485 1323">According to existing KCSO policy, except in exigent circumstances, strip searches and body cavity searches must be conducted, in private, by staff of the same sex as the inmate being searched. Lerdo Max-Med policy requires the facility staff to document all cross-gender strip searches and cross-gender visual body cavity searches.</p> <p data-bbox="240 1355 1426 1415">KCSO policy allows an inmate to shower and perform bodily functions without non-medical staff of the opposite gender viewing them, except in exigent circumstances.</p> <p data-bbox="240 1447 1461 1538">In those instances when a female staff member enters a housing area, policies require that staff are required to announce, "female/male on deck/tier". During the site-review, opposite gender staff were observed entering the various housing units and announcements of their presence was made for each occurrence.</p> <p data-bbox="240 1570 1493 1662">All inmates and random staff reported hearing opposite gender staff announce their presence when entering the housing unit. Every inmate interviewed confirmed that they were comfortable dressing without being viewed by staff of the opposite gender.</p> <p data-bbox="240 1693 1409 1753">During informal interviews with staff regarding the requirement for cross gender announcements, all staff consistently reported that opposite gender staff announcements are made when entering the housing areas.</p> <p data-bbox="240 1785 1493 1912">KCSO policy requires staff to be cognizant when searching transgender and intersex inmates, and shall conduct searches in a respectful, and least intrusive manner as possible. Inmates are not searched for the sole purpose of identifying/verifying their gender. The facility has integrated training specific to transgender and intersex searches. Policy clearly stipulates that under no circumstances shall an inmate search be conducted solely for the purpose of determining an inmate's genital status.</p> <p data-bbox="240 1944 1493 2036">Policy indicates that the KCSO/Lerdo Max-Med 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.</p> <p data-bbox="240 2067 1485 2159">KCSO provided training logs to demonstrate all facility staff have been trained on search procedures. The training curriculum that is utilized for the training was also provided for review. Each participant signed their acknowledgement of associated training materials. Training topics included the KCSO's zero tolerance policy, characteristics, and signs of potential victims of</p>

sexual abuse and harassment, security checks, contraband, as well as appropriate search techniques.

During staff interviews, staff advised that they are trained on how to conduct cross-gender pat-down searches and searches of transgender inmates. Staff reported they received a refresher course on an annual basis.

Policy also advises that cross gender searches, including cross gender frisk, strip, or body cavity searches are not authorized in the Lerdo Max-Med.

- In the past twelve months, the following indicates the number of cross-gender visual body cavity searches of inmates:  
0
- In the past twelve months, the following indicates the number of cross-gender visual body cavity searches of Inmates that did not involve exigent circumstances or were performed by non-medical staff: 0

There are several different housing configurations at Lerdo Max-Med; housing varies between one (1) or two (2) person cells with individual toilets, to large dormitory settings with a bathroom area located in a centralized area of the dormitory. The dormitory bathrooms have a half/saloon type door covering each individual shower, with appropriate privacy screens shielding each individual toilet. Segregated housing cells contain toilets inside of the cells that are situated at the far end of the cell. A shower is located on the tier, with half/saloon type door. All showers and toilets in the housing units, dorms or segregated housing have appropriate surrounds, coverings, or are situated to ensure protection against opposite gender viewing.

During interviews with the PREA Compliance Manager and higher-level facility staff it was reported that no cross-gender strip searches have been conducted at the facility within the past 12 months.

All staff interviewed (formal and informal) were questioned about cross gender search practices. Each of these staff recalled having the training specific to this and reported that cross gender strip searches or cross gender body cavity searches do not occur at Lerdo Max-Med. In addition, the interviewed staff indicated specifically that no searches are conducted for the sole purpose of identifying the genital status.

Of the formal and informal inmate interviews, all indicated that female staff do not conduct cross gender strip searches or cross gender body cavity searches.

Conclusion:

The agency/facility has met the requirements of the Standard provision(s), which have been completed during the corrective action period. The auditor has determined that the agency/facility has met all standard provisions and complies with Standard 115.15.

<b>115.16</b>	<b>Inmates with disabilities and inmates who are limited English proficient</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

Following the on-site portion, the auditor began a review of the information that had been uploaded into the OAS, the auditor discovered that not all required information had been uploaded as required for this standard/provision. In those instances when an identified section of specific policy or procedures was required to address the requirement, only the first page of the document was uploaded and not the specific section that is required to reflect compliance with that standard/provision.

In order to ensure that a thorough review is conducted of this standard/provision, additional supporting documents need to be identified and uploaded (training materials, logs, etc), in order to ensure that this standard/provision is considered appropriately.

The auditor has since spoken with the PREA Compliance Manager who has indicated that he will be working to identify all required documents, and upload them into the OAS for review.

The auditor and agency will collaborate on the corrective action plans for any identified non-compliance issues. The agency will have 180-days to correct the non-compliant issues after which, the auditor has an additional 30-days to submit the Final PREA Audit Report.

Auditor will conduct a status review with KCSO PREA Compliance Manager the week of September 7, 2021 to determine status of those documents that have been identified for each standard/provision. If Corrective Actions are identified, they must be implemented and institutionalized by the end of the 180-day Corrective Action Period: January 29, 2022.

CORRECTIVE ACTION COMPLETION 01/24/2022:

The facility ensures 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. It provides inmate education in formats accessible to all inmates, including those who are limited English proficient, deaf, visually impaired, intellectually and/or physically disabled, as well as to inmates who have limited reading skills.

The facility has staff who can be utilized as translators. Brochures are available in both English and Spanish. Lerdo Max-Med had prominent PREA signs throughout the facility in English as well as Spanish. The PREA Orientation Handbook is available in Spanish as well.

Agency policy indicates that staff shall not rely on inmate interpreters, inmates 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 described within this plan, or the investigation of the inmate's allegations.

The Auditor was provided written documents, training materials, as well as PREA brochures, that are provided in both English and Spanish to the inmate population. During the tour, the Auditor also observed that the PREA posters were prominently displayed in each housing unit, work area, as well as numerous areas throughout the facility in both English and Spanish.

During the interview with the Chief Deputy, he shared that the department ensures that training materials are provided in different formats; written, video, English and Spanish.

During the interview with the PCM, he indicated that there have not been any instances in the past twelve (12) months where interpreter services were utilized or required.

Three (3) inmates identified as either Limited English Proficient or with a disability were interviewed and they confirmed receiving information regarding sexual abuse and sexual harassment. The Lerdo Max/Med facility has not housed any inmates in the past twelve (12) months. Because the facility has remained operational, and inmates can be moved from one KCSO facility to the next the inmate population at CRF was oversampled, as a representation of the KCSO inmate population.

Of the staff that were interviewed by the auditor, all indicated that in the event translation was required, they would try to find another staff member to provide translation, and then advise the Shift Commander for further direction. Each of the staff members advised that they would not solicit the assistance of an inmate translator, nor would they utilize one past the initial introductions.

Conclusion:

The agency/facility has met the requirements of the Standard provision(s), which have been completed during the corrective action period. The auditor has determined that the agency/facility has met all standard provisions and complies with Standard 115.16.

115.17	<b>Hiring and promotion decisions</b>
	<p data-bbox="242 145 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="242 210 451 239"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1445 331">Interview with HR staff indicates that the agency has a system in place that notifies the agency of any criminal activity for employees and contractors. Due to initial LiveScan, anytime a hit comes on the FBI system, the agency is notified.</p> <p data-bbox="242 362 1469 488">Interview with HR staff indicates that all applicants and employees who may have contact with inmates about previous misconduct described in standard provision 115.17(a) in written applications for hiring and promotions. The facility imposes upon employees a continuing affirmative duty to disclose any such previous misconduct; however, no policy or employee statement verifications were uploaded to OAS or provided documentation.</p> <p data-bbox="242 519 1477 613">Interview with HR staff indicates that when a former employee applies for work at another institution, upon request from that institution via an employee signed release, agency shall provide information on substantiated allegations of sexual abuse or sexual harassment.</p> <p data-bbox="242 645 1485 770">Following the on-site portion, the auditor began a review of the information that had been uploaded into the OAS, the auditor discovered that not all required information had been uploaded as required for this standard/provision. In those instances when an identified section of specific policy or procedures was required to address the requirement, only the first page of the document was uploaded and not the specific section that is required to reflect compliance with that standard/provision.</p> <p data-bbox="242 801 1461 896">In order to ensure that a thorough review is conducted of this standard/provision, additional supporting documents need to be identified and uploaded (training materials, logs, etc), in order to ensure that this standard/provision is considered appropriately.</p> <p data-bbox="242 927 1458 987">The auditor has since spoken with the PREA Compliance Manager who has indicated that he will be working to identify all required documents, and upload them into the OAS for review.</p> <p data-bbox="242 1019 1474 1113">The auditor and agency will collaborate on the corrective action plans for any identified non-compliance issues. The agency will have 180-days to correct the non-compliant issues after which, the auditor has an additional 30-days to submit the Final PREA Audit Report.</p> <p data-bbox="242 1144 1453 1238">Auditor will conduct a status review with KCSO PREA Compliance Manager the week of September 7, 2021 to determine status of those documents that have been identified for each standard/provision. If Corrective Actions are identified, they must be implemented and institutionalized by the end of the 180-day Corrective Action Period: January 29, 2022.</p> <p data-bbox="242 1270 766 1299"><u>CORRECTIVE ACTION COMPLETION 01/24/2022:</u></p> <p data-bbox="242 1330 1493 1487">KCSO policy requires that an the department/facility shall not hire or promote anyone into a position who may have contact with inmates, and shall not enlist the services of any contractor that may have contact with inmates, that have engaged in sexual abuse of inmates in an institutional setting, has been convicted of engaging in sexual activity in the community facilitated by force, the threat of force, or coercion, or has been civilly or administratively adjudicated to have engaged in such activity. During the interview with the Human Resources (HR) Director, she confirmed this practice was in place.</p> <p data-bbox="242 1518 1485 1675">KCSO policy requires that Lerdo Max-Med must 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. During the interview with the HR Director, she reported that the facility does consider prior incidents of sexual harassment/sexual abuse when determining whether to promote or hire anyone. She could not recall that this has occurred, and that if it had it would be discussed with administration.</p> <p data-bbox="242 1706 1485 1832">KCSO policy requires that prior to hiring new employees who may have contact with inmates, the facility performs criminal record background checks for all newly hired employees who may have contact with inmates, all employees who have contact with inmates who are considered for promotion, contractors who may have contact with inmates, and volunteers who may have contact with inmates.</p> <p data-bbox="242 1863 1461 2056">The Auditor reviewed a random sampling of staff and contractor files. The Auditor reviewed several files of both staff and contractors, who were either hired or promoted within the past 12 months, including existing staff, or existing staff who had been with KCSO for over five (5) years. Each of the files reviewed contained all items required by the standard, which included PREA documentation and Criminal History Check information. The Auditor was also able to verify that all files reviewed contained all items required by standard, including the PREA documentation and verification of the completed criminal history checks.</p> <p data-bbox="242 2087 1477 2148">In the preceding 12 months there were 65 individuals hired who may have contact with inmates who had a criminal background check completed. The Auditor conducted a review of the requested personnel files (which included newly hired)</p>

and verified that each of the files reviewed contained all items required by standard, including the PREA documentation and verification of the completed criminal history checks.

The KCSO does not employ 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:

- 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);
- Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or
- Has been civilly or administratively adjudicated to have engaged in 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.

The Human Resources Director was interviewed regarding the hiring practices of the KCSO indicated that a potential hire is required to fill out all personnel documents, which requires the disclosure of the standards required items. In addition, the HR Director further stated that the KCSO takes a highly active and aggressive stance with the requirements of the PREA standards. She further indicated that a condition of staff employment requires that any arrest activity must be reported through the respective employee's reporting structure. Additionally, any information on substantiated allegations of sexual abuse or sexual harassment involving a former employee must be provided upon request.

KCSO policy requires the facility to conduct criminal background checks at least every five years of current employees and contractors who may have contact with inmates. In lieu of conducting background checks every five (5) years, as required by provision, the HR Director reported that the KCSO participates in the active DOJ notification process which notifies the participating agency when a KCSO staff member has been arrested by an allied law enforcement agency.

KCSO policy requires the facility to ask all applicants and employees who may have contact with inmates directly about previous misconduct. Prior institutional employers of each candidate, including new hires and promotional candidates, and contract employee candidates, are also contacted for information on substantiated allegations of sexual abuse of an inmate or any resignation during a pending investigation of an allegation of sexual abuse of an inmate using the Request for Information from Prior Institutional Employer Letter.

During the interview with the HR Director, she indicated that omissions regarding misconduct, or the provision of materially false information, are grounds for termination. The facility is also required to 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. He further reported KCSO has a universal form that is utilized request information regarding misconduct on a potential hire.

Conclusion:

The agency/facility has met the requirements of the Standard provision(s), which have been completed during the corrective action period. The auditor has determined that the agency/facility has met all standard provisions and complies with Standard 115.17.

115.18	<b>Upgrades to facilities and technologies</b>
	<p data-bbox="242 145 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="242 210 451 239"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1477 365">During the on-site portion, the auditor observed numerous cameras throughout the facility that were either not functioning or out of focus. In several instances, the shaded privacy areas were not appropriately placed, leaving the inmate in the toilet/shower area completely exposed to cross gender viewing (Camera's located A-22, A-23 &amp; A-24).</p> <p data-bbox="242 396 1485 524">Following the on-site portion, the auditor began a review of the information that had been uploaded into the OAS, the auditor discovered that not all required information had been uploaded as required for this standard/provision. In those instances when an identified section of specific policy or procedures was required to address the requirement, only the first page of the document was uploaded and not the specific section that is required to reflect compliance with that standard/provision.</p> <p data-bbox="242 555 1461 647">In order to ensure that a thorough review is conducted of this standard/provision, additional supporting documents need to be identified and uploaded (training materials, logs, etc), in order to ensure that this standard/provision is considered appropriately.</p> <p data-bbox="242 678 1458 739">The auditor has since spoken with the PREA Compliance Manager who has indicated that he will be working to identify all required documents, and upload them into the OAS for review.</p> <p data-bbox="242 770 1474 862">The auditor and agency will collaborate on the corrective action plans for any identified non-compliance issues. The agency will have 180-days to correct the non-compliant issues after which, the auditor has an additional 30-days to submit the Final PREA Audit Report.</p> <p data-bbox="242 893 1452 985">Auditor will conduct a status review with KCSO PREA Compliance Manager the week of September 7, 2021 to determine status of those documents that have been identified for each standard/provision. If Corrective Actions are identified, they must be implemented and institutionalized by the end of the 180-day Corrective Action Period: January 29, 2022.</p> <p data-bbox="242 1016 766 1046"><u>CORRECTIVE ACTION COMPLETION 01/24/2022:</u></p> <p data-bbox="242 1077 1485 1234">The KCSO Chief Deputy is required to approve any major changes in construction, and he shall consider the best interest of staff and inmates. The interview with the Chief Deputy indicated that there were no planned or ongoing construction projects planned at the KCSO. He further stated that any modifications are implemented in accordance with PREA standards. Video monitoring technology at each facility is reviewed annually and updated as needed. Cameras are positioned in a manner to eliminate blind spots.</p> <p data-bbox="242 1265 1412 1326">KCSO policy requires when a facility is installing or updating a video monitoring system, the facility considers how the technology may enhance the facility's ability to protect inmates from sexual abuse.</p> <p data-bbox="242 1357 1485 1514">During the site review of each facility, the auditor was informed that there are a large amount of cameras distributed throughout the various KCSO facilities. There have be a significant amount of cameras that have been added or updated since the last PREA audit; however, it should be noted that a significant number of the cameras throughout the facilities were "dated", and with significant focus concerns. It is recommended that the facility review its current camera technologies and update the older cameras to ensure that they function properly with the newer cameras and video monitoring system.</p> <p data-bbox="242 1545 363 1574"><u>Conclusion:</u></p> <p data-bbox="242 1606 1458 1697">No corrective actions is required at this time; however, it is recommended that an evaluation be conducted of the existing camera equipment and ensure that identified areas of concern are addressed through either additional security measures; updated camera technology, mirrors, boundary rules, etc.</p> <p data-bbox="242 1729 1490 1821">The agency/facility has met the requirements of the Standard provision(s), which have been completed during the corrective action period. The auditor has determined that the agency/facility has met all standard provisions and complies with Standard 115.18.</p>

115.21	<b>Evidence protocol and forensic medical examinations</b>
	<p data-bbox="242 145 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="242 210 451 239"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1485 398">Following the on-site portion, the auditor began a review of the information that had been uploaded into the OAS, the auditor discovered that not all required information had been uploaded as required for this standard/provision. In those instances when an identified section of specific policy or procedures was required to address the requirement, only the first page of the document was uploaded and not the specific section that is required to reflect compliance with that standard/provision.</p> <p data-bbox="242 430 1461 524">In order to ensure that a thorough review is conducted of this standard/provision, additional supporting documents need to be identified and uploaded (training materials, logs, etc), in order to ensure that this standard/provision is considered appropriately.</p> <p data-bbox="242 555 1458 613">The auditor has since spoken with the PREA Compliance Manager who has indicated that he will be working to identify all required documents, and upload them into the OAS for review.</p> <p data-bbox="242 645 1474 739">The auditor and agency will collaborate on the corrective action plans for any identified non-compliance issues. The agency will have 180-days to correct the non-compliant issues after which, the auditor has an additional 30-days to submit the Final PREA Audit Report.</p> <p data-bbox="242 770 1452 864">Auditor will conduct a status review with KCSO PREA Compliance Manager the week of September 7, 2021 to determine status of those documents that have been identified for each standard/provision. If Corrective Actions are identified, they must be implemented and institutionalized by the end of the 180-day Corrective Action Period: January 29, 2022.</p> <p data-bbox="242 896 764 925"><u>CORRECTIVE ACTION COMPLETION 01/24/2022:</u></p> <p data-bbox="242 956 1477 1113">The KCSO policy was designed to outline the policy and procedures for investigating and documenting incidents of sexual assault. The policy further identifies the agency's commitment to assist sexual assault victims in a supportive manner and to conduct timely and diligent investigations, enhancing probability of a successful prosecution, as well as outlining the procedures that investigators must follow including the Forensic Medical Examination, sexual assault evidence kit, crime scene examination, evidence collection, and the interview process.</p> <p data-bbox="242 1144 1477 1370">The facility is responsible for conducting either administrative or criminal sexual abuse investigations. The Coordinated Response to Sexual Abuse and Sexual Harassment policy outlines the response by staff at the facility from the initial report to the closing of the investigation. The agency investigators are responsible for conducting the investigation, and follow a uniform evidence protocol that has already been established in the agency. Lerdo Max-Med staff are required to secure the scene until investigators arrive. It is the employees responsibility to provide emergency responsiveness to protect life and property as well as to provide for the identification, protection, preservation, and collection of physical evidence in such a manner to maintain its integrity and enhance the potential prosecution of perpetrators.</p> <p data-bbox="242 1402 1485 1496">During the interview with Investigator, he outlined the procedures they follow to conduct the investigations, obtain, and preserve evidence, collection of evidence by appropriate medical personnel and perform the follow-up services that are to be provided to victims.</p> <p data-bbox="242 1527 1452 1655">KCSO policy requires that the victims of sexual abuse are provided access to forensic medical examinations, without financial cost, when evidentiarily or medically appropriate. Such examinations are conducted by Sexual Assault Forensic Examiners (SAFE) or Sexual Assault Nurse Examiners (SANE. The SANE nurse who was interviewed confirmed with the auditor that the off-site forensic medical exam is performed by a certified SANE at no cost to the inmate.</p> <p data-bbox="242 1686 1474 1780">The Health Authority is responsible to ensure that all documentation is maintained in the inmate's medical record, either on-site or at the medical facility. In addition, all counseling for sexually transmitted infection, treatment and follow-up will be conducted, as appropriate.</p> <p data-bbox="242 1812 1477 1870">Upon notification of a sexual assault, the investigator/facility medical staff will consider the amount of elapsed time and shall request a forensic medical examination of the victim if the sexual assault occurred within 96 hours of report.</p> <p data-bbox="242 1901 1466 1995">In the past twelve months there have been no forensic medical exams conducted by either SANE/SAFE, or by a qualified medical practitioner. During interviews, staff were well informed on the procedure for forensic examinations and victim advocacy services.</p> <p data-bbox="242 2027 1485 2154">The Auditor conducted a telephonic interview with the SAFE/SANE representative. She confirmed that the exams are provided at no cost to the inmate, and that all forensic services are provided when the inmate is presented at the hospital for follow-up. She indicated that trained forensic nurses (SAFE/SANE) are always available 24 hours a day, 7 days a week. She further stated that during the exam process, a victim advocate is also made available to assist with any questions and to</p>

ensure that follow-up counseling is provided before, during, and after the examination as needed for the victim.

115.21 (f-h): This subsection is not applicable. The facility is responsible for investigating allegations of sexual abuse through the Investigations Division.

During the interview with the PCM, he indicated that victim advocacy services are built into the forensic examination process. The PCM stated that all requirements of PREA have been incorporated. During the examination, the inmate meets the victim advocate and arrangements are made to provide any necessary counseling services. Any follow-up counseling will be coordinated in collaboration with mental health services staff located at the facility.

During the interviews with staff, the auditor confirmed all staff knew and understood the agency's protocol for obtaining usable physical evidence if an Inmate alleges sexual abuse. Every staff member interviewed was able to articulate the basic preservation of evidence component of both victim and assailant. They were also able to explain their responsibilities up to the point where they will transfer responsibility to either investigative or medical staff.

Conclusion:

The agency/facility has met the requirements of the Standard provision(s), which have been completed during the corrective action period. The auditor has determined that the agency/facility has met all standard provisions and complies with Standard 115.21.

115.22	<b>Policies to ensure referrals of allegations for investigations</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Following the on-site portion, the auditor began a review of the information that had been uploaded into the OAS, the auditor discovered that not all required information had been uploaded as required for this standard/provision. In those instances when an identified section of specific policy or procedures was required to address the requirement, only the first page of the document was uploaded and not the specific section that is required to reflect compliance with that standard/provision.</p> <p>In order to ensure that a thorough review is conducted of this standard/provision, additional supporting documents need to be identified and uploaded to both the OAS and on the departments website, a(training materials, logs, etc), in order to ensure that this standard/provision is considered appropriately.</p> <p>Unable to locate PREA policy on KCSO websites as indicated in 115.22 (b)-2.</p> <p>The auditor has since spoken with the PREA Compliance Manager who has indicated that he will be working to identify all required documents, and upload them into the OAS for review.</p> <p>The auditor and agency will collaborate on the corrective action plans for any identified non-compliance issues. The agency will have 180-days to correct the non-compliant issues after which, the auditor has an additional 30-days to submit the Final PREA Audit Report.</p> <p>Auditor will conduct a status review with KCSO PREA Compliance Manager the week of September 7, 2021 to determine status of those documents that have been identified for each standard/provision. If Corrective Actions are identified, they must be implemented and institutionalized by the end of the 180-day Corrective Action Period: January 29, 2022.</p> <p><u>CORRECTIVE ACTION COMPLETION 01/24/2022:</u></p> <p>KCSO and Lerdo Max-Med require all allegations of sexual abuse, sexual harassment, or nonconsensual sexual acts shall be referred to investigations immediately. An investigation shall be initiated immediately on any such allegation and shall follow a uniform evidence protocols. KCSO has established methods of reporting to include, verbal, anonymous, written notes, hotline, etc.</p> <p>In the past 12 months the number of allegations of sexual abuse and sexual harassment that have been received is:</p> <ul style="list-style-type: none"> <li>▪ Administrative investigations: 0</li> <li>▪ Criminal investigations: 0</li> </ul> <p>Referring to allegations received during the past 12 months, all administrative investigations were documented and completed.</p> <p>KCSO policy indicates that investigations shall be initiated as prescribed by policy. All allegations of misconduct or criminal activity received by investigations shall be reviewed and a determination made as to how the allegation will be handled. Investigations will review the information and determine if the investigation should be conducted by that office or if the issues would be more appropriately handled through a different process. Investigative staff was interviewed and confirmed this practice. The Department has legal authority to conduct investigations, however, it may also refer to the District Attorney's Office if needed.</p> <p>The departmental website provides access to numerous methods for the public to report Sexual Abuse or sexual Harassment, such methods include telephone contact and email address information.</p> <p>115.21 (c-e): is not applicable. Lerdo Max-Med is responsible for conducting their own investigations.</p> <p>During the interview with the Agency Head, the auditor was advised criminal sexual abuse or sexual harassment criminal investigations are completed by their agency. KCSO ensures their agents and Investigators receive proper training.</p> <p><u>Conclusion:</u></p> <p>The agency/facility has met the requirements of the Standard provision(s), which have been completed during the corrective action period. The auditor has determined that the agency/facility has met all standard provisions and complies with Standard 115.22.</p>

115.31	<b>Employee training</b>
	<p data-bbox="240 147 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 273 1493 434">Following the on-site portion, the auditor began a review of the information that had been uploaded into the OAS, the auditor discovered that not all required information had been uploaded as required for this standard/provision. In those instances when an identified section of specific policy or procedures was required to address the requirement, only the first page of the document was uploaded and not the specific section that is required to reflect compliance with that standard/provision. Same occurred for Powerpoint Presentation, only first slide of training was uploaded.</p> <p data-bbox="240 465 1461 555">In order to ensure that a thorough review is conducted of this standard/provision, additional supporting documents need to be identified and uploaded (training materials, logs, etc), in order to ensure that this standard/provision is considered appropriately.</p> <p data-bbox="240 586 1461 649">The auditor has since spoken with the PREA Compliance Manager who has indicated that he will be working to identify all required documents, and upload them into the OAS for review.</p> <p data-bbox="240 680 1477 770">The auditor and agency will collaborate on the corrective action plans for any identified non-compliance issues. The agency will have 180-days to correct the non-compliant issues after which, the auditor has an additional 30-days to submit the Final PREA Audit Report.</p> <p data-bbox="240 801 1453 896">Auditor will conduct a status review with KCSO PREA Compliance Manager the week of September 7, 2021 to determine status of those documents that have been identified for each standard/provision. If Corrective Actions are identified, they must be implemented and institutionalized by the end of the 180-day Corrective Action Period: January 29, 2022.</p> <p data-bbox="240 927 766 954"><u>CORRECTIVE ACTION COMPLETION 01/24/2022:</u></p> <p data-bbox="240 985 1489 1075">Following a review of the KCSO policy, as well as associated PREA training curriculum confirm that KCSO has policies and training in place to ensure that all employees who may have contact with inmates, and have received the appropriate training on:</p> <ol data-bbox="272 1133 1493 1527" style="list-style-type: none"> <li>1. It's zero-tolerance policy for sexual abuse and sexual harassment;</li> <li>2. How to fulfill their responsibilities under the agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;</li> <li>3. Inmates "rights" to be free from sexual abuse and sexual harassment;</li> <li>4. The right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment;</li> <li>5. The dynamics of sexual abuse and sexual harassment in confinements;</li> <li>6. The common reactions of sexual abuse and sexual harassment victims;</li> <li>7. How to detect and respond to signs of threatened and actual sexual abuse;</li> <li>8. How to avoid inappropriate relationships with inmates;</li> <li>9. How to communicate effectively and professionally with inmates, including lesbian gay, bisexual, transgender, intersex, or gender nonconforming inmates, and;</li> <li>10. How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.</li> </ol> <p data-bbox="240 1559 1469 1621">The Department's curriculum and training materials were reviewed by the Auditor. All training materials provided include all required elements required according to PREA Standards.</p> <p data-bbox="240 1653 1437 1715">The Auditor reviewed sixteen (16) random staff training files. Each reviewed file contained all relevant documentation to reflect that staff had met their initial PREA requirements.</p> <p data-bbox="240 1747 1485 1836">Each of the staff members who were interviewed recalled attending the initial PREA training when they were hired, and each indicated that they receive annual PREA refresher training as well as additional in-service trainings. Prior to the onsite portion of the audit KCSO, provided lesson plans and numerous training logs for the auditor to review.</p> <p data-bbox="240 1868 1473 1930">The auditor reviewed documentation that reflected 100% of the staff have received the PREA training specific to the inmate population in the past twelve (12) months.</p> <p data-bbox="240 1962 1473 2051">The facility provides employees with refresher training annually to ensure that all employees know the facility's current sexual abuse and sexual harassment policies and procedures. According to training files reviewed, staff is receiving annual PREA training.</p> <p data-bbox="240 2083 1249 2110">During the interviews with random staff, all staff confirmed that they received training in the following:</p>

- Agency's zero-tolerance policy for sexual abuse and sexual harassment;
- How to fulfill our responsibilities regarding sexual abuse and sexual harassment prevention, detection, reporting, and response, per agency policies and procedures; Inmates' right to be free from sexual abuse and sexual harassment;
- The right of Inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment;
- The dynamics of sexual abuse and sexual harassment in confinement; The common reactions of sexual abuse and sexual harassment victims;
- How to detect and respond to signs of threatened and actual sexual abuse; How to avoid inappropriate relationships with Inmates;
- How to communicate effectively and professionally with Inmates, including lesbian, gay, bisexual, transgender, intersex, or gender non-conforming Inmates;
- How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

The KCSO staff that were interviewed advised they received classroom training for PREA. Several staff indicated that they also recall online training through the National Institute of Corrections (NIC).

Conclusion:

The agency/facility has met the requirements of the Standard provision(s), which have been completed during the corrective action period. The auditor has determined that the agency/facility has met all standard provisions and complies with Standard 115.31.

115.32	<b>Volunteer and contractor training</b>
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Interview with 2 volunteers indicated that they have received PREA training. According to their interview, their training consisted of sexual assaults, awareness of incidents, reporting sexual abuse and sexual harassment immediately to their supervisor or custody staff. Training was conducted via video presentation with an exam. They all were trained on the agency zero-tolerance policy and the fact that they are mandatory reporters.

Following the on-site portion, the auditor began a review of the information that had been uploaded into the OAS, the auditor discovered that not all required information had been uploaded as required for this standard/provision. In those instances when an identified section of specific policy or procedures was required to address the requirement, only the first page of the document was uploaded and not the specific section that is required to reflect compliance with that standard/provision.

In order to ensure that a thorough review is conducted of this standard/provision, additional supporting documents need to be identified and uploaded (training materials, logs, etc), in order to ensure that this standard/provision is considered appropriately.

The auditor has since spoken with the PREA Compliance Manager who has indicated that he will be working to identify all required documents, and upload them into the OAS for review.

The auditor and agency will collaborate on the corrective action plans for any identified non-compliance issues. The agency will have 180-days to correct the non-compliant issues after which, the auditor has an additional 30-days to submit the Final PREA Audit Report.

Auditor will conduct a status review with KCSO PREA Compliance Manager the week of September 7, 2021 to determine status of those documents that have been identified for each standard/provision. If Corrective Actions are identified, they must be implemented and institutionalized by the end of the 180-day Corrective Action Period: January 29, 2022.

CORRECTIVE ACTION COMPLETION 01/24/2022:

According to KCSO and Lerdo Max-Med policy, the facility ensures all volunteers and contractors who may have contact with inmates have received appropriate training mandated by the PREA standards. KCSO provided lesson plans and training logs with the pre-audit paperwork. Additional documentation was provided at the on-site visit.

According to the provided Pre-Audit Questionnaire (PAQ), the facility has trained 100% of its 223 volunteers/contractors in the past 12 months in agency policies and procedures regarding sexual abuse/harassment prevention, detection, and response.

Volunteers/contractors are required to be provided refresher training every two (2) years to maintain their approval status. Two (2) volunteers were interviewed, and each recalled that the level of training was specific to their roles/responsibilities in the facility. When the auditor questioned each one about their knowledge of PREA, each was able to identify what PREA was, and what was their role/responsibility in the event that they were confronted with a situation of Sexual Abuse / Sexual Harassment.

The facility provided a copy of the volunteer and contractor PowerPoint presentation and brochures that are taught for new volunteers and contractors. The information provided covers the facility's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. Sample forms were provided to the auditor. The individual signs the form to acknowledge as a volunteer, contract provider, or person with intermittent contact with inmates, they are aware of the Department's zero-tolerance policy regarding sexual abuse and sexual harassment and know how to report such incidents. They also acknowledge that they understand the information presented regarding this topic and shall report any instance which violates the KCSO Inmate Sexual Assault Policy.

The level and type of training pertains to agency policies and procedures regarding sexual abuse/harassment prevention, detection, and response is consistent.

All of the volunteers and contractors who have contact with inmates have been notified of the agency's zero-tolerance policy regarding sexual abuse/harassment, and informed how to report such incidents. The facility maintains documentation confirming that volunteers/contractors understand the training they have received. All individuals sign the Acknowledgment of Training (AOT) form following each training session.

Conclusion:

The agency/facility has met the requirements of the Standard provision(s), which have been completed during the corrective action period. The auditor has determined that the agency/facility has met all standard provisions and complies with Standard 115.32.

115.33	<b>Inmate education</b>
	<p data-bbox="240 145 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="240 210 451 239"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1485 398">Following the on-site portion, the auditor began a review of the information that had been uploaded into the OAS, the auditor discovered that not all required information had been uploaded as required for this standard/provision. In those instances when an identified section of specific policy or procedures was required to address the requirement, only the first page of the document was uploaded and not the specific section that is required to reflect compliance with that standard/provision.</p> <p data-bbox="240 430 1461 524">In order to ensure that a thorough review is conducted of this standard/provision, additional supporting documents need to be identified and uploaded (training materials, logs, etc), in order to ensure that this standard/provision is considered appropriately.</p> <p data-bbox="240 555 1458 613">The auditor has since spoken with the PREA Compliance Manager who has indicated that he will be working to identify all required documents, and upload them into the OAS for review.</p> <p data-bbox="240 645 1474 736">The auditor and agency will collaborate on the corrective action plans for any identified non-compliance issues. The agency will have 180-days to correct the non-compliant issues after which, the auditor has an additional 30-days to submit the Final PREA Audit Report.</p> <p data-bbox="240 768 1452 862">Auditor will conduct a status review with KCSO PREA Compliance Manager the week of September 7, 2021 to determine status of those documents that have been identified for each standard/provision. If Corrective Actions are identified, they must be implemented and institutionalized by the end of the 180-day Corrective Action Period: January 29, 2022.</p> <p data-bbox="240 893 766 922"><u>CORRECTIVE ACTION COMPLETION 01/24/2022:</u></p> <p data-bbox="240 954 1485 1081">According to KCSO &amp; Lerdo Max-Med policy, information about the facility's policy and procedure regarding sexual abuse/harassment is included in each facility's orientation program and is provided in a manner that is clearly understood by the inmate. During the intake process, inmates receive information explaining the agency's zero-tolerance policy regarding sexual and sexual harassment and how to report incidents or suspicions of sexual abuse/harassment.</p> <p data-bbox="240 1113 1469 1171">During interviews conducted with intake staff, they provide a brochure and orientation handbook with this information to the inmate upon intake.</p> <p data-bbox="240 1202 1442 1261">During the intake process, all individuals receive information is explained orally and in writing regarding the facility's zero tolerance policy in reference to sexual misconduct and how to report incidents or suspicions of sexual misconduct.</p> <ul data-bbox="280 1314 1394 1344" style="list-style-type: none"> <li>• In the past 12 months the number of inmates where were given this information at intake is: 19,835 or 100 %.</li> </ul> <p data-bbox="240 1375 1406 1433">Of the seventeen (17) inmate files that were reviewed, a copy of the signed acknowledgement from each inmate was retained in every file. The date of the signature coincided with the date that the inmate arrived at the facility.</p> <p data-bbox="240 1464 1485 1657">During the interviews with forty-one (41) inmates, all were asked if they could explain what they could recall from their PREA training. All inmates acknowledged receiving copies of the PREA information and watching the departments PREA video when they arrived at CRF. The general responses they provided were; right to be free from sexual harassment and retaliation for reporting, where the numbers and addresses were located, and who to speak with if they had any questions or how to report if they needed to report an incident. Every inmate expressed safety at CRF and that if they needed anything they were aware of how to make the necessary notifications to get assistance.</p> <p data-bbox="240 1688 1474 1783">The Lerdo Max/Med facility has not housed any inmates in the past twelve (12) months. Because the facility has remained operational, and inmates can be moved from one KCSO facility to the next the inmate population at CRF was oversampled, as a representation of the KCSO inmate population.</p> <p data-bbox="240 1814 1481 1942">Within 30 days of intake, the facility also provides comprehensive education to all newly transferred inmates either in person or through video regarding their rights to be free from sexual abuse/harassment and to be free from retaliation for reporting such incidents, and reporting policies and procedures for responding to such incidents. Intake staff reported the inmate is placed on callout to the counselor's office to watch a PREA video.</p> <ul data-bbox="280 1995 1469 2054" style="list-style-type: none"> <li>• In the past 12 months the number of Inmates where were given this information within 30 days of intake is: 96 or 100 %.</li> </ul> <p data-bbox="240 2085 1437 2143">KCSO provides 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. Random inmate</p>

interviews indicated that inmates have knowledge of PREA, as well as the means to report allegations.

During the interview with the PCM, he was asked what the process was used in the event that an inmate is deemed outside of the scope of these already established training formats. He advised that he works with the appropriate staff to ensure that each inmate is able to comprehend the PREA related items to a comfortable level of comprehension.

The KCSO policy requires that the inmate PREA orientation attendance is documented, and acknowledgement of receipt is signed. The signed receipt is also imaged into the inmate's electronic record. Copies of the electronic record were viewed during the on-site portion of the audit.

During the site review, it was noted that PREA signs were present in all housing areas, visitation, etc. The signs provide information to inmates on how to report sexual abuse and sexual harassment. It gives the hotline number, and the toll-free third-party reporting number. It is noted that the phone calls are anonymous.

Conclusion:

The agency/facility has met the requirements of the Standard provision(s), which have been completed during the corrective action period. The auditor has determined that the agency/facility has met all standard provisions and complies with Standard 115.33.

115.34	<b>Specialized training: Investigations</b>
	<p data-bbox="240 147 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 273 1485 398">Following the on-site portion, the auditor began a review of the information that had been uploaded into the OAS, the auditor discovered that not all required information had been uploaded as required for this standard/provision. In those instances when an identified section of specific policy or procedures was required to address the requirement, only the first page of the document was uploaded and not the specific section that is required to reflect compliance with that standard/provision.</p> <p data-bbox="240 434 1461 524">In order to ensure that a thorough review is conducted of this standard/provision, additional supporting documents need to be identified and uploaded (training materials, logs, etc), in order to ensure that this standard/provision is considered appropriately.</p> <p data-bbox="240 560 1458 613">The auditor has since spoken with the PREA Compliance Manager who has indicated that he will be working to identify all required documents, and upload them into the OAS for review.</p> <p data-bbox="240 649 1474 739">The auditor and agency will collaborate on the corrective action plans for any identified non-compliance issues. The agency will have 180-days to correct the non-compliant issues after which, the auditor has an additional 30-days to submit the Final PREA Audit Report.</p> <p data-bbox="240 775 1452 864">Auditor will conduct a status review with KCSO PREA Compliance Manager the week of September 7, 2021 to determine status of those documents that have been identified for each standard/provision. If Corrective Actions are identified, they must be implemented and institutionalized by the end of the 180-day Corrective Action Period: January 29, 2022.</p> <p data-bbox="240 900 766 927"><u>CORRECTIVE ACTION COMPLETION 01/24/2022:</u></p> <p data-bbox="240 963 1461 1088">KCSO policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings. The policy requires that the specialized training investigative staff receives meets PREA standards. In addition to the sexual assault investigations training, the Investigators are also required to receive in-service training that specifically relates to sexual assault within the prison facilities, as well as any modifications to the PREA standards</p> <p data-bbox="240 1124 1485 1375">All KCSO investigators have completed the training specific to conducting sexual abuse investigations in a confinement setting and are required to attend annual re-certification training. One (1) of the investigators was interviewed and provided a copy of his training certificates. In addition, there is additional training that includes 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. They have also received training from National Institute of Corrections: PREA and Investigating Sexual Abuse in a Confinement Setting. The facility maintains documentation that investigators have completed the required specialized training in conducting sexual abuse investigations. This information was confirmed through the interviews with the investigators.</p> <p data-bbox="240 1411 1453 1464">The facility also maintains copies of the documentation that the investigators have completed the required specialized training in conducting sexual abuse investigations. Copies of the training logs were also provided with pre-audit materials.</p> <p data-bbox="240 1500 523 1527">115.34 (d) is not-applicable.</p> <p data-bbox="240 1563 363 1590"><u>Conclusion:</u></p> <p data-bbox="240 1626 1493 1715">The agency/facility has met the requirements of the Standard provision(s), which have been completed during the corrective action period. The auditor has determined that the agency/facility has met all standard provisions and complies with Standard 115.34.</p>

115.35	<b>Specialized training: Medical and mental health care</b>
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Following the on-site portion, the auditor began a review of the information that had been uploaded into the OAS, the auditor discovered that not all required information had been uploaded as required for this standard/provision. In those instances when an identified section of specific policy or procedures was required to address the requirement, only the first page of the document was uploaded and not the specific section that is required to reflect compliance with that standard/provision.

In order to ensure that a thorough review is conducted of this standard/provision, additional supporting documents need to be identified and uploaded (training materials, logs, etc), in order to ensure that this standard/provision is considered appropriately.

The auditor has since spoken with the PREA Compliance Manager who has indicated that he will be working to identify all required documents, and upload them into the OAS for review.

The auditor and agency will collaborate on the corrective action plans for any identified non-compliance issues. The agency will have 180-days to correct the non-compliant issues after which, the auditor has an additional 30-days to submit the Final PREA Audit Report.

Auditor will conduct a status review with KCSO PREA Compliance Manager the week of September 7, 2021 to determine status of those documents that have been identified for each standard/provision. If Corrective Actions are identified, they must be implemented and institutionalized by the end of the 180-day Corrective Action Period: January 29, 2022.

CORRECTIVE ACTION COMPLETION 01/24/2022:

According to KCSO policy, medical and behavioral health staff receive specialized training and orientation training for new hires with regards to PREA. Medical and behavioral health staff also receive the training mandated under 115.31 and 115.32.

KCSO policy requires that all medical and mental health care practitioners who work regularly in the Lerdo Max-Med receive the mandatory training, which includes:

1. How to detect and assess signs of sexual abuse and sexual harassment;
2. How to preserve physical evidence;
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.

According to the Pre-Audit Questionnaire, 100% of medical and mental health employees (13) have received the training as required by the agency policy. The facility is responsible for maintaining documentation that staff have received the training. The facility provided training documentation pre-audit and additional documentation during the on-site phase for all healthcare staff. Also, medical, and mental health staff were interviewed during the Onsite Audit Phase. Staff members were knowledgeable and were able to elaborate on answers to all questions.

Policy states that in the event that medical or mental health personnel receive this training, they are required to ensure that the documentation of completed training is scanned and forwarded to the PREA Compliance Manager for filing.

Those medical and mental health staff who were interviewed confirmed all forensic examinations would be conducted at the county hospital. Medical and mental health staff confirmed they have been trained in:

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

It has been reported that forensic examinations are not done at Lerdo Max-Med and were referred out to the County hospital. However, both medical and mental health were aware of the procedures that would take place and what would happen following the examination. Staff members were knowledgeable of not only what their department was responsible for, but also other departments they collaborate with on a routine basis.

Conclusion:

The agency/facility has met the requirements of the Standard provision(s), which have been completed during the corrective action period. The auditor has determined that the agency/facility has met all standard provisions and complies with Standard 115.35.

115.41	<b>Screening for risk of victimization and abusiveness</b>
	<p data-bbox="240 147 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 273 1485 398">Following the on-site portion, the auditor began a review of the information that had been uploaded into the OAS, the auditor discovered that not all required information had been uploaded as required for this standard/provision. In those instances when an identified section of specific policy or procedures was required to address the requirement, only the first page of the document was uploaded and not the specific section that is required to reflect compliance with that standard/provision.</p> <p data-bbox="240 434 1461 524">In order to ensure that a thorough review is conducted of this standard/provision, additional supporting documents need to be identified and uploaded (training materials, logs, etc), in order to ensure that this standard/provision is considered appropriately.</p> <p data-bbox="240 560 1458 613">The auditor has since spoken with the PREA Compliance Manager who has indicated that he will be working to identify all required documents, and upload them into the OAS for review.</p> <p data-bbox="240 649 1474 739">The auditor and agency will collaborate on the corrective action plans for any identified non-compliance issues. The agency will have 180-days to correct the non-compliant issues after which, the auditor has an additional 30-days to submit the Final PREA Audit Report.</p> <p data-bbox="240 775 1452 864">Auditor will conduct a status review with KCSO PREA Compliance Manager the week of September 7, 2021 to determine status of those documents that have been identified for each standard/provision. If Corrective Actions are identified, they must be implemented and institutionalized by the end of the 180-day Corrective Action Period: January 29, 2022.</p> <p data-bbox="240 900 766 927"><u>CORRECTIVE ACTION COMPLETION 01/24/2022:</u></p> <p data-bbox="240 963 1445 1048">The KCSO has established internal classification procedures for screening inmates for risk of sexual victimization and/or sexual aggression. KCSO staff complete the initial screening at intake, and a follow-up assessment to ensure the inmate feels safe in his assigned housing unit.</p> <p data-bbox="240 1084 1485 1303">During interviews, it was identified that Lerdo Max-Med has a staff member who is responsible for tracking to ensure that the re-assessments are being completed within the designated timeframes. The auditor spoke with the individual who completes this process, he advised that he tracks the timeline for each inmate at Lerdo Max-Med, he will identify when the inmate is in need of initial and follow-up assessments. He will ensure that all inmates are receiving a screening within the 72-hour and 30-day timeframes, annual dates, as well as the bi-annual assessment dates for the transgender and intersex inmates housed at Lerdo Max-Med, and notify the appropriate unit manager for assignment to the designated case worker. He will then track to ensure that the assessment has been completed and uploaded into the inmate's file.</p> <p data-bbox="240 1339 727 1366">The screening form includes the following items:</p> <ol data-bbox="272 1415 1455 1742" style="list-style-type: none"> <li>1. Whether the Inmate has a mental, physical, or developmental disability;</li> <li>2. The age of the Inmate;</li> <li>3. The physical build of the Inmate;</li> <li>4. Whether the Inmate has previously been incarcerated;</li> <li>5. Whether the Inmate's criminal history is exclusively nonviolent;</li> <li>6. Whether the Inmate has prior convictions for sex offenses against an adult or child;</li> <li>7. Whether the Inmate is or is perceived to be lesbian, gay, bisexual, transgender, intersex, or gender nonconforming;</li> <li>8. Whether the Inmate has previously experienced sexual victimization;</li> <li>9. The Inmate's own perception of vulnerability; and</li> <li>10. Whether the Inmate is detained solely for civil immigration purposes.</li> </ol> <p data-bbox="240 1778 1485 1868">The screening is conducted on all inmates, and information obtained is then used to make determinations regarding housing, bed, work, and program assignments. Case Management staff was interviewed and was extremely knowledgeable regarding the policies and procedures in place with PREA.</p> <p data-bbox="240 1904 1426 1957">At this time the facility is vacant; however, it is prepped and immediately ready for inmates, should the need arise. The facility is fully operational, and maintains a minimum staffing, to ensure that all facets of the facility remain ready.</p> <p data-bbox="240 1993 1474 2083">The Lerdo Max/Med facility has not housed any inmates in the past twelve (12) months. Because the facility has remained operational, and inmates can be moved from one KCSO facility to the next the inmate population at CRF was oversampled, as a representation of the KCSO inmate population.</p> <p data-bbox="240 2119 1466 2145">Of the forty-on (41) inmates who were interviewed relative to this provision, most recalled being asked questions relative to</p>

their concerns for sexual safety, and if they felt like they were going to harm themselves. Most inmates recalled being asked these questions when they went through the intake process at the reception center, and again when they arrived at CRF.

The Auditor reviewed the PAQ which indicated that within the past 12 months, 100% of 6272 inmates were screened for the risk of sexual victimization or risk of being sexually abused by other inmates within 72 hours of their entry into the facility.

A list of inmates' arrival dates and dates of evaluation demonstrate compliance with this standard. Using this list, the Auditor reviewed seventeen (17) random inmate files to ensure that each inmate had received the required PREA training upon arrival at the facility, and when that training was completed. All of the seventeen (17) inmate files had verification that the initial screening had occurred within 72-hours of arrival at CRF.

The intake screening assessment includes, at a minimum, the following criteria to assess inmate for risk of sexual victimization:

- Any mental, physical, or developmental disability;
- The age of the inmate;
- The physical build of the inmate;
- Previous incarceration;
- Whether the criminal history is exclusively nonviolent;
- Prior convictions for sex offenses against an adult or child;
- Perception of the inmate as gay, lesbian, bisexual, transgender, intersex, or gender non-conforming;
- Previous sexual victimization;
- The inmate's own perception of vulnerability; and
- Whether the inmate is being detained solely for civil immigration purposes.

Lerdo Max-Med does not house inmates who are detained solely for civil immigration purposes; however, this language will be footnoted on the SVAA form itself. Case Management staff was interviewed and was extremely knowledgeable regarding the policies and procedures in place with PREA. They were able to articulate what the questions were on the forms and the reasoning behind the specific questions, going into detail on how the information is utilized when assigning housing units.

The auditor reviewed the screening instrument and verified that the instrument assesses all of the ten (10) required factors. The initial intake screening considers the following criteria to assess Inmates for risk of being sexually abusive:

1. Prior acts of sexual abuse;
2. Prior convictions for violent offenses; and
3. History of prior institutional violence or sexual abuse, as known to the facility.

CRF staff complete the initial screening at intake, and for follow-up assessments, as required, to ensure the inmate feels safe in his assigned housing unit. It is evident that all inmates are receiving a screening, in compliance with PREA timelines.

The Auditor reviewed the PAQ which indicated that within the past 12 months, 96 inmates or 100% have been assessed for the risk of sexual victimization or risk of sexual abuse towards other inmates within 30 days of their entry into CRF, based upon any additional relevant information received since intake

Each of the thirty-eight (38) random, and three (3) targeted inmates interviewed relative to this provision indicated that they recall being asked similar, if not the same questions relative to this standard. The inmates recalled being asked these questions when they went through the intake process at booking, and again during their incarceration at CRF.

A review of the seventeen (17) files by the auditor revealed that the completed screening documents, both initial assessments and reassessments, were completed by staff at CRF. Each instrument was completed and consistent with provision.

KCSO policy also indicates that Inmates shall not be disciplined refusing to answer or not disclosing complete information related to questions regarding:

1. Whether or not the Inmate has mental, physical, or developmental disability;
2. Whether or not the Inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming;
3. Whether or not the Inmate has previously experienced sexual victimization; and
4. The Inmate's own perception of vulnerability.

The classification staff members who were interviewed indicated that they do not discipline any inmate for their refusal to answer any of the questions on the assessment, explaining that they would explain the reason and attempt to solicit participation; however, no disciplinary action is taken should the inmate choose not to participate.

The facility implements appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates. The KCSO PREA information is electronic and assigns access to specific information based off of the employee's job title. Sensitive information can only be accessed by appropriate employees.

During interviews with medical staff and staff responsible for risk screening, the auditor was advised that access to the specific screening information contained in the database is restricted to a limited amount of people, which includes the Medical / Mental Health Staff, and Classification Specialists

Conclusion:

The agency/facility has met the requirements of the Standard provision(s), which have been completed during the corrective action period. The auditor has determined that the agency/facility has met all standard provisions and complies with Standard 115.41.

115.42	<b>Use of screening information</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1485 398">Following the on-site portion, the auditor began a review of the information that had been uploaded into the OAS, the auditor discovered that not all required information had been uploaded as required for this standard/provision. In those instances when an identified section of specific policy or procedures was required to address the requirement, only the first page of the document was uploaded and not the specific section that is required to reflect compliance with that standard/provision.</p> <p data-bbox="240 432 1461 524">In order to ensure that a thorough review is conducted of this standard/provision, additional supporting documents need to be identified and uploaded (training materials, logs, etc), in order to ensure that this standard/provision is considered appropriately.</p> <p data-bbox="240 557 1458 613">The auditor has since spoken with the PREA Compliance Manager who has indicated that he will be working to identify all required documents, and upload them into the OAS for review.</p> <p data-bbox="240 647 1474 739">The auditor and agency will collaborate on the corrective action plans for any identified non-compliance issues. The agency will have 180-days to correct the non-compliant issues after which, the auditor has an additional 30-days to submit the Final PREA Audit Report.</p> <p data-bbox="240 772 1452 864">Auditor will conduct a status review with KCSO PREA Compliance Manager the week of September 7, 2021 to determine status of those documents that have been identified for each standard/provision. If Corrective Actions are identified, they must be implemented and institutionalized by the end of the 180-day Corrective Action Period: January 29, 2022.</p> <p data-bbox="240 898 767 925"><u>CORRECTIVE ACTION COMPLETION 01/24/2022:</u></p> <p data-bbox="240 958 1485 1050">According to KCSO policy, information from the required risk screening is used to determine housing, 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.</p> <p data-bbox="240 1084 1490 1207">During the interview process, the PCM indicated that every assessment completed by staff is factored into the placement and programming of each inmate. In addition, the inmates' risk levels, housing, and programming factors are guided through the use of these various assessments, ensuring that every inmate, especially those at high risk of being sexually victimized, are separated from those at high risk of being sexually abusive.</p> <p data-bbox="240 1240 1493 1364">During the review of the seventeen (17) inmate records, the auditor was able to verify that classification documents contained the required information from the risk screening and was being utilized for the classification decisions being made. Each inmate's individual circumstances and unique characteristics were taken into consideration throughout the classification process.</p> <p data-bbox="240 1397 1481 1520">During the interview with the staff who are responsible for risk screening, the Auditor was advised that because of the varied assessments that are being utilized, each inmate is individually evaluated. Staff utilize all assessments at their disposal (Classification, Medical / Mental Health referral form, etc.) Additional consideration is also given during the discussions staff have with each individual inmate when making classification and housing decisions.</p> <p data-bbox="240 1554 1493 1680">KCSO policy directs 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 facility considers 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.</p> <p data-bbox="240 1713 1469 1836">According to policy, the facility shall not place lesbian, gay, bisexual, transgender, or intersex inmates in dedicated facilities 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.</p> <p data-bbox="240 1870 1481 1926">The placement and programming assignments for each transgender or intersex Inmate is required to be reassessed at least twice each year to review for any threats to safety experienced by the Inmate. Items that are considered are:</p> <ol data-bbox="276 1980 1485 2141" style="list-style-type: none"> <li data-bbox="276 1980 1350 2038">1. A transgender or intersex Inmate's own views with respect to his or her own safety shall be given serious consideration.</li> <li data-bbox="276 2045 1350 2072">2. Transgender and intersex Inmate shall be given the opportunity to shower separately from other Inmates.</li> <li data-bbox="276 2078 1485 2141">3. The facility shall not place lesbian, gay, bisexual, transgender, or intersex Inmate 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</li> </ol>

established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting such Inmate.

According to policy transgender or intersex inmates are reassessed at least twice per year to review the appropriateness of placement and programming assignments and to assess any threats to safety experienced by the inmate.

During the interview with the PCM, the auditor was advised that any Inmate who identified as at risk for victimization would be housed separately from any Inmate who identified as at risk for abusiveness and housed in separate housing areas. The PCM further advised that when transgender Inmates are housed at the facility, staff screen the Inmate to determine the appropriate housing. The PCM stated that all considerations are made to ensure the Inmate's health and safety, as well as whether the placement would present management or security problems. In addition, a transgender/intersex Inmates' views with respect to his or her own safety would be given serious consideration in placement and programming assignments, and that they would not be segregated and housed safely within the general population. The PCM confirmed that these inmates are reviewed twice per year, and that they would be afforded the opportunity to shower separately from the other Inmates.

The random staff who were interviewed also indicated that if a transgender or intersex inmate requested to shower separately, after they received the appropriate authorization from their supervisor, the transgender or intersex inmate would be allowed to shower separately. The PCM also confirmed that in those instances, the inmate would also be provided documentation that allowed them to use the shower area before or after the other inmates are allowed to shower.

KCSO policy directs that LGBTI inmates shall not be placed in dedicated facilities units or wings solely on the basis of this identifying or status, unless the placement is in a dedicated unit wing established in connection with a consent decree, legal settlement, or legal judgement for the purpose of protecting these inmates.

Conclusion:

The agency/facility has met the requirements of the Standard provision(s), which have been completed during the corrective action period. The auditor has determined that the agency/facility has met all standard provisions and complies with Standard 115.42.

115.43	<b>Protective Custody</b>
<b>Auditor Overall Determination:</b> Meets Standard	
<b>Auditor Discussion</b>	
<p>Following the on-site portion, the auditor began a review of the information that had been uploaded into the OAS, the auditor discovered that not all required information had been uploaded as required for this standard/provision. In those instances when an identified section of specific policy or procedures was required to address the requirement, only the first page of the document was uploaded and not the specific section that is required to reflect compliance with that standard/provision.</p> <p>In order to ensure that a thorough review is conducted of this standard/provision, additional supporting documents need to be identified and uploaded (training materials, logs, etc), in order to ensure that this standard/provision is considered appropriately.</p> <p>The auditor has since spoken with the PREA Compliance Manager who has indicated that he will be working to identify all required documents, and upload them into the OAS for review.</p> <p>The auditor and agency will collaborate on the corrective action plans for any identified non-compliance issues. The agency will have 180-days to correct the non-compliant issues after which, the auditor has an additional 30-days to submit the Final PREA Audit Report.</p> <p>Auditor will conduct a status review with KCSO PREA Compliance Manager the week of September 7, 2021 to determine status of those documents that have been identified for each standard/provision. If Corrective Actions are identified, they must be implemented and institutionalized by the end of the 180-day Corrective Action Period: January 29, 2022.</p> <p><u>CORRECTIVE ACTION COMPLETION 01/24/2022:</u></p> <p>A review of KCSO policy, inmates at a high risk for sexual victimization are only placed into involuntary segregation housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no alternative means of separation from likely abusers. If an assessment cannot be immediately made, the inmate may be housed for less than 24 hours in segregation while the assessment is completed. Inmates placed in involuntary segregation do not remain for more than 30 days.</p> <p>During the past twelve (12) months there have not been any inmates placed into involuntary administrative or punitive segregation at Lerdo Max-Med, in accordance with this standard.</p> <p>The auditor interviewed the Chief Deputy and the PCM specific to this issue and both confirmed that there have not been any inmates placed in protective custody for over a year.</p> <p>A review of KCSO policy indicates that inmates placed in involuntary segregation have reasonable access to programs and services including, but not limited to, educational services, commissary services, library services, social services, counseling services and religious guidance. If the unit restricts access to programs, privileges, education or work opportunities, the unit will document:</p> <ul style="list-style-type: none"> <li>• The opportunities that have been limited;</li> <li>• The duration of the limitation; and</li> <li>• The reasons for the limitations.</li> </ul> <p>A staff member who supervises inmates in segregated housing was interviewed regarding this subsection. He reported inmates have access to certain programming/education and privileges. If for some reason any of these are restricted it is documented in the logbook with the reason:</p> <ol style="list-style-type: none"> <li>1. The basis of concern for the Inmate's safety.</li> <li>2. The reason why no alternative means of separation available.</li> </ol> <p>KCSO policy requires that 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.</p> <p>During the past twelve (12) months there have been no inmates placed into involuntary administrative or punitive segregation in accordance with this standard. As a result, no inmates could be interviewed relative to this provision.</p> <p>The Chief Deputy was interviewed regarding placement in involuntary segregation, he reported it is a rare occurrence for their facility. He reported a review is conducted at the 24-hour mark, and they have not had anyone remain more than 30</p>	

days. The interview confirmed that Lerdo Max-Med prohibits the placement of Inmates at high risk for sexual victimization or who have alleged sexual abuse in involuntary segregated housing in lieu of other housing areas, unless an assessment has determined that there is no available alternative means of separation from potential abusers.

Conclusion:

The agency/facility has met the requirements of the Standard provision(s), which have been completed during the corrective action period. The auditor has determined that the agency/facility has met all standard provisions and complies with Standard 115.43.

115.51	<b>Inmate reporting</b>
	<p data-bbox="242 145 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="242 210 451 239"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1485 398">Following the on-site portion, the auditor began a review of the information that had been uploaded into the OAS, the auditor discovered that not all required information had been uploaded as required for this standard/provision. In those instances when an identified section of specific policy or procedures was required to address the requirement, only the first page of the document was uploaded and not the specific section that is required to reflect compliance with that standard/provision.</p> <p data-bbox="242 430 1461 521">In order to ensure that a thorough review is conducted of this standard/provision, additional supporting documents need to be identified and uploaded (training materials, logs, etc), in order to ensure that this standard/provision is considered appropriately.</p> <p data-bbox="242 553 1458 613">The auditor has since spoken with the PREA Compliance Manager who has indicated that he will be working to identify all required documents, and upload them into the OAS for review.</p> <p data-bbox="242 645 1474 736">The auditor and agency will collaborate on the corrective action plans for any identified non-compliance issues. The agency will have 180-days to correct the non-compliant issues after which, the auditor has an additional 30-days to submit the Final PREA Audit Report.</p> <p data-bbox="242 768 1452 860">Auditor will conduct a status review with KCSO PREA Compliance Manager the week of September 7, 2021 to determine status of those documents that have been identified for each standard/provision. If Corrective Actions are identified, they must be implemented and institutionalized by the end of the 180-day Corrective Action Period: January 29, 2022.</p> <p data-bbox="242 891 766 920"><u>CORRECTIVE ACTION COMPLETION 01/24/2022:</u></p> <p data-bbox="242 952 1477 1079">KCSO provides multiple methods for an inmate to privately report allegations of 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. Such allegations may be reported verbally to any staff member, in writing using a Form 9, or the confidential number on the inmate payphones.</p> <p data-bbox="242 1111 1485 1238">According to the Inmate Handbook, available in both English &amp; Spanish, in the event that an inmate feels he is being pressured for sexual favors or to violate any institutional rule, the inmate shall refuse to do the prohibited act and either; file a formal grievance; contact a ranking correctional officer; contact classification staff; contact any staff member with whom he feels comfortable enough to let them know and request their help; and advise a family member.</p> <p data-bbox="242 1270 1469 1429">Inmates can also report sexual abuse or sexual harassment confidentially through the Sexual Assault Helpline. This is accessible at all inmate payphones free of charge. Calls may be placed anonymously, or the caller may provide identifying information. The Helpline is publicized in Lerdo Max-Med using posters, and notices. Inmate phones have the Helpline instructions posted in a conspicuous location by the phones in all housing units, and also have a pre-recorded message advising the inmate caller prior to their ability to make personal calls.</p> <p data-bbox="242 1460 1469 1552">During the site review, it was observed by the auditor that signs were displayed, in both English and Spanish, near the phones, and in housing units advising inmates of the multiple ways to report. The auditor tested the help line at the Facility, and determined that it was in working order.</p> <p data-bbox="242 1583 1430 1644">At this time the facility is vacant; however, it is prepped and immediately ready for inmates, should the need arise. The facility is fully operational, and maintains a minimum staffing, to ensure that all facets of the facility remain ready.</p> <p data-bbox="242 1675 1474 1769">The Lerdo Max/Med facility has not housed any inmates in the past twelve (12) months. Because the facility has remained operational, and inmates can be moved from one KCSO facility to the next the inmate population at CRF was oversampled, as a representation of the KCSO inmate population.</p> <p data-bbox="242 1800 1422 1861">Of the thirty-eight (38) random and three (3) targeted inmates interviewed, all reported that they were aware of several methods to report incidents of sexual abuse or sexual harassment.</p> <p data-bbox="242 1892 1485 2020">During the formal and informal interviews of CRF, each staff member interviewed indicated that they would accept a report from the inmate and provide it to their supervisor for further direction. They also shared that the inmates could report several different ways which includes telling a staff member, telling their family. Staff who were interviewed stated that if the inmates reported sexual abuse or harassment, they would immediately contact their supervisor, and the document it in a report.</p> <p data-bbox="242 2051 1474 2143">115.51 (b): The facility provides a 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's reports of sexual abuse and sexual harassment to the facility's officials, allowing the inmate to remain anonymous upon request.</p>

All Lerdo Max-Med staff, inmate family members, or others can report incidents or suspected incidents of sexual abuse by calling a toll free third-party hotline. Allegations of sexual abuse or sexual harassment reported through the third-party hotline will remain confidential and may remain anonymous at the request of the reporting party.

During interviews with staff, they indicated they were aware of the process's, and would feel comfortable reporting allegations privately to their supervisor, or the PREA Compliance Manager.

All of the inmates interviewed were able to identify the various methods that they would use to report sexual abuse or sexual harassment that had either happened to them, or to someone else, and that they did not need to provide their name if they did not wish to. Each inmate was also able to articulate that they would also be able to contact friends or family outside if they needed to contact someone about an incident that occurred at the facility.

Lerdo Max-Med does not house inmates solely for immigration purposes.

According to KCSO policy, staff shall immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or harassment, whether it is regarding an inmate or another staff member. Staff may report to their supervisor, or the PREA Compliance Manager. Failure to report is a violation of policy and may result in administrative or disciplinary sanctions.

All of the staff interviewed (formal, informal, and random) indicated that if they received a complaint of Sexual Abuse or Sexual Harassment, whether it is made verbally, in writing, anonymously, or from a third party, they would ensure to document the report, and relay the information to the immediate supervisor.

115.51 (d): Staff, inmate family members or others may report incidents or suspected incidents of sexual abuse by calling a toll free third-party hotline. Allegations of sexual abuse or harassment reported through the third-party hotline shall be confidential and may remain anonymous at the request of the reporting party. These calls shall be referred to the KCSO PREA Coordinator for follow-up.

During the interviews with staff, every staff member advised that there are several methods for them to privately report sexual abuse of inmates.

Conclusion:

The agency/facility has met the requirements of the Standard provision(s), which have been completed during the corrective action period. The auditor has determined that the agency/facility has met all standard provisions and complies with Standard 115.51.

115.52	<b>Exhaustion of administrative remedies</b>
	<p data-bbox="240 147 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 273 1485 398">Following the on-site portion, the auditor began a review of the information that had been uploaded into the OAS, the auditor discovered that not all required information had been uploaded as required for this standard/provision. In those instances when an identified section of specific policy or procedures was required to address the requirement, only the first page of the document was uploaded and not the specific section that is required to reflect compliance with that standard/provision.</p> <p data-bbox="240 434 1461 524">In order to ensure that a thorough review is conducted of this standard/provision, additional supporting documents need to be identified and uploaded (training materials, logs, etc), in order to ensure that this standard/provision is considered appropriately.</p> <p data-bbox="240 560 1458 613">The auditor has since spoken with the PREA Compliance Manager who has indicated that he will be working to identify all required documents, and upload them into the OAS for review.</p> <p data-bbox="240 649 1474 739">The auditor and agency will collaborate on the corrective action plans for any identified non-compliance issues. The agency will have 180-days to correct the non-compliant issues after which, the auditor has an additional 30-days to submit the Final PREA Audit Report.</p> <p data-bbox="240 775 1452 864">Auditor will conduct a status review with KCSO PREA Compliance Manager the week of September 7, 2021 to determine status of those documents that have been identified for each standard/provision. If Corrective Actions are identified, they must be implemented and institutionalized by the end of the 180-day Corrective Action Period: January 29, 2022.</p> <p data-bbox="240 900 766 927"><u>CORRECTIVE ACTION COMPLETION 01/24/2022:</u></p> <p data-bbox="240 963 1490 1088">The KCSO has an administrative procedure to address inmate grievances regarding sexual abuse. The facility does not impose a time limit on when an inmate may submit a grievance regarding an allegation of sexual abuse. The purpose of this policy is to enable the development, implementation, and operation of a grievance program for inmates within the KCSO, and to provide appropriate documentation to the courts.</p> <p data-bbox="240 1124 1485 1214">According to the KCSO, a time limit shall not be imposed on when an inmate is allowed to submit a grievance regarding an allegation of sexual abuse. Time limits to any portion of a grievance that does not allege an incident of sexual abuse shall be managed in accordance with the KCSO grievance processes.</p> <p data-bbox="240 1249 1485 1375">Inmates shall not be required to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse. In addition, any inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint, and a grievance of this nature shall not be referred to a staff member who is the subject of the complaint.</p> <p data-bbox="240 1411 1490 1554">According to KCSO policy, upon receipt of each grievance report form alleging sexual abuse, a serial number shall be assigned, and the date of receipt shall be indicated on the form by the Chief Deputy or designee. Each grievance alleging sexual abuse shall be investigated and returned to the inmate with an answer within 10 working days from the date of receipt. Each answer shall contain findings of fact, conclusions drawn, the reasons for those conclusions, and the action taken, and shall inform the inmate that the inmate may appeal by submitting the appropriate form to the Chief Deputy of corrections.</p> <p data-bbox="240 1590 1490 1680">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 and may proceed to the next level of appeal.</p> <p data-bbox="240 1715 1426 1769">At this time the facility is vacant; however, it is prepped and immediately ready for inmates, should the need arise. The facility is fully operational, and maintains a minimum staffing, to ensure that all facets of the facility remain ready.</p> <p data-bbox="240 1805 1474 1895">The Lerdo Max/Med facility has not housed any inmates in the past twelve (12) months. Because the facility has remained operational, and inmates can be moved from one KCSO facility to the next the inmate population at CRF was oversampled, as a representation of the KCSO inmate population.</p> <p data-bbox="240 1930 1474 2020">In the past 12 months, there has been a total of seven (7) grievances, at CRF, with identifying PREA subject matter. The auditor was provided copies of each grievance for review. Each grievance was handled as an emergency grievance, at met all the required deadlines. Each grievance was determined to be unfounded.</p> <p data-bbox="240 2056 1474 2145">KCSO allows third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse, and are also permitted to file such requests on behalf of the inmates. Regulation allows a third party to assist an inmate in initiating or assist in</p>

reporting allegations of sexual abuse or sexual harassment through the grievance process.

In the past 12 months, there were no grievances alleging sexual abuse filed by inmates in which the inmate declined third-party assistance, containing documentation of the inmate's decision to decline.

KCSO policy identifies that "emergency grievances" are those grievances for which disposition according to the regular time limits would subject the inmate to a substantial risk of personal injury, or cause other serious and irreparable harm to the inmate. In emergency situations, the inmate may bypass the prerequisite of informal resolution if going to the unit team did not obtain a solution to the problem.

Any inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint, and that when an emergency grievance is received, any portion that alleges the substantial risk of imminent sexual abuse shall be forwarded to a level of review for immediate corrective action. An initial response to the emergency grievance shall be provided within 48 hours of receipt, and a final decision rendered within five calendar days. The initial response and final decision shall document whether the inmate is in substantial risk of imminent sexual abuse and the action taken.

According to the PAQ submitted, during the twelve (12) months preceding the audit, there have been no emergency grievances filed alleging sexual abuse by staff.

Further KCSO policy identifies that an inmate may be disciplined for filing a grievance related to alleged sexual abuse only if it can be demonstrated that the inmate filed the grievance in bad faith.

According to the PAQ, there were no inmate grievances alleging sexual abuse that resulted in disciplinary action by an agency against the inmate for having filed the grievance in bad faith.

Conclusion:

The agency/facility has met the requirements of the Standard provision(s), which have been completed during the corrective action period. The auditor has determined that the agency/facility has met all standard provisions and complies with Standard 115.52.

<b>115.53</b>	<b>Inmate access to outside confidential support services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

Following the on-site portion, the auditor began a review of the information that had been uploaded into the OAS, the auditor discovered that not all required information had been uploaded as required for this standard/provision. In those instances when an identified section of specific policy or procedures was required to address the requirement, only the first page of the document was uploaded and not the specific section that is required to reflect compliance with that standard/provision.

In order to ensure that a thorough review is conducted of this standard/provision, additional supporting documents need to be identified and uploaded (training materials, logs, etc), in order to ensure that this standard/provision is considered appropriately.

The auditor has since spoken with the PREA Compliance Manager who has indicated that he will be working to identify all required documents, and upload them into the OAS for review.

The auditor and agency will collaborate on the corrective action plans for any identified non-compliance issues. The agency will have 180-days to correct the non-compliant issues after which, the auditor has an additional 30-days to submit the Final PREA Audit Report.

Auditor will conduct a status review with KCSO PREA Compliance Manager the week of September 7, 2021 to determine status of those documents that have been identified for each standard/provision. If Corrective Actions are identified, they must be implemented and institutionalized by the end of the 180-day Corrective Action Period: January 29, 2022.

CORRECTIVE ACTION COMPLETION 01/24/2022:

The facility provides inmates access to victim advocate 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. The facility shall enable reasonable communications between inmates and these organizations and agencies, in as confidential manner as possible.

The Lerdo Max-Med does not detain individuals solely for civil immigration purposes, but KCSO does make available foreign consulate general addresses for all foreign national, as necessary.

The Lerdo Max/Med facility has not housed any inmates in the past twelve (12) months. Because the facility has remained operational, and inmates can be moved from one KCSO facility to the next the inmate population at CRF was oversampled, as a representation of the KCSO inmate population.

Of the thirty-eight (28) random and three (3) targeted inmates that were interviewed regarding this provision, including those inmates who had previously reported sexual abuse, all responded that they were able to articulate their knowledge on how to report incidents of sexual abuse or sexual harassment.

During the on-site portion, the auditor observed PREA posters throughout the facility, in both English and Spanish, and was placed onto the walls in every living area, work areas, visiting room, dining area, main hallways, etc. during the on-site, the auditor observed these posters in the various locations throughout the facility. These posters referenced the Department's commitment to providing an environment that is free from sexual abuse and sexual harassment.

The facility has an MOU in place with Sexual Assault/Domestic Violence Center, that provides confidential advocacy services to inmates in need. The organization provides advocacy services to accompany and support a victim through the forensic medical examination process and investigatory interviews. Advocates also provide support, crisis intervention, information, and referrals upon request from Lerdo Max-Med. The advocacy center can only release information when allowed through a written, time-limited consent form from the center. The contact information is provided to inmates upon intake into the facility.

Of the twenty-eight (28) random and twenty-three (23) targeted inmates that were interviewed regarding this provision, all inmates indicated that even though they believed that the information would be kept in the strictest confidence, they were aware that if security needs were present, some of the information might be given to facility staff.

The Auditor spoke with a representative from the Women's Center High Desert Inc., who indicated that a victim advocate will be made available for the inmate before, during and following the examination. She advised that in addition to providing for any emotional support issues, another one of the responsibilities of the advocate is to inform the victim that some of the issues that are discussed will either need to be provided to the facility staff, both medical and non-medical, for the purposes of institutional security, the PREA investigation, and further medical and mental health services.

Conclusion:

The agency/facility has met the requirements of the Standard provision(s), which have been completed during the corrective action period. The auditor has determined that the agency/facility has met all standard provisions and complies with Standard 115.53.

<b>115.54</b>	<b>Third-party reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="242 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1468 331">The agency or facility provides a method to receive third-party reports of inmate sexual abuse or sexual harassment on the Kern County Sheriff's Office website:</p> <p data-bbox="242 362 1489 689">The Kern County Sheriff's Office (KCSO) has a Zero-Tolerance policy against any form of sexual abuse or sexual harassment of inmates detained in its custody. and is committed to enforcing the standards set forth by the Prison Rape Elimination Act (PREA). In support of KCSO's zero-tolerance policy, KCSO has established a Detentions Bureau PREA Coordinator to oversee compliance with the PREA standards and respond to any reports of sexual abuse within the jail facilities. It is KCSO'S policy to promptly, thoroughly and objectively investigate and document all reports of; sexual abuse, or harassment of one inmate by another inmate sexual misconduct by an employee, contractor, or volunteer harassment of an inmate or retaliation of an inmate for reporting or cooperating in an investigation of sexual abuse or harassment. When appropriate, investigated reports of sexual abuse shall be referred to the District Attorney's office for prosecution. Any person wishing to contact the PREA Coordinator regarding a sexual abuse, sexual harassment, or retaliation incident occurring in one of the Sheriff's jail facilities may call 661-391-7967 or email <a href="mailto:PREAcoordinator@kernsheriff.org">PREAcoordinator@kernsheriff.org</a>.</p> <p data-bbox="242 721 397 748">To file a report:</p> <p data-bbox="242 779 845 806">Click here to download report form <a href="#">Complete the report form</a></p> <p data-bbox="242 837 829 864">Email form to <a href="mailto:PREAcoordinator@kernsheriff.org">PREAcoordinator@kernsheriff.org</a> or Mail to:</p> <p data-bbox="242 896 386 922">Sheriffs Office</p> <p data-bbox="242 954 641 981">Attn: PREA Coordinator 1350 Norris Rd</p> <p data-bbox="242 1012 469 1039">Bakersfield, CA 93308</p> <p data-bbox="242 1070 1334 1097">Based upon the final analysis of evidence, the auditor finds the facility is fully compliant with Standard 115.54.</p>

115.61	<b>Staff and agency reporting duties</b>
	<p data-bbox="242 145 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="242 210 451 239"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1484 398">Following the on-site portion, the auditor began a review of the information that had been uploaded into the OAS, the auditor discovered that not all required information had been uploaded as required for this standard/provision. In those instances when an identified section of specific policy or procedures was required to address the requirement, only the first page of the document was uploaded and not the specific section that is required to reflect compliance with that standard/provision.</p> <p data-bbox="242 430 1460 524">In order to ensure that a thorough review is conducted of this standard/provision, additional supporting documents need to be identified and uploaded (training materials, logs, etc), in order to ensure that this standard/provision is considered appropriately.</p> <p data-bbox="242 555 1460 613">The auditor has since spoken with the PREA Compliance Manager who has indicated that he will be working to identify all required documents, and upload them into the OAS for review.</p> <p data-bbox="242 645 1476 739">The auditor and agency will collaborate on the corrective action plans for any identified non-compliance issues. The agency will have 180-days to correct the non-compliant issues after which, the auditor has an additional 30-days to submit the Final PREA Audit Report.</p> <p data-bbox="242 770 1452 864">Auditor will conduct a status review with KCSO PREA Compliance Manager the week of September 7, 2021 to determine status of those documents that have been identified for each standard/provision. If Corrective Actions are identified, they must be implemented and institutionalized by the end of the 180-day Corrective Action Period: January 29, 2022.</p> <p data-bbox="242 896 766 925"><u>CORRECTIVE ACTION COMPLETION 01/24/2022:</u></p> <p data-bbox="242 956 1492 1084">According to KCSO policy, all staff members shall immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred on a unit, whether or not it is a KCSO facility, retaliation against inmates or staff who reported an incident, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.</p> <p data-bbox="242 1115 1492 1209">Staff can report to their supervisor or the PREA Compliance Manager. Failure to report is violation of policy and may result in administrative or disciplinary sanctions. Staff shall not reveal any information related to sexual abuse reports to anyone other than to the extent necessary to make treatment and investigative decisions.</p> <p data-bbox="242 1240 1476 1335">Unless otherwise precluded by federal, state, or local law, as well as the initiation of services, medical and mental health practitioners shall be required to report sexual abuse and to inform inmates of the practitioner's duty to report, as well as the limitations of confidentiality.</p> <p data-bbox="242 1366 1468 1424">At this time the facility is vacant; however, it is prepped and immediately ready for inmates and staff, should the need arise. The facility is fully operational, and maintains a minimum staffing, to ensure that all facets of the facility remain ready.</p> <p data-bbox="242 1456 1476 1550">The Lerdo Max/Med facility has not housed any inmates in the past twelve (12) months. Because the facility has remained operational, and inmates can be moved from one KCSO facility to the next the inmate population at CRF was oversampled, as a representation of the KCSO inmate population.</p> <p data-bbox="242 1581 1492 1774">Identified during the interviews with the twenty (20) random staff and twenty-eight (28) specialized staff, at CRF, all of the staff interviewed were aware of this requirement, and were able to explain how they would immediately report an allegation of sexual abuse in a manner compliant to the policy. They further indicated that the information they received from the victim should remain confidential, with them only notifying staff that had a need to know, such as their supervisor and medical staff. Interviews with the random and specialized staff at all levels of the facility indicated that all PREA related allegations/reports go to the PCM, and to the investigative staff.</p> <p data-bbox="242 1805 1484 1899">If the alleged victim is under the age of 18 or considered a vulnerable adult under a state or local vulnerable persons statute, the facility shall report the allegation to the designated state or local services agency under applicable mandatory reporting laws. This provision (d) is not applicable.</p> <p data-bbox="242 1930 1468 2058">The auditor interviewed the Chief Deputy who indicated that they do not have anyone under the age of 18 housed at Lerdo Max-Med, nor are they responsible to house juvenile inmates. However, he indicated that in the event that he did have a youthful inmate, the facility would report any abuse allegation to the appropriate agency, as required by law, and that any allegations of sexual abuse or harassment would be reported to both the PCM and the designated investigator.</p> <p data-bbox="242 2089 1492 2148">During the interviews with the medical and mental health staff, it was confirmed that they were aware of this requirement, and were able to explain how they would immediately report an allegation of sexual abuse. He was also able to articulate her</p>

understanding of the policy, and their rights and obligations, and that even though there was a consent waiver signed, her staff are obligated to advise the inmate of the limitations of confidentiality prior to the initiation of services.

During interviews with the Chief Deputy, PREA Coordinator, and PREA Compliance Manager, the auditor was informed that youthful inmates are not housed within any of the Kern County Jail facilities. For verification purposes, an age analysis was provided to the auditor with the age of each inmate being housed at the facility.

Conclusion:

The agency/facility has met the requirements of the Standard provision(s), which have been completed during the corrective action period. The auditor has determined that the agency/facility has met all standard provisions and complies with Standard 115.61.

115.62	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Following the on-site portion, the auditor began a review of the information that had been uploaded into the OAS, the auditor discovered that not all required information had been uploaded as required for this standard/provision. In those instances when an identified section of specific policy or procedures was required to address the requirement, only the first page of the document was uploaded and not the specific section that is required to reflect compliance with that standard/provision.

In order to ensure that a thorough review is conducted of this standard/provision, additional supporting documents need to be identified and uploaded (training materials, logs, etc), in order to ensure that this standard/provision is considered appropriately.

The auditor has since spoken with the PREA Compliance Manager who has indicated that he will be working to identify all required documents, and upload them into the OAS for review.

The auditor and agency will collaborate on the corrective action plans for any identified non-compliance issues. The agency will have 180-days to correct the non-compliant issues after which, the auditor has an additional 30-days to submit the Final PREA Audit Report.

Auditor will conduct a status review with KCSO PREA Compliance Manager the week of September 7, 2021 to determine status of those documents that have been identified for each standard/provision. If Corrective Actions are identified, they must be implemented and institutionalized by the end of the 180-day Corrective Action Period: January 29, 2022.

CORRECTIVE ACTION COMPLETION 01/24/2022:

KCSO policy requires staff to take immediate action once an allegation of sexual abuse or sexual harassment is reported. Policy outlines staff responsibility if they learn an inmate is at immediate substantial risk of sexual abuse. The review process using the Administrative Segregation Report is utilized to ensure the least restrictive housing is appropriately implemented.

During the past 12 months:

- The number of times the agency or facility determined that an Inmate was subject to substantial risk of imminent sexual abuse was: 0
- If the agency or facility made such determinations in the past 12 months, the average amount of time that passed before taking action was: N/A
- The longest period of time elapsed before taking action was: N/A

The auditor was provided copies of these documents, each met compliance with standards, as required.

During the interview with the Chief Deputy, he advised that the agency takes immediate action in order to protect the inmate. This can be done by placement into an investigative status, removing the inmate from general housing and placing them into temporary housing during the investigation. Policy and practice ensure that investigations are timely and thorough. Through the investigation process and review, responsible parties, if known, are held accountable for their action.

During the interview with the Chief Deputy, he stated that if he received an allegation, he would take immediate action to protect the inmate. This may require that they move the inmate into temporary housing until the investigation can be concluded.

At this time the facility is vacant; however, it is prepped and immediately ready for inmates, should the need arise. The facility is fully operational, and maintains a minimum staffing, to ensure that all facets of the facility remain ready.

The Lerdo Max/Med facility has not housed any inmates in the past twelve (12) months. Because the facility has remained operational, and inmates can be moved from one KCSO facility to the next the inmate population at CRF was oversampled, as a representation of the KCSO inmate population.

During random staff interviews, all staff indicated that if they received an allegation from an inmate, they would immediately separate the victim and suspect, preserve any evidence, and contact their supervisor. Staff also indicated that they would determine if the inmate or suspect required medical or psychological attention. After dealing with any immediate issues, all custody staff interviewed indicated that they would make sure that all evidence protocols were followed such as not allowing the victim to shower, appropriate collection of physical evidence, obtaining any video, identifying witnesses, and then documenting all items into the report.

Conclusion:

The agency/facility has met the requirements of the Standard provision(s), which have been completed during the corrective action period. The auditor has determined that the agency/facility has met all standard provisions and complies with Standard 115.62.

115.63	<b>Reporting to other confinement facilities</b>
	<p data-bbox="242 145 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="242 210 451 239"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1485 398">Following the on-site portion, the auditor began a review of the information that had been uploaded into the OAS, the auditor discovered that not all required information had been uploaded as required for this standard/provision. In those instances when an identified section of specific policy or procedures was required to address the requirement, only the first page of the document was uploaded and not the specific section that is required to reflect compliance with that standard/provision.</p> <p data-bbox="242 430 1461 524">In order to ensure that a thorough review is conducted of this standard/provision, additional supporting documents need to be identified and uploaded (training materials, logs, etc), in order to ensure that this standard/provision is considered appropriately.</p> <p data-bbox="242 555 1458 613">The auditor has since spoken with the PREA Compliance Manager who has indicated that he will be working to identify all required documents, and upload them into the OAS for review.</p> <p data-bbox="242 645 1474 739">The auditor and agency will collaborate on the corrective action plans for any identified non-compliance issues. The agency will have 180-days to correct the non-compliant issues after which, the auditor has an additional 30-days to submit the Final PREA Audit Report.</p> <p data-bbox="242 770 1452 864">Auditor will conduct a status review with KCSO PREA Compliance Manager the week of September 7, 2021 to determine status of those documents that have been identified for each standard/provision. If Corrective Actions are identified, they must be implemented and institutionalized by the end of the 180-day Corrective Action Period: January 29, 2022.</p> <p data-bbox="242 896 766 925"><u>CORRECTIVE ACTION COMPLETION 01/24/2022:</u></p> <p data-bbox="242 956 1485 1178">KCSO policy requires that if Lerdo Max-Med receives a report that an inmate has been a victim of sexual abuse or harassment while incarcerated at another facility or under the supervision of another facility, Lerdo Max-Med is responsible to adhere to the following protocols: As soon as possible, but no later than 72 hours of receiving the report, the head of the office/facility that received the allegation shall notify the head of the office/facility where the alleged abuse occurred, the head of the office/facility receiving the notification shall ensure the allegation is investigated pursuant to their policy, and all incidents of inmate sexual abuse or sexual harassment shall be investigated, disciplined and referred for prosecution when warranted.</p> <p data-bbox="242 1209 1437 1267">The Chief Deputy was able to elaborate on the procedures in place when the facility receives an allegation from another facility/agency. He is provided updates from Investigations and PCM throughout the investigation.</p> <p data-bbox="242 1299 1442 1393">The PREA Compliance Manager is required to maintain the documentation reflecting that the Chief Deputy has provided such notification. Incident reports, logs, emails, etc., which will serve as sufficient documentation for the purposes of this standard.</p> <ul data-bbox="284 1447 1442 1541" style="list-style-type: none"> <li>• In the past 12 months, the number of allegations the facility received that an inmate was abused while confined at another facility: 0</li> <li>• In the past 12 months, the number of allegations of sexual abuse the facility received from other facilities: 0</li> </ul> <p data-bbox="242 1572 1477 1666">During the interview with the Chief Deputy, the auditor was advised that if another agency or a facility within another agency refers allegations of sexual abuse or sexual harassment that occurred within another facility, the designated point of contact would be the Chief Deputy of that facility.</p> <p data-bbox="242 1697 1474 1825">During an interview with the Chief Deputy, the auditor confirmed that when Lerdo Max-Med receives an allegation from another facility or agency that an incident of sexual abuse or sexual harassment occurred at Lerdo Max-Med, then Lerdo Max-Med would initiate an investigation. He further stated that he will also make notifications up his chain of command, and that all of this must occur within the first 72 hours following receipt of the information</p> <p data-bbox="242 1856 363 1886"><u>Conclusion:</u></p> <p data-bbox="242 1917 1490 2011">The agency/facility has met the requirements of the Standard provision(s), which have been completed during the corrective action period. The auditor has determined that the agency/facility has met all standard provisions and complies with Standard 115.63.</p>

115.64	<b>Staff first responder duties</b>
	<p data-bbox="240 147 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 273 1485 398">Following the on-site portion, the auditor began a review of the information that had been uploaded into the OAS, the auditor discovered that not all required information had been uploaded as required for this standard/provision. In those instances when an identified section of specific policy or procedures was required to address the requirement, only the first page of the document was uploaded and not the specific section that is required to reflect compliance with that standard/provision.</p> <p data-bbox="240 434 1461 524">In order to ensure that a thorough review is conducted of this standard/provision, additional supporting documents need to be identified and uploaded (training materials, logs, etc), in order to ensure that this standard/provision is considered appropriately.</p> <p data-bbox="240 560 1458 613">The auditor has since spoken with the PREA Compliance Manager who has indicated that he will be working to identify all required documents, and upload them into the OAS for review.</p> <p data-bbox="240 649 1474 739">The auditor and agency will collaborate on the corrective action plans for any identified non-compliance issues. The agency will have 180-days to correct the non-compliant issues after which, the auditor has an additional 30-days to submit the Final PREA Audit Report.</p> <p data-bbox="240 775 1452 864">Auditor will conduct a status review with KCSO PREA Compliance Manager the week of September 7, 2021 to determine status of those documents that have been identified for each standard/provision. If Corrective Actions are identified, they must be implemented and institutionalized by the end of the 180-day Corrective Action Period: January 29, 2022.</p> <p data-bbox="240 900 766 927"><u>CORRECTIVE ACTION COMPLETION 01/24/2022:</u></p> <p data-bbox="240 963 1474 1048">According to policy, Lerdo Max-Med utilizes a Coordinated Response plan, a written institutional plan to establish reports of sexual abuse and sexual harassment after learning of an allegation that an inmate was sexually abused. According to the plan, the first staff responder shall:</p> <ol data-bbox="277 1102 1474 1294" style="list-style-type: none"> <li>1. Notify a security supervisor;</li> <li>2. Separate the alleged victim and assailant;</li> <li>3. Preserve and protect the crime scene, if applicable, until steps can be taken to collect any evidence;</li> <li>4. Monitor the alleged victim and assailant to ensure physical evidence is not destroyed, including washing, brushing teeth, changing clothes, urinating, defecating, or eating, if the assault occurred within a time period that still allows for the collection of physical evidence;</li> </ol> <p data-bbox="240 1330 1493 1451">Once all previous steps have been completed, the alleged victim and known abuser shall be referred to medical and mental health services for examination and evaluation. If medical and mental health staff are not available, staff first responders shall take preliminary steps to protect the victim and notify on-call medical or mental health staff. The nature and scope of treatment is determined by medical and mental health practitioners in accordance with KCSO policies.</p> <p data-bbox="240 1487 1493 1644">The Auditor reviewed the PREA training curriculum which reflected that all staff, volunteers, and contractors receive this essential training which provides the first responder responsibilities, and obligations of any staff, volunteer, or contractor, whoever receives the information first. As a First Responder, these employees are trained to take steps to isolate and contain the situation, secure the scene, separate the alleged victim from the suspect, remove uninvolved inmates, and relay observations.</p> <p data-bbox="240 1680 1484 1800">Upon being notified of an allegation of sexual abuse, at a minimum, the victim(s) and perpetrator(s) are separated, the PCM, Investigators, and the Duty Officer and/or Chief Deputy / Sheriff shall be notified, and the Coordinated Response plan is initiated. The Coordinated Response describes the in-depth protocol that is followed once an allegation of sexual abuse or sexual harassment is made. This plan was reviewed during the audit, and meets all requirements.</p> <p data-bbox="240 1836 1484 1926">According to KCSO policy, if the first staff responder is not a security staff member, the responder will be required to request that the alleged victim not take any actions that could destroy physical evidence, follow the steps listed above, and notify a security staff member.</p> <p data-bbox="240 1962 619 1989">In the past 12 months, the number of:</p> <ul data-bbox="284 2038 1474 2163" style="list-style-type: none"> <li>• Allegations that an Inmate was sexually abused: 0</li> <li>• The number of instances where Lerdo Max-Med security staff separated the alleged victim and abuser: 0</li> <li>• The number of allegations where staff were notified within a time period that still allowed for the collection of physical evidence: 0</li> </ul>

During the interview with the Chief Deputy, he indicated that First Responder staff have been trained on the PREA processes and participate in regular on-going training, conducted to ensure competency and compliance.

During the interview with the Shift Commander, he advised that in order to ensure that he completes all required items, he utilizes a checklist. A copy of this checklist was reviewed and reflected all of the required notifications in one column, and all of the required procedures in another column, as well as a corresponding date/time completion.

During interviews with non-custody staff First Responders, each indicated that they would first notify custody staff, while also directing the alleged victim to not destroy evidence and would secure the scene as best as they could. They all further stated that all information they obtained would be kept confidential except for the staff that needed to know. They further advised that they were trained in the PREA process at Orientation and during In-Service Trainings, reminding them of their actions and the importance of both the immediate and long-term PREA process.

Conclusion:

The agency/facility has met the requirements of the Standard provision(s), which have been completed during the corrective action period. The auditor has determined that the agency/facility has met all standard provisions and complies with Standard 115.64.

115.65	<b>Coordinated response</b>
	<p data-bbox="240 147 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 273 1485 398">Following the on-site portion, the auditor began a review of the information that had been uploaded into the OAS, the auditor discovered that not all required information had been uploaded as required for this standard/provision. In those instances when an identified section of specific policy or procedures was required to address the requirement, only the first page of the document was uploaded and not the specific section that is required to reflect compliance with that standard/provision.</p> <p data-bbox="240 434 1461 524">In order to ensure that a thorough review is conducted of this standard/provision, additional supporting documents need to be identified and uploaded (training materials, logs, etc), in order to ensure that this standard/provision is considered appropriately.</p> <p data-bbox="240 560 1458 613">The auditor has since spoken with the PREA Compliance Manager who has indicated that he will be working to identify all required documents, and upload them into the OAS for review.</p> <p data-bbox="240 649 1474 739">The auditor and agency will collaborate on the corrective action plans for any identified non-compliance issues. The agency will have 180-days to correct the non-compliant issues after which, the auditor has an additional 30-days to submit the Final PREA Audit Report.</p> <p data-bbox="240 775 1452 864">Auditor will conduct a status review with KCSO PREA Compliance Manager the week of September 7, 2021 to determine status of those documents that have been identified for each standard/provision. If Corrective Actions are identified, they must be implemented and institutionalized by the end of the 180-day Corrective Action Period: January 29, 2022.</p> <p data-bbox="240 900 766 927"><u>CORRECTIVE ACTION COMPLETION 01/24/2022:</u></p> <p data-bbox="240 963 1489 1142">Lerdo Max-Med utilizes the Coordinated Response as a written institutional plan to establish reports of sexual abuse and sexual harassment. The procedures further identified in this policy provide a systematic notification and response process following a reported sexual abuse incident, and further advises that the first staff member having knowledge of the incident shall immediately report the allegation to a security supervisor. The security supervisor is then required to provide notification and response procedures by first notifying the highest-ranking security supervisor on duty, and then following the established notification protocols.</p> <p data-bbox="240 1178 1471 1267">The PREA Checklist is completed for each report, which is ordinarily initiated by the Shift Supervisor. For administrative reports, or reports otherwise not reported through the Shift Supervisor, the PREA Checklist shall be initiated and completed by the PCM.</p> <p data-bbox="240 1303 1481 1357">The response ensures that victims receive immediate protection and immediate and on-going medical and behavioral health care and support services as well as to ensure that investigators are allowed to obtain useable evidence.</p> <p data-bbox="240 1393 1461 1447">Any inmate who alleges that he has been the victim of sexual abuse is offered immediate protection from the assailant. KCSO staff shall not make judgments or assumptions about the credibility of a victim, suspect, or witness of sexual abuse.</p> <p data-bbox="240 1482 1468 1572">The auditor was provided a copy of the checklist forms. The forms are used in the facility's coordinated response once an allegation of sexual abuse or sexual harassment is received. It is a checklist that is a checks and balances to make sure all parties are notified, and all protocols are followed according to PREA Standards.</p> <p data-bbox="240 1608 1471 1733">During the interview with the Chief Deputy, he stated that the coordinated response has been identified in the provided policies. He further indicated that all staff need to do is follow the Sexual Abuse Investigation Checklist, and this will provide them with the requirements and expectations, and who they are required to contact. He further indicated that training is provided regularly to staff through In-Service Training, On- the-Job training, and through shift briefings.</p> <p data-bbox="240 1769 363 1796"><u>Conclusion:</u></p> <p data-bbox="240 1832 1490 1921">The agency/facility has met the requirements of the Standard provision(s), which have been completed during the corrective action period. The auditor has determined that the agency/facility has met all standard provisions and complies with Standard 115.65.</p>

115.66	<b>Preservation of ability to protect inmates from contact with abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="242 210 451 235"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1485 398">Following the on-site portion, the auditor began a review of the information that had been uploaded into the OAS, the auditor discovered that not all required information had been uploaded as required for this standard/provision. In those instances when an identified section of specific policy or procedures was required to address the requirement, only the first page of the document was uploaded and not the specific section that is required to reflect compliance with that standard/provision.</p> <p data-bbox="242 432 1461 521">In order to ensure that a thorough review is conducted of this standard/provision, additional supporting documents need to be identified and uploaded (training materials, logs, etc), in order to ensure that this standard/provision is considered appropriately.</p> <p data-bbox="242 555 1458 613">The auditor has since spoken with the PREA Compliance Manager who has indicated that he will be working to identify all required documents, and upload them into the OAS for review.</p> <p data-bbox="242 647 1474 736">The auditor and agency will collaborate on the corrective action plans for any identified non-compliance issues. The agency will have 180-days to correct the non-compliant issues after which, the auditor has an additional 30-days to submit the Final PREA Audit Report.</p> <p data-bbox="242 770 1452 860">Auditor will conduct a status review with KCSO PREA Compliance Manager the week of September 7, 2021 to determine status of those documents that have been identified for each standard/provision. If Corrective Actions are identified, they must be implemented and institutionalized by the end of the 180-day Corrective Action Period: January 29, 2022.</p> <p data-bbox="242 893 766 918"><u>CORRECTIVE ACTION COMPLETION 01/24/2022:</u></p> <p data-bbox="242 952 1453 1041">The KCSO and Lerdo Max-Med will not enter into or renew any collective bargaining agreement or other agreement that limits the facility'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 disciplinary or administrative action is warranted</p> <p data-bbox="242 1075 691 1099">115.66 (b): This subsection is not applicable.</p> <p data-bbox="242 1133 1473 1223">During the interview with the Chief Deputy, the auditor was advised the KCSO/Lerdo Max-Med has entered into or renewed collective bargaining agreements since the last PREA audit, a review of the collective bargaining agreements reflect compliance with PREA standard requirements.</p> <p data-bbox="242 1256 363 1281"><u>Conclusion:</u></p> <p data-bbox="242 1314 1492 1404">The agency/facility has met the requirements of the Standard provision(s), which have been completed during the corrective action period. The auditor has determined that the agency/facility has met all standard provisions and complies with Standard 115.66.</p>

115.67	<b>Agency protection against retaliation</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 208 451 235"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1485 398">Following the on-site portion, the auditor began a review of the information that had been uploaded into the OAS, the auditor discovered that not all required information had been uploaded as required for this standard/provision. In those instances when an identified section of specific policy or procedures was required to address the requirement, only the first page of the document was uploaded and not the specific section that is required to reflect compliance with that standard/provision.</p> <p data-bbox="240 430 1461 521">In order to ensure that a thorough review is conducted of this standard/provision, additional supporting documents need to be identified and uploaded (training materials, logs, etc), in order to ensure that this standard/provision is considered appropriately.</p> <p data-bbox="240 553 1458 611">The auditor has since spoken with the PREA Compliance Manager who has indicated that he will be working to identify all required documents, and upload them into the OAS for review.</p> <p data-bbox="240 642 1474 734">The auditor and agency will collaborate on the corrective action plans for any identified non-compliance issues. The agency will have 180-days to correct the non-compliant issues after which, the auditor has an additional 30-days to submit the Final PREA Audit Report.</p> <p data-bbox="240 766 1452 857">Auditor will conduct a status review with KCSO PREA Compliance Manager the week of September 7, 2021 to determine status of those documents that have been identified for each standard/provision. If Corrective Actions are identified, they must be implemented and institutionalized by the end of the 180-day Corrective Action Period: January 29, 2022.</p> <p data-bbox="240 889 766 916"><u>CORRECTIVE ACTION COMPLETION 01/24/2022:</u></p> <p data-bbox="240 947 1493 1108">According to KCSO policy inmates and staff who report sexual abuse or sexual harassment who cooperate with sexual abuse or sexual harassment investigations shall be protected from retaliation by other inmates or staff. The KCSO has a zero tolerance for sexual misconduct, sexual abuse, and sexual harassment of inmates. An employee is prohibited from subjecting another employee, inmate, or other individual to harassment or retaliation for reporting or cooperating with an investigation of alleged sexual misconduct with inmates.</p> <p data-bbox="240 1140 1126 1167">The PCM shall monitor for incidents of retaliation in accordance with the identified policy.</p> <p data-bbox="240 1198 1482 1290">Lerdo Max-Med is mandated to monitor retaliation against inmates or staff who report sexual abuse or sexual harassment or who cooperate with investigations. Retaliation is strictly prohibited. All staff and inmates shall report any allegations of retaliation to Investigations or the PCM either verbally or in writing.</p> <p data-bbox="240 1321 1465 1413">The facility employs multiple protection measures, such as housing changes or transfers for 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.</p> <p data-bbox="240 1444 1485 1536">During the interview with the Chief Deputy, he indicated that there are numerous strategies used to protect inmates and staff from retaliation, which includes monitoring to ensure appropriate changes in housing or work assignment, and if any disciplinary actions are occurring.</p> <p data-bbox="240 1568 1458 1659">During the interviews with the inmates who reported sexual abuse, each inmate told the auditor that they recalled a staff member formally or informally checking with them every few weeks. They further indicated to the Auditor that even though these incidents occurred, at the present time they felt safe at the facility.</p> <p data-bbox="240 1691 1481 1919">According to KCSO policy, for at least 120 days following a report of sexual abuse, the facility monitors 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 staff monitor include any inmates' disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. This also includes periodic status checks, for inmates. Monitoring continues beyond 120 days if the initial monitoring indicates a continuing need. Lerdo Max-Med has designated the PREA Compliance Manager to monitor retaliation at the facility.</p> <p data-bbox="240 1951 1485 2145">During the interview with the Chief Deputy, he advised that there are policies in place that have been designed to prevent and monitor retaliation against inmates and staff. Any inmate or staff who reports, witnesses, or cooperates with investigations is monitored once every 30 days, for a 120-day period. If there are no more reported problems, the monitoring stops after 120 days; however, if there are reported concerns, then the monitoring continues until the monitored individual no longer experiences retaliation and/or the follow-up investigation is determined unfounded. If there is evidence of retaliation, the Lerdo Max-Med administration will take immediate action to prevent retaliation.</p>

A review of the PREA Staff and Inmate Monitoring Forms, provides information pertinent to the incident information and name of staff to be monitored.

During the interview with the Chief Deputy, he stated that retaliation will not be tolerated in any facility, and that the staff have been trained to understand that they are able to speak out without fear of retaliation. He further stated that if retaliation does occur, those staff members participating in the retaliation will go through an investigation, which includes the disciplinary process, if necessary.

During the interview with the PCM, he indicated that any time he conducts his monitoring, he is looking at numerous items relative to retaliation. His first approach begins with the victim, observing their behaviors, his demeanor, his overall appearance, and how he is interacting with the population. The PCM indicated that he will also be asking the victim various wellness questions, as well. When it comes to the aggressor, he would be watching the same items, and documenting interactions with all parties.

If any other individual who cooperates with an investigation expresses a fear of retaliation, the facility shall take appropriate measures to protect that individual against retaliation.

In the past 12 months, the number of times an incident of retaliation occurred: 0

The obligation to monitor shall terminate only if the allegation is determined to be unfounded.

During the Interview with the Chief Deputy, he advised that if there is evidence of retaliation, the administration takes appropriate action immediately. These actions can include work and housing assignment changes, unit transfers, no inmate contact position, or mental health for inmates. If the retaliation is staff on staff; an investigation is initiated, and remedial action is started immediately. The administration evaluates each situation and ensures immediate action is taken to prevent retaliation.

Conclusion:

The agency/facility has met the requirements of the Standard provision(s), which have been completed during the corrective action period. The auditor has determined that the agency/facility has met all standard provisions and complies with Standard 115.67.

115.68	<b>Post-allegation protective custody</b>
	<p data-bbox="240 147 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 273 1485 398">Following the on-site portion, the auditor began a review of the information that had been uploaded into the OAS, the auditor discovered that not all required information had been uploaded as required for this standard/provision. In those instances when an identified section of specific policy or procedures was required to address the requirement, only the first page of the document was uploaded and not the specific section that is required to reflect compliance with that standard/provision.</p> <p data-bbox="240 434 1461 524">In order to ensure that a thorough review is conducted of this standard/provision, additional supporting documents need to be identified and uploaded (training materials, logs, etc), in order to ensure that this standard/provision is considered appropriately.</p> <p data-bbox="240 560 1458 613">The auditor has since spoken with the PREA Compliance Manager who has indicated that he will be working to identify all required documents, and upload them into the OAS for review.</p> <p data-bbox="240 649 1474 739">The auditor and agency will collaborate on the corrective action plans for any identified non-compliance issues. The agency will have 180-days to correct the non-compliant issues after which, the auditor has an additional 30-days to submit the Final PREA Audit Report.</p> <p data-bbox="240 775 1452 864">Auditor will conduct a status review with KCSO PREA Compliance Manager the week of September 7, 2021 to determine status of those documents that have been identified for each standard/provision. If Corrective Actions are identified, they must be implemented and institutionalized by the end of the 180-day Corrective Action Period: January 29, 2022.</p> <p data-bbox="240 900 766 927"><u>CORRECTIVE ACTION COMPLETION 01/24/2022:</u></p> <p data-bbox="240 958 1485 1084">According to KCSO policy, those inmates at high risk for sexual victimization shall not be placed in protective custody unless an assessment of all available alternatives has been made and it is determined there is no available alternative means of separation from likely abusers. If the assessment cannot be completed immediately, the unit may hold the inmate in involuntary segregated housing while completing the assessment, for a period no longer than 24 hours.</p> <p data-bbox="240 1115 1485 1169">Inmates shall be assigned to protective custody only until an alternative means of separation from likely abusers is arranged, for a period no longer than 30 days.</p> <ul data-bbox="284 1223 1485 1285" style="list-style-type: none"> <li>• The number of inmates who allege to have suffered sexual abuse who were held in involuntary segregated housing for between one to 24 hours awaiting completion of an assessment is: 0</li> </ul> <p data-bbox="240 1317 1235 1344">The facility utilizes the Administrative Segregation Report Form to evaluate the needs of the inmate.</p> <ul data-bbox="284 1397 1485 1460" style="list-style-type: none"> <li>• The number of inmates at risk of sexual victimization who were assigned to involuntary segregated housing in the past 12 months for longer than 30 days while awaiting alternative placement was: 0</li> </ul> <p data-bbox="240 1491 1091 1518">Sample documentation was provided to the Auditor at the on-site portion of the audit.</p> <p data-bbox="240 1550 1485 1706">During the interview with the Chief Deputy, he indicated that there has not been any inmates placed into involuntary segregation as a result of risk of victimization during the past 12 months. He reported a review is conducted at the 24-hour mark, and they have not had anyone remain more than 30 days. He further indicated that in those instances where inmate safety considerations are required, and that they take immediate action to ensure the safety and security of the inmate, staff, and the facility.</p> <p data-bbox="240 1738 363 1765"><u>Conclusion:</u></p> <p data-bbox="240 1796 1485 1886">The agency/facility has met the requirements of the Standard provision(s), which have been completed during the corrective action period. The auditor has determined that the agency/facility has met all standard provisions and complies with Standard 115.68.</p>

115.71	<b>Criminal and administrative agency investigations</b>
	<p data-bbox="240 147 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 273 1485 398">Following the on-site portion, the auditor began a review of the information that had been uploaded into the OAS, the auditor discovered that not all required information had been uploaded as required for this standard/provision. In those instances when an identified section of specific policy or procedures was required to address the requirement, only the first page of the document was uploaded and not the specific section that is required to reflect compliance with that standard/provision.</p> <p data-bbox="240 434 1461 524">In order to ensure that a thorough review is conducted of this standard/provision, additional supporting documents need to be identified and uploaded (training materials, logs, etc), in order to ensure that this standard/provision is considered appropriately.</p> <p data-bbox="240 560 1458 613">The auditor has since spoken with the PREA Compliance Manager who has indicated that he will be working to identify all required documents, and upload them into the OAS for review.</p> <p data-bbox="240 649 1474 739">The auditor and agency will collaborate on the corrective action plans for any identified non-compliance issues. The agency will have 180-days to correct the non-compliant issues after which, the auditor has an additional 30-days to submit the Final PREA Audit Report.</p> <p data-bbox="240 775 1452 864">Auditor will conduct a status review with KCSO PREA Compliance Manager the week of September 7, 2021 to determine status of those documents that have been identified for each standard/provision. If Corrective Actions are identified, they must be implemented and institutionalized by the end of the 180-day Corrective Action Period: January 29, 2022.</p> <p data-bbox="240 900 766 927"><u>CORRECTIVE ACTION COMPLETION 01/24/2022:</u></p> <p data-bbox="240 963 1485 1178">It is the policy of the KCSO to assist sexual assault victims in a supportive manner, and to conduct timely and diligent investigations enhancing the probability of a successful prosecution. According to the KCSO, investigations of sexual abuse, threatened sexual abuse, and sexual harassment shall be conducted promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. KCSO policy also identifies that investigations shall include, at a minimum, interviews with alleged victims, suspected assailants, and witnesses; a review of prior complaints and reports of sexual abuse involving the alleged assailant; review of video surveillance where available; and any evidence, including physical evidence.</p> <p data-bbox="240 1214 1430 1267">Lerdo Max-Med conducts its own criminal and administrative investigations into allegations of sexual abuse and sexual harassment. It does so promptly, thoroughly, and objectively.</p> <p data-bbox="240 1303 1461 1429">Utilizing a checklist, the auditor reviewed each investigative file looking for inmate rights, safety and security of the inmate, provable objectiveness, direct or circumstantial evidence, witness statement, effective communications, as well as other established guidelines. Through these file reviews, investigative staff have shown that each case followed the objective protocols, and that investigators treat each allegation on a case-by-case basis.</p> <p data-bbox="240 1464 1481 1653">The facility's Investigators receive specialized training in sexual abuse investigations. They receive training specific to the allegations of sexual abuse. Such investigations shall only be conducted by investigators who have received special training in sexual abuse investigations pursuant to this plan. Investigators receive additional training related to their roles, which includes interviewing sexual abuse victims, conducting sexual abuse investigations in a confined setting, investigation and evidence collection for inmate sexual offenses, sexual harassment, and custodial sexual misconduct. The required training has been documented and verified through the employee signature on various sign-in sheets.</p> <p data-bbox="240 1688 1436 1742">During the interview with the investigator, he confirmed attending these training sessions. The auditor also reviewed the Investigators training records, verifying his attendance and participation at all required trainings.</p> <p data-bbox="240 1778 1490 1832">The Investigations staff gather and preserve direct and circumstantial evidence. Staff document in a written report a thorough description of physical and documentary evidence. Substantiated allegations are referred for prosecution.</p> <p data-bbox="240 1868 1442 1957">During the on-site portion, the KCSO investigator was interviewed, and advised that he has attended the departments required investigation training, and will seek input from the District Attorney's Office when determining whether an investigation should be pursued as an administrative or criminal matter.</p> <p data-bbox="240 1993 1485 2083">During the interviews, the investigators were able to adequately give examples of the burden of proof and preponderance for administrative cases, as well as the standard that relates to no higher than preponderance of evidence which is used when determining that allegations of sexual abuse or sexual harassment are substantiated.</p> <p data-bbox="240 2119 1485 2145">When the quality of evidence appears to support criminal prosecution, the investigator will conduct compelled interviews only</p>

after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution. This was confirmed during interviews with the investigator, who advised that they would consult with prosecutors before conducting compelled interviews.

KCSO policy indicates that the credibility to the alleged victim, suspect, or witness is assessed on an individual basis, and is not determined by the person's status as inmate or staff. The facility does not require an inmate who alleges sexual abuse to submit to a polygraph examination as a condition for proceeding with the investigation of such an allegation.

During interviews with investigative staff, it was evident that only the facts of that case are taken into consideration when referencing the credibility of an alleged victim, assailant, or witness and that they shall be assessed on an individual basis and not on the status as an inmate or staff member. They also indicated that he does not follow any different protocols when they receive third-party or anonymous reports of sexual abuse or sexual harassment, rather he will conduct all of the investigations very similarly in that he just follows the facts of the case, following all leads to conclusion. Also, investigative staff confirmed that when an inmate who alleges sexual abuse shall not be required to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of the allegation.

KCSO administrative investigations include the effort to determine whether staff actions or failures to act contributed to the abuse. It is required to be documented in written reports that include a description of the physical and testimonial evidence, the reason behind the credibility assessments, and investigative facts and findings.

Through interviews with staff, the Chief Deputy and the PCM, confirmed that investigative staff will evaluate if policy was followed; did they provide a safe and secure environment; and are any changes needing to be made.

According to KCSO policy, criminal investigations are documented in a written report that contain a thorough description of physical, testimonial, and documentary evidence and attached copies of all documentary evidence where feasible. The investigative staff reported that they follow the procedures in the Investigations Protocol Manual for documenting the report. All supporting documentation becomes part of the full investigation, which is utilized for any further review or referral.

Investigative staff reported that once the investigation is completed, the cases are presented for prosecution.

KCSO policy addresses retention requirements as they relate to crimes records management system. The manual identifies that the Records Department must maintain these records for time periods up to ten (10) years. All inmate, employee, administrative and criminal investigations shall be retained in accordance with the KCSO Records Retention Schedule.

The investigators were able to reflect that they are thorough in their research, and diligent in their efforts to gather facts and come to a logical and unbiased conclusion. Pertinent information was listed in all reports and evidence/exhibits were appropriately listed and easily obtainable. They are familiar with Miranda and Garrity Warnings and explained the difference in both when questioned.

According to KCSO and Lerdo Max-Med policy, the departure of the alleged abuser or victim from the employment or control of the facility shall not provide a basis for terminating an investigation. The investigative staff reported they continue with the case and make arrangements with local authorities if a staff member departs.

The auditor was provided with and reviewed copies of the allegations the facility had received within the past 12 months. The auditor reviewed copies of each investigation and determined the investigation was prompt, thorough, and objective. The investigators followed all required investigative steps, interviewing all parties, and documenting all items as required per standard.

115.71 (k & l) are not applicable.

Conclusion:

The agency/facility has met the requirements of the Standard provision(s), which have been completed during the corrective action period. The auditor has determined that the agency/facility has met all standard provisions and complies with Standard 115.71.

115.72	<b>Evidentiary standard for administrative investigations</b>
	<p data-bbox="240 147 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 273 1485 398">Following the on-site portion, the auditor began a review of the information that had been uploaded into the OAS, the auditor discovered that not all required information had been uploaded as required for this standard/provision. In those instances when an identified section of specific policy or procedures was required to address the requirement, only the first page of the document was uploaded and not the specific section that is required to reflect compliance with that standard/provision.</p> <p data-bbox="240 434 1461 524">In order to ensure that a thorough review is conducted of this standard/provision, additional supporting documents need to be identified and uploaded (training materials, logs, etc), in order to ensure that this standard/provision is considered appropriately.</p> <p data-bbox="240 560 1458 613">The auditor has since spoken with the PREA Compliance Manager who has indicated that he will be working to identify all required documents, and upload them into the OAS for review.</p> <p data-bbox="240 649 1474 739">The auditor and agency will collaborate on the corrective action plans for any identified non-compliance issues. The agency will have 180-days to correct the non-compliant issues after which, the auditor has an additional 30-days to submit the Final PREA Audit Report.</p> <p data-bbox="240 775 1452 864">Auditor will conduct a status review with KCSO PREA Compliance Manager the week of September 7, 2021 to determine status of those documents that have been identified for each standard/provision. If Corrective Actions are identified, they must be implemented and institutionalized by the end of the 180-day Corrective Action Period: January 29, 2022.</p> <p data-bbox="240 900 766 927"><u>CORRECTIVE ACTION COMPLETION 01/24/2022:</u></p> <p data-bbox="240 963 1485 1048">According to KCSO policy, based on the preponderance of evidence contained in the investigative report, the facility shall review the totality of the investigation including facts, evidence, and any other pertinent information to determine whether the allegations (incident being investigated) are substantiated, unsubstantiated, or unfounded.</p> <p data-bbox="240 1084 1414 1137">According to KCSO policy, no standard higher than the preponderance of evidence shall be imposed in determining if allegations of sexual abuse or sexual harassment are substantiated.</p> <p data-bbox="240 1173 1469 1294">Upon review of PREA files, the investigators showed that they were thorough in their research and diligent in their efforts to gather facts and come to a logical and unbiased conclusion. Pertinent information was listed in all reports and evidence/exhibits were appropriately listed and easily obtainable, and that a preponderance of evidence was used in determining whether the allegation was substantiated.</p> <p data-bbox="240 1330 1406 1384">During the interview with the Investigator, he indicated that during an investigation, all available evidence is collected (physical, interviews, etc.), and submitted for review and consideration.</p> <p data-bbox="240 1420 363 1447"><u>Conclusion:</u></p> <p data-bbox="240 1482 1493 1572">The agency/facility has met the requirements of the Standard provision(s), which have been completed during the corrective action period. The auditor has determined that the agency/facility has met all standard provisions and complies with Standard 115.72.</p>

115.73	<b>Reporting to inmates</b>
	<p data-bbox="240 147 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 273 1485 398">Following the on-site portion, the auditor began a review of the information that had been uploaded into the OAS, the auditor discovered that not all required information had been uploaded as required for this standard/provision. In those instances when an identified section of specific policy or procedures was required to address the requirement, only the first page of the document was uploaded and not the specific section that is required to reflect compliance with that standard/provision.</p> <p data-bbox="240 434 1461 524">In order to ensure that a thorough review is conducted of this standard/provision, additional supporting documents need to be identified and uploaded (training materials, logs, etc), in order to ensure that this standard/provision is considered appropriately.</p> <p data-bbox="240 560 1458 613">The auditor has since spoken with the PREA Compliance Manager who has indicated that he will be working to identify all required documents, and upload them into the OAS for review.</p> <p data-bbox="240 649 1474 739">The auditor and agency will collaborate on the corrective action plans for any identified non-compliance issues. The agency will have 180-days to correct the non-compliant issues after which, the auditor has an additional 30-days to submit the Final PREA Audit Report.</p> <p data-bbox="240 775 1452 864">Auditor will conduct a status review with KCSO PREA Compliance Manager the week of September 7, 2021 to determine status of those documents that have been identified for each standard/provision. If Corrective Actions are identified, they must be implemented and institutionalized by the end of the 180-day Corrective Action Period: January 29, 2022.</p> <p data-bbox="240 900 766 927"><u>CORRECTIVE ACTION COMPLETION 01/24/2022:</u></p> <p data-bbox="240 963 1485 1043">KCSO policy advises that following an investigation into the Inmate's allegation that they suffered sexual abuse in the facility, the inmate will be informed in writing as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.</p> <p data-bbox="240 1079 1485 1106">Further, KCSO policy requires that the PCM will draft and forward the Notification of Investigative Status to the Chief Deputy.</p> <ul data-bbox="282 1160 1477 1285" style="list-style-type: none"> <li>• In the past 12 months the number of criminal and/or administrative investigations of alleged Inmate sexual abuse that were completed by the agency/facility is: 0</li> <li>• In the past 12 months of the alleged sexual abuse investigations that were completed, the number of Inmates who were notified verbally or in writing, of the results of the investigation is: 0</li> </ul> <p data-bbox="240 1317 1458 1370">If investigation was not conducted by Lerdo Max-Med, the PCM will request the relevant information from the investigative agency in order to inform the Inmate of the determination.</p> <ul data-bbox="282 1429 1477 1554" style="list-style-type: none"> <li>• In the past 12 months, the number of investigations of alleged Inmate sexual abuse in the facility that were completed by an outside agency is: 0</li> <li>• In the past 12 months the number of Inmates alleging sexual abuse in the facility who were notified verbally or in writing of the results of the investigation is: 0</li> </ul> <p data-bbox="240 1585 1493 1675">According to Lerdo Max-Med policy, following an inmate's allegation that a staff member has committed sexual abuse against an Inmate, the Inmate will subsequently be informed in writing, unless the facility has determined that the allegation is unfounded, whenever:</p> <ul data-bbox="282 1733 1453 1859" style="list-style-type: none"> <li>• The staff member is no longer posted within the Inmate's housing unit;</li> <li>• The staff member is no longer employed at the facility;</li> <li>• The staff member has been indicted on a charge related to sexual abuse within the facility; or</li> <li>• The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.</li> </ul> <p data-bbox="240 1890 1490 1944">In addition, following an Inmate's allegation that they have been sexually abused by another Inmate, the alleged victim will be notified in writing whenever:</p> <ol data-bbox="282 2002 1241 2060" style="list-style-type: none"> <li>1. The alleged abuser has been charged, or</li> <li>2. The alleged abuser has been convicted on a charge related to sexual abuse within the facility.</li> </ol> <p data-bbox="240 2092 1474 2145">If an outside entity conducts such investigations, the facility requests the relevant information from the investigative entity in order to inform the Inmate of the outcome of the investigation.</p>

A copy of each investigation was reviewed by the auditor and all notifications were made following the completion of the reports, and all required investigative steps were followed for each investigation.

During the interview with the Chief Deputy, the auditor confirmed that notifications are provided by either Investigations or the PCM, which is documented in the Inmate's progress report by the counselor and in their record.

Conclusion:

The agency/facility has met the requirements of the Standard provision(s), which have been completed during the corrective action period. The auditor has determined that the agency/facility has met all standard provisions and complies with Standard 115.73.

115.76	<b>Disciplinary sanctions for staff</b>
	<p data-bbox="242 145 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="242 210 451 239"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1485 398">Following the on-site portion, the auditor began a review of the information that had been uploaded into the OAS, the auditor discovered that not all required information had been uploaded as required for this standard/provision. In those instances when an identified section of specific policy or procedures was required to address the requirement, only the first page of the document was uploaded and not the specific section that is required to reflect compliance with that standard/provision.</p> <p data-bbox="242 430 1461 524">In order to ensure that a thorough review is conducted of this standard/provision, additional supporting documents need to be identified and uploaded (training materials, logs, etc), in order to ensure that this standard/provision is considered appropriately.</p> <p data-bbox="242 555 1458 613">The auditor has since spoken with the PREA Compliance Manager who has indicated that he will be working to identify all required documents, and upload them into the OAS for review.</p> <p data-bbox="242 645 1474 739">The auditor and agency will collaborate on the corrective action plans for any identified non-compliance issues. The agency will have 180-days to correct the non-compliant issues after which, the auditor has an additional 30-days to submit the Final PREA Audit Report.</p> <p data-bbox="242 770 1452 864">Auditor will conduct a status review with KCSO PREA Compliance Manager the week of September 7, 2021 to determine status of those documents that have been identified for each standard/provision. If Corrective Actions are identified, they must be implemented and institutionalized by the end of the 180-day Corrective Action Period: January 29, 2022.</p> <p data-bbox="242 896 766 925"><u>CORRECTIVE ACTION COMPLETION 01/24/2022:</u></p> <p data-bbox="242 956 1474 1084">According to KCSO policy, all incidents of inmate sexual abuse or sexual harassment shall be investigated, disciplined, and referred for prosecution when warranted. In keeping with the KCSO's zero tolerance policy, perpetrators of sexual abuse shall be disciplined and/or referred for prosecution. The presumptive disciplinary sanction for staff who have engaged in sexual abuse of an inmate is termination.</p> <p data-bbox="242 1115 469 1144">In the past 12 months:</p> <ul data-bbox="284 1189 1417 1283" style="list-style-type: none"> <li>• The number of staff from the facility who have violated agency sexual abuse or sexual harassment policies is: 0</li> <li>• In the past 12 months the number of those staff from the facility who have been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies is: 0</li> </ul> <p data-bbox="242 1314 1458 1408">The KCSO has a zero tolerance for sexual misconduct, sexual abuse, and sexual harassment of inmates. An employee is prohibited from subjecting another employee, inmate, or other individual to harassment or retaliation for reporting or cooperative with an investigation of alleged sexual misconduct with inmates.</p> <p data-bbox="242 1440 469 1469">In the past 12 months:</p> <ul data-bbox="284 1514 1426 1648" style="list-style-type: none"> <li>• The number of staff from the facility who have been disciplined, short of termination, for violation of the agencies sexual abuse or sexual harassment policies is: 0</li> <li>• The number of staff from the facility have been reported to law enforcement or licensing boards following their termination for violating agency sexual abuse or sexual harassment policies is: 0</li> </ul> <p data-bbox="242 1680 1490 1774">According to the KCSO, disciplinary sanctions for violations of KCSO policies relating to sexual abuse or sexual harassment, that do not involve actual 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.</p> <p data-bbox="242 1805 363 1834"><u>Conclusion:</u></p> <p data-bbox="242 1865 1490 1960">The agency/facility has met the requirements of the Standard provision(s), which have been completed during the corrective action period. The auditor has determined that the agency/facility has met all standard provisions and complies with Standard 115.76.</p>

115.77	<b>Corrective action for contractors and volunteers</b>
	<p data-bbox="242 145 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="242 210 451 239"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1485 398">Following the on-site portion, the auditor began a review of the information that had been uploaded into the OAS, the auditor discovered that not all required information had been uploaded as required for this standard/provision. In those instances when an identified section of specific policy or procedures was required to address the requirement, only the first page of the document was uploaded and not the specific section that is required to reflect compliance with that standard/provision.</p> <p data-bbox="242 430 1461 524">In order to ensure that a thorough review is conducted of this standard/provision, additional supporting documents need to be identified and uploaded (training materials, logs, etc), in order to ensure that this standard/provision is considered appropriately.</p> <p data-bbox="242 555 1458 613">The auditor has since spoken with the PREA Compliance Manager who has indicated that he will be working to identify all required documents, and upload them into the OAS for review.</p> <p data-bbox="242 645 1474 739">The auditor and agency will collaborate on the corrective action plans for any identified non-compliance issues. The agency will have 180-days to correct the non-compliant issues after which, the auditor has an additional 30-days to submit the Final PREA Audit Report.</p> <p data-bbox="242 770 1452 864">Auditor will conduct a status review with KCSO PREA Compliance Manager the week of September 7, 2021 to determine status of those documents that have been identified for each standard/provision. If Corrective Actions are identified, they must be implemented and institutionalized by the end of the 180-day Corrective Action Period: January 29, 2022.</p> <p data-bbox="242 896 766 925"><u>CORRECTIVE ACTION COMPLETION 01/24/2022:</u></p> <p data-bbox="242 956 1445 1050">The KCSO has zero tolerance for sexual misconduct, sexual abuse, and sexual harassment of inmates. An employee is prohibited from subjecting another employee, inmate, or other individual to harassment or retaliation for reporting or cooperating with an investigation of alleged sexual misconduct with inmates.</p> <p data-bbox="242 1081 1461 1176">Further stated in this directive, the Investigators will refer substantiated violations of criminal law to the appropriate district attorney for criminal prosecution. According to the policy, an individual who commits an act of sexual misconduct with an inmate will not be allowed to continue to perform services for the KCSO, and will be denied access to the KCSO premises.</p> <p data-bbox="242 1207 1455 1301">KCSO policy further states any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with inmates, and shall be reported to applicable law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.</p> <p data-bbox="242 1332 1433 1487">The KCSO policy also provides a section that reflects that the KCSO has a zero tolerance policy for sexual misconduct. Individuals who violate the rights of an inmate or engage in sexual misconduct will be referred for prosecution. The acknowledgment form also indicates that it is a felony offense if a volunteer violates the rights of a person in custody or engages in sexual contact, sexual intercourse, or deviant sexual intercourse with a person in custody. The volunteer is required to sign the document, verifying this acknowledgment.</p> <p data-bbox="242 1518 1418 1612">At the initiation of the allegation the contractor/volunteer is denied entry into the facility. Lerdo Max-Med then takes appropriate remedial measures and considers 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.</p> <p data-bbox="242 1644 1489 1702">Interviews conducted with the Chief Deputy and HR Director, it was noted in the past 12 months there were no contractors or volunteers were reported to law enforcement for engaging in sexual abuse of inmates at Lerdo Max-Med.</p> <p data-bbox="242 1733 1449 1827">The auditor interviewed the Chief Deputy regarding any misconduct relating to contractors or volunteers. He advised that when an issue is brought to his attention, he will immediately refer the matter to the Investigator for follow-up. During this period, the contractor or volunteer is not allowed access into the facility pending investigation and review of this matter.</p> <p data-bbox="242 1859 363 1888"><u>Conclusion:</u></p> <p data-bbox="242 1919 1492 2013">The agency/facility has met the requirements of the Standard provision(s), which have been completed during the corrective action period. The auditor has determined that the agency/facility has met all standard provisions and complies with Standard 115.77.</p>

115.78	<b>Disciplinary sanctions for inmates</b>
	<p data-bbox="240 147 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 273 1485 398">Following the on-site portion, the auditor began a review of the information that had been uploaded into the OAS, the auditor discovered that not all required information had been uploaded as required for this standard/provision. In those instances when an identified section of specific policy or procedures was required to address the requirement, only the first page of the document was uploaded and not the specific section that is required to reflect compliance with that standard/provision.</p> <p data-bbox="240 434 1461 524">In order to ensure that a thorough review is conducted of this standard/provision, additional supporting documents need to be identified and uploaded (training materials, logs, etc), in order to ensure that this standard/provision is considered appropriately.</p> <p data-bbox="240 560 1461 613">The auditor has since spoken with the PREA Compliance Manager who has indicated that he will be working to identify all required documents, and upload them into the OAS for review.</p> <p data-bbox="240 649 1477 739">The auditor and agency will collaborate on the corrective action plans for any identified non-compliance issues. The agency will have 180-days to correct the non-compliant issues after which, the auditor has an additional 30-days to submit the Final PREA Audit Report.</p> <p data-bbox="240 775 1453 864">Auditor will conduct a status review with KCSO PREA Compliance Manager the week of September 7, 2021 to determine status of those documents that have been identified for each standard/provision. If Corrective Actions are identified, they must be implemented and institutionalized by the end of the 180-day Corrective Action Period: January 29, 2022.</p> <p data-bbox="240 900 767 927"><u>CORRECTIVE ACTION COMPLETION 01/24/2022:</u></p> <p data-bbox="240 963 1477 1048">According to KCSO policy, all incidents of inmate sexual abuse or sexual harassment shall be investigated, disciplined, and referred for prosecution when warranted. In keeping with the Department's zero tolerance policy, perpetrators of sexual abuse shall be disciplined and/or referred for prosecution.</p> <p data-bbox="240 1084 1493 1173">KCSO policy indicates that Inmates are subject to disciplinary actions according to the 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.</p> <ul data-bbox="282 1227 1493 1352" style="list-style-type: none"> <li>• In the past 12 months, the number of administrative findings of Inmate-on-Inmate sexual abuse that have occurred at the facility is: 0</li> <li>• In the past 12 months, the number of criminal findings of guilt for Inmate-on-Inmate sexual abuse that have occurred at the facility is: 0</li> </ul> <p data-bbox="240 1384 1445 1438">KCSO policy indicates that actions will be commensurate with the nature and circumstances of the abuse committed, the Inmate's disciplinary history, and the actions imposed for comparable offenses by other Inmates with similar histories.</p> <p data-bbox="240 1473 1477 1599">The auditor interviewed the Chief Deputy regarding disciplinary sanctions for inmates. He advised that inmate discipline is based on the level of the violation, and penalties are imposed comparable to other inmates' penalties. Penalties might include placement in restricted housing, loss of good time credit, and possible prosecution. If the inmate has a mental health history, mental health staff will be involved to assist in determining appropriate sanctions.</p> <p data-bbox="240 1635 1445 1724">KCSO will consider the mental health functioning of an inmate and will consult with the behavioral health staff prior to implementing a sanction. Mental health staff shall consider whether to require the offending inmate to participate in such intervention as a condition of access to programming or other benefits.</p> <p data-bbox="240 1760 1485 1814">According to KCSO policy, an inmate may be disciplined for sexual contact with staff only if it is determined the staff member did not consent to the contact.</p> <p data-bbox="240 1850 1461 1975">According to policy, the facility may discipline an inmate for sexual conduct with staff only upon a finding that the staff member did not consent to such contact. Also, a report made in good faith based upon a reasonable belief that the alleged abuse occurred, does not constitute falsely reporting an incident, even if an investigation does not establish evidence sufficient to substantiate the allegation. This was confirmed through interviews with investigative staff.</p> <p data-bbox="240 2011 1461 2101">According to KCSO policy, sexual misconduct between inmates is prohibited, and shall result in disciplinary sanctions in accordance with the KCSO Disciplinary Rules and Procedures for Inmates. However, sexual misconduct between inmates shall not constitute sexual abuse if it is determined the activity is consensual.</p> <p data-bbox="240 2136 1493 2163">During the interview with the Chief Deputy, the auditor was advised that if the sexual act were consensual, the inmates would</p>

face the following disciplinary sanctions: disciplinary segregation, loss of privileges, extra duty, and loss of good time. If the sexual act were non-consensual, the Inmate would face criminal charges.

Conclusion:

The agency/facility has met the requirements of the Standard provision(s), which have been completed during the corrective action period. The auditor has determined that the agency/facility has met all standard provisions and complies with Standard 115.78.

115.81	<b>Medical and mental health screenings; history of sexual abuse</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 208 451 235"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1485 398">Following the on-site portion, the auditor began a review of the information that had been uploaded into the OAS, the auditor discovered that not all required information had been uploaded as required for this standard/provision. In those instances when an identified section of specific policy or procedures was required to address the requirement, only the first page of the document was uploaded and not the specific section that is required to reflect compliance with that standard/provision.</p> <p data-bbox="240 430 1461 521">In order to ensure that a thorough review is conducted of this standard/provision, additional supporting documents need to be identified and uploaded (training materials, logs, etc), in order to ensure that this standard/provision is considered appropriately.</p> <p data-bbox="240 553 1458 613">The auditor has since spoken with the PREA Compliance Manager who has indicated that he will be working to identify all required documents, and upload them into the OAS for review.</p> <p data-bbox="240 645 1474 736">The auditor and agency will collaborate on the corrective action plans for any identified non-compliance issues. The agency will have 180-days to correct the non-compliant issues after which, the auditor has an additional 30-days to submit the Final PREA Audit Report.</p> <p data-bbox="240 768 1452 860">Auditor will conduct a status review with KCSO PREA Compliance Manager the week of September 7, 2021 to determine status of those documents that have been identified for each standard/provision. If Corrective Actions are identified, they must be implemented and institutionalized by the end of the 180-day Corrective Action Period: January 29, 2022.</p> <p data-bbox="240 891 766 918"><u>CORRECTIVE ACTION COMPLETION 01/24/2022:</u></p> <p data-bbox="240 949 1436 1010">As indicated in KCSO policy, all inmates who present complaints of sexual assault/abuse will be immediately evaluated, examined, and appropriately referred for required services.</p> <p data-bbox="240 1041 1489 1133">According to KCSO policy, Lerdo Max-Med mandates that if an inmate has experienced prior sexual victimization or previously perpetrated sexual abuse, whether in an institution or in the community, the facility offers the inmate follow-up with a medical or mental health practitioner within 14 days of the screening.</p> <p data-bbox="240 1164 1445 1225">Medical and Mental Health staff are required to maintain secondary documentation (e.g., clinical/medical notes, log, etc.) documenting compliance with the aforementioned policy.</p> <ul data-bbox="280 1279 1461 1339" style="list-style-type: none"> <li>• In the past 12 months, the percent of Inmates who disclosed prior victimization during screening who were offered a follow-up meeting with a medical or mental health practitioner is: 0</li> </ul> <p data-bbox="240 1370 1481 1462">All notifications to facility staff shall be made by the staff member completing the screening as necessary to ensure that the information is to be used to make determinations regarding housing, bed, work, education, and program assignments and to ensure appropriate follow-ups can be provided.</p> <p data-bbox="240 1494 1493 1653">KCSO mandates that if an inmate has experienced prior sexual victimization, whether in an institution or in the community, the facility offers the inmate follow-up with a medical or mental health practitioner within 14 days of the screening. The date of the referral is documented. If an inmate has previously perpetrated sexual abuse, whether in an institution or in the community, the facility offers the inmate follow-up with a medical or mental health practitioner within 14 days of the screening.</p> <ul data-bbox="280 1706 1474 1767" style="list-style-type: none"> <li>• In the past 12 months, the number / percent of Inmates who previously perpetrated sexual abuse, as indicated during the screening who were offered a follow-up meeting with a medical or mental health practitioner is: 0</li> </ul> <p data-bbox="240 1798 1474 1921">The Auditor also interviewed staff who perform risk screening relative to inmates who disclosed sexual victimization at screening. These staff confirmed that the inmates who identify are offered a follow-up meeting with a medical and/or mental health practitioner. Documentation is maintained in the automated system, and access is limited only to staff in certain classifications.</p> <p data-bbox="240 1953 1466 2045">During interviews with staff who conduct the risk screening, in those instances when an inmate discloses prior victimization during the intake screening, the inmate is immediately referred to Mental Health for assessment and additional follow-up services, as necessary.</p> <p data-bbox="240 2076 1407 2136">Of the inmates who disclosed sexual victimization at screening, each advised that they were seen by a mental health practitioner within one (1) week of advising staff.</p>

KCSO policy further states is that 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.

KCSO policy describes that 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, assisting with making treatment plans and informed management decisions, including those related to housing, bed, work, education, and program assignments, or as otherwise required by federal, state, or local law.

During the on-site, the auditor met with staff who conducted risk screenings, and was advised that all medical and mental health records are contained in a separate and secure database, and are accessed only through medical and mental health staff, and that information is only provided to a classification on a need to know basis.

Lerdo Max-Med tracks the date form was completed, date of 72-hour follow-up, the 30-day follow-up, if a mental health referral was needed, date referral submitted, and the date the mental health contact was completed. Lerdo Max-Med staff provided the copy of the spreadsheet to this auditor for verification of the services being provided, and compliance with the standard.

According to KCSO policy, informed consent shall be obtained from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting. This was confirmed through interviews with mental health staff.

During interviews with the staff responsible for risk screening, the auditor confirmed risk screening staff offers Inmates who disclose victimization, and those who perpetrate sexual abuse, a follow-up evaluation with mental health staff within 14 days.

During interviews with the medical and mental health staff, the auditor confirmed that the medical and mental health staff obtain informed consent before reporting about prior sexual victimization that did not occur in an institutional setting. The auditor also confirmed the facility does not house Inmates under the age of 18.

Conclusion:

The agency/facility has met the requirements of the Standard provision(s), which have been completed during the corrective action period. The auditor has determined that the agency/facility has met all standard provisions and complies with Standard 115.81.

115.82	<b>Access to emergency medical and mental health services</b>
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Following the on-site portion, the auditor began a review of the information that had been uploaded into the OAS, the auditor discovered that not all required information had been uploaded as required for this standard/provision. In those instances when an identified section of specific policy or procedures was required to address the requirement, only the first page of the document was uploaded and not the specific section that is required to reflect compliance with that standard/provision.

In order to ensure that a thorough review is conducted of this standard/provision, additional supporting documents need to be identified and uploaded (training materials, logs, etc), in order to ensure that this standard/provision is considered appropriately.

The auditor has since spoken with the PREA Compliance Manager who has indicated that he will be working to identify all required documents, and upload them into the OAS for review.

The auditor and agency will collaborate on the corrective action plans for any identified non-compliance issues. The agency will have 180-days to correct the non-compliant issues after which, the auditor has an additional 30-days to submit the Final PREA Audit Report.

Auditor will conduct a status review with KCSO PREA Compliance Manager the week of September 7, 2021 to determine status of those documents that have been identified for each standard/provision. If Corrective Actions are identified, they must be implemented and institutionalized by the end of the 180-day Corrective Action Period: January 29, 2022.

CORRECTIVE ACTION COMPLETION 01/24/2022:

KCSO policy requires that all inmates who present complaints of sexual assault / abuse will be immediately evaluated, examined, and appropriately referred for required services. A brief history may be obtained by nursing staff. A physical examination should be performed in all cases of sexual assault, regardless of the length of time which may have elapsed between the time of the assault and the examination,

Medical and mental health staff interviewed by this auditor indicate that the treatment they provide is immediate and based on their professional judgement. Medical and mental health work together to ensure the inmate receives the appropriate treatment. Information about and access to sexually transmitted infection prophylaxis would be offered in accordance with professionally accepted standards of care and where medically appropriate.

When interviews were conducted by the auditor with inmates who reported sexual abuse, all inmates stated that they were escorted to and seen by medical staff right after they made their allegation, even though the timeframes had been exceeded.

According KCSO policy, if no qualified medical or mental health practitioners are on duty at the time a report of abuse is made, correctional staff first responders shall take preliminary steps to protect the victim, and immediately notify the appropriate on-call medical and mental health practitioners

Interviews conducted by the auditor with custody staff, non-custody staff, and first responders stated that notifications are made via the telephone or institutional radio to the medical staff who are on duty when they are informed of an incident of sexual abuse.

KCSO ensures that medical and mental health staff maintain secondary materials (e.g., form, log) documenting the timeliness of emergency medical treatment and crisis intervention services that are provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis.

KCSO policy includes the timeliness of emergency medical treatment and crisis intervention services, steps taken by first responders to protect the victim, timely access to emergency contraception and sexually transmitted infection prophylaxis, and that the victim bears no financial cost for treatment of services. Interviews with medical and mental health staff, as well as random staff indicates that staff is aware of the components of this standard and that the facility follows the standard.

According to KCSO policy, treatment services shall be provided to the inmate victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising from the incident.

Conclusion:

The agency/facility has met the requirements of the Standard provision(s), which have been completed during the corrective action period. The auditor has determined that the agency/facility has met all standard provisions and complies with Standard 115.82

115.83	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 208 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1485 398">Following the on-site portion, the auditor began a review of the information that had been uploaded into the OAS, the auditor discovered that not all required information had been uploaded as required for this standard/provision. In those instances when an identified section of specific policy or procedures was required to address the requirement, only the first page of the document was uploaded and not the specific section that is required to reflect compliance with that standard/provision.</p> <p data-bbox="240 432 1461 524">In order to ensure that a thorough review is conducted of this standard/provision, additional supporting documents need to be identified and uploaded (training materials, logs, etc), in order to ensure that this standard/provision is considered appropriately.</p> <p data-bbox="240 557 1458 613">The auditor has since spoken with the PREA Compliance Manager who has indicated that he will be working to identify all required documents, and upload them into the OAS for review.</p> <p data-bbox="240 647 1474 739">The auditor and agency will collaborate on the corrective action plans for any identified non-compliance issues. The agency will have 180-days to correct the non-compliant issues after which, the auditor has an additional 30-days to submit the Final PREA Audit Report.</p> <p data-bbox="240 772 1453 864">Auditor will conduct a status review with KCSO PREA Compliance Manager the week of September 7, 2021 to determine status of those documents that have been identified for each standard/provision. If Corrective Actions are identified, they must be implemented and institutionalized by the end of the 180-day Corrective Action Period: January 29, 2022.</p> <p data-bbox="240 898 767 927"><u>CORRECTIVE ACTION COMPLETION 01/24/2022:</u></p> <p data-bbox="240 960 1474 1115">KCSO policy indicates that all inmates who present complaints of sexual assault/abuse will be immediately evaluated, examined, and appropriately referred for required services. A brief history may be obtained by nursing staff. A physical examination should be performed in all cases of sexual assault, regardless of the length of time which may have elapsed between the time of the assault and the examination. In addition, inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile unit shall be offered medical and mental health evaluation and treatment, as appropriate.</p> <p data-bbox="240 1149 1469 1272">The auditor's review of records produced by the facility reflect an established community standard of care, evidence of Sexually Transmitted Infection (STI) testing, prophylaxis treatment, psychiatry and psychology services, crisis intervention and coping skills interventions. These services are free of charge to inmates, regardless of whether the abuser is named or whether the inmate cooperates with an investigation</p> <p data-bbox="240 1305 1485 1429">Access to medical and behavioral health care are provided immediately. Upon report or discovery of inmate victims of sexual abuse. evaluation and treatment of such inmate 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 units or their release from custody.</p> <p data-bbox="240 1462 1465 1753">The facility provided documentation indicating that inmates who either are victims and/or perpetrators are offered follow-up treatment by mental health staff. The staff of the mental health department are employed by Kern County Medical Center. Mental health staff complete specialized training through Kern County Medical Center in addition to any facility training offered. The staff was extremely knowledgeable regarding the needs of abusers and victims and provides numerous treatment services for this specific population. Through their documentation practices, the reviewed records demonstrate attentiveness to follow-up services and treatment plans. The files detailed professional notes on the evaluations conducted by medical and mental health staff, as well as their follow-up appointments with the inmates. Follow-up appointments consisted of routine visits with inmates during staff rounds as well as office visits with medical and mental health practitioners, including psychologists and psychiatrists.</p> <p data-bbox="240 1787 1453 1843">When medically and procedurally appropriate, victims and perpetrators of sexual abuse will be offered an off-site forensic medical exam performed by a certified SANE at no cost to the inmate.</p> <p data-bbox="240 1877 1453 1968">Interviews with medical and mental health staff further reflected their compliance in the area of evaluation, follow-up care, treatment plans, and referral for services. The statements from medical and mental health staff reflect an operational understanding of the importance of appropriate evaluation, follow-up care, treatment planning, and service referral.</p> <p data-bbox="240 2002 1474 2094">Victims of sexual abuse while incarcerated shall be offered prophylaxis for sexually transmitted infections. Victims of sexual abuse shall be provided the brochure on community sexual assault programs, which shall be available through health services staff, unit counselors, and the PCM.</p> <p data-bbox="240 2128 1430 2157">Medical and behavioral health care staff shall contribute to a coordinated response to all allegations of sexual abuse by</p>

relaying to the PCM and/or security/administrative staff, information pertinent to the well-being of the inmate(s) or for investigative purposes.

Medical and behavioral health practitioners are required to report sexual abuse and must inform inmates of their duty to report at the instigation of services.

The facility shall attempt to conduct a behavioral health evaluation of all known inmate-on-inmate abusers within 60 days of discovery of such abuse history.

All inmates interviewed expressed consistently that the medical and mental health department was readily available for all needs and would provide ongoing individual counseling upon referral and/or request.

Conclusion:

The agency/facility has met the requirements of the Standard provision(s), which have been completed during the corrective action period. The auditor has determined that the agency/facility has met all standard provisions and complies with Standard 115.83.

115.86	<b>Sexual abuse incident reviews</b>
	<p data-bbox="240 145 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="240 210 451 239"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1485 398">Following the on-site portion, the auditor began a review of the information that had been uploaded into the OAS, the auditor discovered that not all required information had been uploaded as required for this standard/provision. In those instances when an identified section of specific policy or procedures was required to address the requirement, only the first page of the document was uploaded and not the specific section that is required to reflect compliance with that standard/provision.</p> <p data-bbox="240 430 1461 524">In order to ensure that a thorough review is conducted of this standard/provision, additional supporting documents need to be identified and uploaded (training materials, logs, etc), in order to ensure that this standard/provision is considered appropriately.</p> <p data-bbox="240 555 1458 613">The auditor has since spoken with the PREA Compliance Manager who has indicated that he will be working to identify all required documents, and upload them into the OAS for review.</p> <p data-bbox="240 645 1474 739">The auditor and agency will collaborate on the corrective action plans for any identified non-compliance issues. The agency will have 180-days to correct the non-compliant issues after which, the auditor has an additional 30-days to submit the Final PREA Audit Report.</p> <p data-bbox="240 770 1452 864">Auditor will conduct a status review with KCSO PREA Compliance Manager the week of September 7, 2021 to determine status of those documents that have been identified for each standard/provision. If Corrective Actions are identified, they must be implemented and institutionalized by the end of the 180-day Corrective Action Period: January 29, 2022.</p> <p data-bbox="240 896 766 925"><u>CORRECTIVE ACTION COMPLETION 01/24/2022:</u></p> <p data-bbox="240 956 1445 1050">Lerdo Max-Med completes a sexual abuse incident review form upon the conclusion of any investigation that has been determined to be substantiated or unsubstantiated, within 30 days of the conclusion of the investigation. The agency has developed a sexual abuse incident review form which ensures all components required by the standard are reviewed.</p> <p data-bbox="240 1081 1490 1207">A review of selected investigation files indicated the incident reviews are being conducted at the conclusion of substantiated or unsubstantiated sexual abuse investigations as required by the standard. The Auditor reviewed each case and determined that in every instance, the committee met within the required 30- day review period, and was in compliance with KCSO policy and PREA requirements. The forms are completed on an electronic database and easy to reference.</p> <p data-bbox="240 1238 1485 1364">The review team consists of upper-level management, with input from line staff supervisors, investigators, as well as medical and mental health staff. During interviews with the PREA Compliance Manager and mental health staff, it was understood that both disciplines participate in the Sexual Abuse Incident Review Team meetings. They understood the reasoning behind the team meeting.</p> <p data-bbox="240 1395 1474 1453">The auditor's interview with the Chief Deputy confirmed his understanding relating to the composition of the committee, and his willingness to consider and incorporate any recommendations of the committee into Lerdo Max-Med operations.</p> <p data-bbox="240 1485 1474 1543">At the Lerdo Max-Med, a PREA Incident Review Board will convene within thirty (30) days of the conclusion of every sexual abuse investigation, unless the allegation has been determined to be unfounded.</p> <ul data-bbox="284 1597 1493 1758" style="list-style-type: none"> <li>• In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility, excluding any "unfounded" incidents is: 0</li> <li>• In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility, that were followed by a sexual abuse incident review within 30 days, excluding any "unfounded" incidents is: 0</li> </ul> <p data-bbox="240 1789 1171 1818">Items that are required to be considered according to KCSO policy and PREA guidelines are:</p> <ol data-bbox="276 1872 1485 2157" style="list-style-type: none"> <li>1. Considers whether the allegation or investigation indicates a need to change policy or practice to prevent, detect; or respond to sexual abuse;</li> <li>2. Consider whether the 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;</li> <li>3. Examine the area of the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;</li> <li>4. Assess the adequacy of staffing levels in that area during different shifts;</li> <li>5. Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and</li> </ol>

6. The Lerdo Max-Med PREA Incident Review Board chair shall 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. This report shall be submitted to the Chief Deputy, the Lerdo Max-Med PREA Compliance Manager, and the KCSO PREA Coordinator.

The Auditor interviewed the Chief Deputy, the PCM, and other members of the Sexual Abuse Incident Review Team. Each of the members interviewed indicated that the team considers all of the criteria identified in PREA Policy (noted above).

The facility implements the recommendations for improvement, or its reason for not doing so. On the agency-wide standardized sexual Abuse incident review form there is a section at the bottom of the form for recommendations for improvement.

During the interview with the Chief Deputy, the auditor confirmed that the facility has a Sexual Abuse Incident Review Team which includes upper-level management officials, and allows for the input from first line supervisors, investigators, and medical and mental health practitioners. The facility uses the information from the incident review to determine whether or not policies or procedures need to be revised.

During the interview with the PCM, the auditor confirmed the facility would conduct a sexual abuse incident review and prepare a report of its findings from reviews, including any determinations per Standard 115.86 (d)-1 through (d)-5, and any recommendations for improvement. The auditor also confirmed the reports are forwarded to the PCM for review. The auditor was advised the facility has only had zero (0) allegations within the past 12 months. The PCM advised that the information from the reports are used to determine whether policies or procedures need to be revised.

During interviews with both the Chief Deputy, as well as an additional member of the incident review team, the auditor confirmed the incident review team:

1. Considers 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; and/or other group dynamics at the facility;
2. Examines the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;
3. Assesses the adequacy of staffing levels in that area during different shifts, and;
4. Assesses whether monitoring technology should be deployed or augmented to supplement supervision by staff.

Conclusion:

The agency/facility has met the requirements of the Standard provision(s), which have been completed during the corrective action period. The auditor has determined that the agency/facility has met all standard provisions and complies with Standard 115.86.

115.87	<b>Data collection</b>
	<p data-bbox="240 147 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 273 1485 398">Following the on-site portion, the auditor began a review of the information that had been uploaded into the OAS, the auditor discovered that not all required information had been uploaded as required for this standard/provision. In those instances when an identified section of specific policy or procedures was required to address the requirement, only the first page of the document was uploaded and not the specific section that is required to reflect compliance with that standard/provision.</p> <p data-bbox="240 434 1461 524">In order to ensure that a thorough review is conducted of this standard/provision, additional supporting documents need to be identified and uploaded (training materials, logs, etc), in order to ensure that this standard/provision is considered appropriately.</p> <p data-bbox="240 560 1458 613">The auditor has since spoken with the PREA Compliance Manager who has indicated that he will be working to identify all required documents, and upload them into the OAS for review.</p> <p data-bbox="240 649 1474 739">The auditor and agency will collaborate on the corrective action plans for any identified non-compliance issues. The agency will have 180-days to correct the non-compliant issues after which, the auditor has an additional 30-days to submit the Final PREA Audit Report.</p> <p data-bbox="240 775 1452 864">Auditor will conduct a status review with KCSO PREA Compliance Manager the week of September 7, 2021 to determine status of those documents that have been identified for each standard/provision. If Corrective Actions are identified, they must be implemented and institutionalized by the end of the 180-day Corrective Action Period: January 29, 2022.</p> <p data-bbox="240 900 766 927"><u>CORRECTIVE ACTION COMPLETION 01/24/2022:</u></p> <p data-bbox="240 963 1477 1088">According KCSO policy, Lerdo Max-Med is responsible for entering every PREA-related investigation into the Case Log and to follow investigative procedures outlined in the Investigations Protocol Manual. Investigators are required to collect accurate, uniform data for every incident of sexual abuse alleged to have occurred at a KCSO operated facility using a standardized instrument and set of definitions.</p> <p data-bbox="240 1124 1474 1178">The incident-based data collected shall include, at a minimum, information necessary to answer all questions from the most recent version of the Survey of Sexual Victimization (SSV) conducted by the Department of Justice.</p> <p data-bbox="240 1214 1469 1303">The KCSO policy indicates incident-based sexual abuse data shall be aggregated at least annually. The KCSO aggregates its data, submitting all required items according to the U.S. Department of Justice SSV- 2, and submits all information annually to the U.S Department of Justice.</p> <p data-bbox="240 1339 1433 1429">The KCSO PREA Coordinator is required, on an annual basis, to review and analyze the aggregated data to assess for compliance with the national PREA standards and to improve the effectiveness of the sexual abuse prevention and intervention program.</p> <p data-bbox="240 1464 1426 1518">The KCSO policy requires that all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews are collected, reviewed, and maintained, as needed to complete the SSV.</p> <p data-bbox="240 1554 1469 1608">The KCSO policy requires that once requested, the KCSO shall provide all relevant data from the previous calendar year to the Department of Justice.</p> <p data-bbox="240 1644 363 1671"><u>Conclusion:</u></p> <p data-bbox="240 1706 1490 1796">The agency/facility has met the requirements of the Standard provision(s), which have been completed during the corrective action period. The auditor has determined that the agency/facility has met all standard provisions and complies with Standard 115.87.</p>

115.88	<b>Data review for corrective action</b>
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Following the on-site portion, the auditor began a review of the information that had been uploaded into the OAS, the auditor discovered that not all required information had been uploaded as required for this standard/provision. In those instances when an identified section of specific policy or procedures was required to address the requirement, only the first page of the document was uploaded and not the specific section that is required to reflect compliance with that standard/provision.

In order to ensure that a thorough review is conducted of this standard/provision, additional supporting documents need to be identified and uploaded (training materials, logs, etc), in order to ensure that this standard/provision is considered appropriately.

The auditor has since spoken with the PREA Compliance Manager who has indicated that he will be working to identify all required documents, and upload them into the OAS for review.

The auditor and agency will collaborate on the corrective action plans for any identified non-compliance issues. The agency will have 180-days to correct the non-compliant issues after which, the auditor has an additional 30-days to submit the Final PREA Audit Report.

Auditor will conduct a status review with KCSO PREA Compliance Manager the week of September 7, 2021 to determine status of those documents that have been identified for each standard/provision. If Corrective Actions are identified, they must be implemented and institutionalized by the end of the 180-day Corrective Action Period: January 29, 2022.

CORRECTIVE ACTION COMPLETION 01/24/2022:

The Lerdo Max-Med PREA Compliance Manager is required to review data collected and aggregated pursuant to standard (§115.87), in order to assess and improve the effectiveness of the facility's sexual abuse prevention, detection, and response policies, practices, training, as well as:

1. Identifying problem areas;
2. Taking corrective action on an ongoing basis; and
3. Preparing an annual PREA report of the findings, and corrective actions.

The annual report shall include a comparison of the data and corrective actions from the current year with those from prior years and shall provide an assessment of the progress made in addressing sexual abuse.

Upon completion, the Lerdo Max-Med PREA annual report is forwarded to the KCSO PREA Coordinator for consolidation in order to make it readily available to the public through its website or through other means.

According to KCSO policy, the annual reports shall be approved by the KCSO Chief Deputy, and made readily available to the public through the KCSO website.

As required by the PREA standard, the KCSO places all annual reports onto its website, accessible for public review as required. The attached weblink allows access to KCSO PREA webpage which contains annual reports. See attached link:

<https://www.kernsheriff.org/Prea>

During the interview with the Chief Deputy, he advised that he approves every annual report.

The PREA Coordinator indicated during his interview that the agency reviews data collected pursuant to 115.87 and assesses the effectiveness of the Department's sexual abuse prevention, detection, and response policies, practices, and training. The Agency then prepares an annual report and posts the information on the website. He further stated that the only information redacted from the agency report is any personal identifying information. All other information is included in the annual report.

During the interview with the Chief Deputy, the auditor was informed that each allegation is reviewed by the Facility PREA/Incident Review Committee, and that the information is provided to the KCSO PREA Coordinator for the annual review. Any issues or concerns identified during the Facility PREA/Incident Committee are addressed at that time.

Conclusion:

The agency/facility has met the requirements of the Standard provision(s), which have been completed during the corrective action period. The auditor has determined that the agency/facility has met all standard provisions and complies with Standard 115.88.

115.89	<b>Data storage, publication, and destruction</b>
	<p data-bbox="240 147 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 273 1485 398">Following the on-site portion, the auditor began a review of the information that had been uploaded into the OAS, the auditor discovered that not all required information had been uploaded as required for this standard/provision. In those instances when an identified section of specific policy or procedures was required to address the requirement, only the first page of the document was uploaded and not the specific section that is required to reflect compliance with that standard/provision.</p> <p data-bbox="240 434 1461 524">In order to ensure that a thorough review is conducted of this standard/provision, additional supporting documents need to be identified and uploaded (training materials, logs, etc), in order to ensure that this standard/provision is considered appropriately.</p> <p data-bbox="240 560 1458 613">The auditor has since spoken with the PREA Compliance Manager who has indicated that he will be working to identify all required documents, and upload them into the OAS for review.</p> <p data-bbox="240 649 1474 739">The auditor and agency will collaborate on the corrective action plans for any identified non-compliance issues. The agency will have 180-days to correct the non-compliant issues after which, the auditor has an additional 30-days to submit the Final PREA Audit Report.</p> <p data-bbox="240 775 1452 864">Auditor will conduct a status review with KCSO PREA Compliance Manager the week of September 7, 2021 to determine status of those documents that have been identified for each standard/provision. If Corrective Actions are identified, they must be implemented and institutionalized by the end of the 180-day Corrective Action Period: January 29, 2022.</p> <p data-bbox="240 900 767 927"><u>CORRECTIVE ACTION COMPLETION 01/24/2022:</u></p> <p data-bbox="240 963 1474 1048">The Lerdo Max-Med PCM will ensure that data collected pursuant to (§115.87) is securely retained. All aggregated sexual abuse data will be forwarded to KCSO PREA Coordinator for consolidation in order to make it readily available to the public annually through its website or through other means.</p> <p data-bbox="240 1084 1417 1137">Before submitting aggregated sexual abuse data to KCSO PREA Coordinator, the Lerdo Max-Med PREA Compliance Manager will remove all personal identifiers.</p> <p data-bbox="240 1173 1171 1200">The auditor confirmed the PREA Annual Reports contains the sexual abuse statistics to date.</p> <p data-bbox="240 1236 363 1263"><u>Conclusion:</u></p> <p data-bbox="240 1299 1490 1384">The agency/facility has met the requirements of the Standard provision(s), which have been completed during the corrective action period. The auditor has determined that the agency/facility has met all standard provisions and complies with Standard 115.89.</p>

115.401	<b>Frequency and scope of audits</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 210 453 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1485 398">Following the on-site portion, the auditor began a review of the information that had been uploaded into the OAS, the auditor discovered that not all required information had been uploaded as required for this standard/provision. In those instances when an identified section of specific policy or procedures was required to address the requirement, only the first page of the document was uploaded and not the specific section that is required to reflect compliance with that standard/provision.</p> <p data-bbox="240 432 1474 521">The auditor and agency will collaborate on the corrective action plans for any identified non-compliance issues. The agency will have 180-days to correct the non-compliant issues after which, the auditor has an additional 30-days to submit the Final PREA Audit Report.</p> <p data-bbox="240 555 1453 645">Auditor will conduct a status review with KCSO PREA Compliance Manager the week of September 7, 2021 to determine status of those documents that have been identified for each standard/provision. If Corrective Actions are identified, they must be implemented and institutionalized by the end of the 180-day Corrective Action Period: January 29, 2022.</p> <p data-bbox="240 678 767 705"><u>CORRECTIVE ACTION COMPLETION 01/24/2022:</u></p> <p data-bbox="240 739 1449 828">During the pre-audit, the auditor was provided with a completed PAQ and all relevant documentation related to the audit. During the site visit, the auditor requested additional documentation and was provided with this information promptly. The auditor was given access to, and observed, all areas of the Central Receiving Facility.</p> <p data-bbox="240 862 1449 920">During the site visit, the auditor and assistant were provided access to a conference room. All staff and Inmate interviews were conducted one-on-one with the auditor/assistant, in a private and confidential manner.</p> <p data-bbox="240 954 1449 1081">Approximately six weeks prior to the audit, the auditor provided the facility with a Notification of Audit that the auditor required the facility to post in all housing units and throughout the facility. The Notification of Audit contained the auditor's mailing address. During the site visit, the auditor observed the notification in some areas of the facility. During the Inmate interviews, many Inmates confirmed that they observed the audit notification posted throughout the facility.</p>

<b>115.403</b>	<b>Audit contents and findings</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Based upon the analysis of the submitted evidence, the auditor finds the facility is compliant with Standard provision(s) 115.403(f)</p> <p>The annual reports are accessible through the agency website. The link was provided to the auditor with pre-audit materials to check for easy accessibility. All personal information is redacted from the reports.</p>

<b>Appendix: Provision Findings</b>		
<b>115.11 (a)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
<b>115.11 (b)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes
<b>115.11 (c)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	yes
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	yes
<b>115.12 (a)</b>	<b>Contracting with other entities for the confinement of inmates</b>	
	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.)	no
<b>115.12 (b)</b>	<b>Contracting with other entities for the confinement of inmates</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.)	no

<b>115.13 (a)</b>	<b>Supervision and monitoring</b>	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
<b>115.13 (b)</b>	<b>Supervision and monitoring</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.)	na
<b>115.13 (c)</b>	<b>Supervision and monitoring</b>	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes

<b>115.13 (d)</b>	<b>Supervision and monitoring</b>	
	Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment?	yes
	Is this policy and practice implemented for night shifts as well as day shifts?	yes
	Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility?	yes
<b>115.14 (a)</b>	<b>Youthful inmates</b>	
	Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
<b>115.14 (b)</b>	<b>Youthful inmates</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).)	na
	In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
<b>115.14 (c)</b>	<b>Youthful inmates</b>	
	Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
<b>115.15 (a)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
<b>115.15 (b)</b>	<b>Limits to cross-gender viewing and searches</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
	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
<b>115.15 (c)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)?	yes

<b>115.15 (d)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?	yes
<b>115.15 (e)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status?	yes
	If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
<b>115.15 (f)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

115.16 (a)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing?	yes
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: are blind or have low vision?	yes
115.16 (b)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes

<b>115.16 (c)</b>	<b>Inmates with disabilities and inmates who are limited English proficient</b>	
	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
<b>115.17 (a)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
<b>115.17 (b)</b>	<b>Hiring and promotion decisions</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
	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
<b>115.17 (c)</b>	<b>Hiring and promotion decisions</b>	
	Before hiring new employees who may have contact with inmates, does the agency perform a criminal background records check?	yes
	Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
<b>115.17 (d)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?	yes
<b>115.17 (e)</b>	<b>Hiring and promotion decisions</b>	
	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

<b>115.17 (f)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
<b>115.17 (g)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
<b>115.17 (h)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.18 (a)</b>	<b>Upgrades to facilities and technologies</b>	
	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
<b>115.18 (b)</b>	<b>Upgrades to facilities and technologies</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
<b>115.21 (a)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.21 (b)</b>	<b>Evidence protocol and forensic medical examinations</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
	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

<b>115.21 (c)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
<b>115.21 (d)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency always makes a victim advocate from a rape crisis center available to victims.)	na
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
<b>115.21 (e)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
<b>115.21 (f)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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.)	na
<b>115.21 (h)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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.)	na
<b>115.22 (a)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes

<b>115.22 (b)</b>	<b>Policies to ensure referrals of allegations for investigations</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
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
<b>115.22 (c)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	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).)	na
<b>115.31 (a)</b>	<b>Employee training</b>	
	Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
<b>115.31 (b)</b>	<b>Employee training</b>	
	Is such training tailored to the gender of the inmates at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa?	yes

<b>115.31 (c)</b>	<b>Employee training</b>	
	Have all current employees who may have contact with inmates received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
<b>115.31 (d)</b>	<b>Employee training</b>	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
<b>115.32 (a)</b>	<b>Volunteer and contractor training</b>	
	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
<b>115.32 (b)</b>	<b>Volunteer and contractor training</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
<b>115.32 (c)</b>	<b>Volunteer and contractor training</b>	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
<b>115.33 (a)</b>	<b>Inmate education</b>	
	During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
<b>115.33 (b)</b>	<b>Inmate education</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
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
<b>115.33 (c)</b>	<b>Inmate education</b>	
	Have all inmates received the comprehensive education referenced in 115.33(b)?	yes
	Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?	yes

<b>115.33 (d)</b>	<b>Inmate education</b>	
	Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills?	yes
<b>115.33 (e)</b>	<b>Inmate education</b>	
	Does the agency maintain documentation of inmate participation in these education sessions?	yes
<b>115.33 (f)</b>	<b>Inmate education</b>	
	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
<b>115.34 (a)</b>	<b>Specialized training: Investigations</b>	
	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
<b>115.34 (b)</b>	<b>Specialized training: Investigations</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
	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
	Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
<b>115.34 (c)</b>	<b>Specialized training: Investigations</b>	
	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

<b>115.35 (a)</b>	<b>Specialized training: Medical and mental health care</b>	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or 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
<b>115.35 (b)</b>	<b>Specialized training: Medical and mental health care</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.)	na
<b>115.35 (c)</b>	<b>Specialized training: Medical and mental health care</b>	
	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
<b>115.35 (d)</b>	<b>Specialized training: Medical and mental health care</b>	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)	yes
	Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
<b>115.41 (a)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
	Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
<b>115.41 (b)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
<b>115.41 (c)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes

<b>115.41 (d)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes?	yes
<b>115.41 (e)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior acts of sexual abuse?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior convictions for violent offenses?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: history of prior institutional violence or sexual abuse?	yes
<b>115.41 (f)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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

<b>115.41 (g)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Does the facility reassess an inmate's risk level when warranted due to a referral?	yes
	Does the facility reassess an inmate's risk level when warranted due to a request?	yes
	Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse?	yes
	Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?	yes
<b>115.41 (h)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
<b>115.41 (i)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
<b>115.42 (a)</b>	<b>Use of screening information</b>	
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
<b>115.42 (b)</b>	<b>Use of screening information</b>	
	Does the agency make individualized determinations about how to ensure the safety of each inmate?	yes
<b>115.42 (c)</b>	<b>Use of screening information</b>	
	When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems?	yes

<b>115.42 (d)</b>	<b>Use of screening information</b>	
	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
<b>115.42 (e)</b>	<b>Use of screening information</b>	
	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
<b>115.42 (f)</b>	<b>Use of screening information</b>	
	Are transgender and intersex inmates given the opportunity to shower separately from other inmates?	yes
<b>115.42 (g)</b>	<b>Use of screening information</b>	
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
<b>115.43 (a)</b>	<b>Protective Custody</b>	
	Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers?	yes
	If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment?	yes

<b>115.43 (b)</b>	<b>Protective Custody</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
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible?	yes
	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
	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.)	na
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	na
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	na
<b>115.43 (c)</b>	<b>Protective Custody</b>	
	Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged?	yes
	Does such an assignment not ordinarily exceed a period of 30 days?	yes
<b>115.43 (d)</b>	<b>Protective Custody</b>	
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety?	yes
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged?	yes
<b>115.43 (e)</b>	<b>Protective Custody</b>	
	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
<b>115.51 (a)</b>	<b>Inmate reporting</b>	
	Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes

<b>115.51 (b)</b>	<b>Inmate reporting</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
	Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the inmate to remain anonymous upon request?	yes
	Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility never houses inmates detained solely for civil immigration purposes.)	na
<b>115.51 (c)</b>	<b>Inmate reporting</b>	
	Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Does staff promptly document any verbal reports of sexual abuse and sexual harassment?	yes
<b>115.51 (d)</b>	<b>Inmate reporting</b>	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	yes
<b>115.52 (a)</b>	<b>Exhaustion of administrative remedies</b>	
	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
<b>115.52 (b)</b>	<b>Exhaustion of administrative remedies</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
	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
<b>115.52 (c)</b>	<b>Exhaustion of administrative remedies</b>	
	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
	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

<b>115.52 (d)</b>	<b>Exhaustion of administrative remedies</b>	
	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
	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
	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
<b>115.52 (e)</b>	<b>Exhaustion of administrative remedies</b>	
	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
	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
	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
<b>115.52 (f)</b>	<b>Exhaustion of administrative remedies</b>	
	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
	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
	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
	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
	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
	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
	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
<b>115.52 (g)</b>	<b>Exhaustion of administrative remedies</b>	
	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

<b>115.53 (a)</b>	<b>Inmate access to outside confidential support services</b>	
	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
	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
	Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?	yes
<b>115.53 (b)</b>	<b>Inmate access to outside confidential support services</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
<b>115.53 (c)</b>	<b>Inmate access to outside confidential support services</b>	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
<b>115.54 (a)</b>	<b>Third-party reporting</b>	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?	yes
<b>115.61 (a)</b>	<b>Staff and agency reporting duties</b>	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
<b>115.61 (b)</b>	<b>Staff and agency reporting duties</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

<b>115.61 (c)</b>	<b>Staff and agency reporting duties</b>	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
<b>115.61 (d)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.61 (e)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.62 (a)</b>	<b>Agency protection duties</b>	
	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
<b>115.63 (a)</b>	<b>Reporting to other confinement facilities</b>	
	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
<b>115.63 (b)</b>	<b>Reporting to other confinement facilities</b>	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
<b>115.63 (c)</b>	<b>Reporting to other confinement facilities</b>	
	Does the agency document that it has provided such notification?	yes
<b>115.63 (d)</b>	<b>Reporting to other confinement facilities</b>	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
<b>115.64 (a)</b>	<b>Staff first responder duties</b>	
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes

<b>115.64 (b)</b>	<b>Staff first responder duties</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
<b>115.65 (a)</b>	<b>Coordinated response</b>	
	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
<b>115.66 (a)</b>	<b>Preservation of ability to protect inmates from contact with abusers</b>	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limit the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
<b>115.67 (a)</b>	<b>Agency protection against retaliation</b>	
	Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
<b>115.67 (b)</b>	<b>Agency protection against retaliation</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

<b>115.67 (c)</b>	<b>Agency protection against retaliation</b>	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of 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
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
<b>115.67 (d)</b>	<b>Agency protection against retaliation</b>	
	In the case of inmates, does such monitoring also include periodic status checks?	yes
<b>115.67 (e)</b>	<b>Agency protection against retaliation</b>	
	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
<b>115.68 (a)</b>	<b>Post-allegation protective custody</b>	
	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
<b>115.71 (a)</b>	<b>Criminal and administrative agency investigations</b>	
	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
	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

<b>115.71 (b)</b>	<b>Criminal and administrative agency investigations</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
<b>115.71 (c)</b>	<b>Criminal and administrative agency investigations</b>	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
<b>115.71 (d)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.71 (e)</b>	<b>Criminal and administrative agency investigations</b>	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
<b>115.71 (f)</b>	<b>Criminal and administrative agency investigations</b>	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
<b>115.71 (g)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.71 (h)</b>	<b>Criminal and administrative agency investigations</b>	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
<b>115.71 (i)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.71 (j)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.71 (l)</b>	<b>Criminal and administrative agency investigations</b>	
	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).)	na

<b>115.72 (a)</b>	<b>Evidentiary standard for administrative investigations</b>	
	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
<b>115.73 (a)</b>	<b>Reporting to inmates</b>	
	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
<b>115.73 (b)</b>	<b>Reporting to inmates</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.)	na
<b>115.73 (c)</b>	<b>Reporting to inmates</b>	
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
<b>115.73 (d)</b>	<b>Reporting to inmates</b>	
	Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following an inmate's allegation that he or she has been sexually 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
<b>115.73 (e)</b>	<b>Reporting to inmates</b>	
	Does the agency document all such notifications or attempted notifications?	yes
<b>115.76 (a)</b>	<b>Disciplinary sanctions for staff</b>	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
<b>115.76 (b)</b>	<b>Disciplinary sanctions for staff</b>	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes

<b>115.76 (c)</b>	<b>Disciplinary sanctions for staff</b>	
	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
<b>115.76 (d)</b>	<b>Disciplinary sanctions for staff</b>	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies(unless the activity was clearly not criminal)?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
<b>115.77 (a)</b>	<b>Corrective action for contractors and volunteers</b>	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
<b>115.77 (b)</b>	<b>Corrective action for contractors and volunteers</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
<b>115.78 (a)</b>	<b>Disciplinary sanctions for inmates</b>	
	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
<b>115.78 (b)</b>	<b>Disciplinary sanctions for inmates</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
<b>115.78 (c)</b>	<b>Disciplinary sanctions for inmates</b>	
	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
<b>115.78 (d)</b>	<b>Disciplinary sanctions for inmates</b>	
	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
<b>115.78 (e)</b>	<b>Disciplinary sanctions for inmates</b>	
	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

<b>115.78 (f)</b>	<b>Disciplinary sanctions for inmates</b>	
	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
<b>115.78 (g)</b>	<b>Disciplinary sanctions for inmates</b>	
	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
<b>115.81 (a)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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).	na
<b>115.81 (b)</b>	<b>Medical and mental health screenings; history of sexual abuse</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
<b>115.81 (c)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a jail).	yes
<b>115.81 (d)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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
<b>115.81 (e)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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
<b>115.82 (a)</b>	<b>Access to emergency medical and mental health services</b>	
	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
<b>115.82 (b)</b>	<b>Access to emergency medical and mental health services</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
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes

<b>115.82 (c)</b>	<b>Access to emergency medical and mental health services</b>	
	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
<b>115.82 (d)</b>	<b>Access to emergency medical and mental health services</b>	
	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
<b>115.83 (a)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.83 (b)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</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
<b>115.83 (c)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
<b>115.83 (d)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.83 (e)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.83 (f)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
<b>115.83 (g)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.83 (h)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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.)	na
<b>115.86 (a)</b>	<b>Sexual abuse incident reviews</b>	
	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

<b>115.86 (b)</b>	<b>Sexual abuse incident reviews</b>	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
<b>115.86 (c)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
<b>115.86 (d)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
<b>115.86 (e)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
<b>115.87 (a)</b>	<b>Data collection</b>	
	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
<b>115.87 (b)</b>	<b>Data collection</b>	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
<b>115.87 (c)</b>	<b>Data collection</b>	
	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
<b>115.87 (d)</b>	<b>Data collection</b>	
	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
<b>115.87 (e)</b>	<b>Data collection</b>	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.)	na
<b>115.87 (f)</b>	<b>Data collection</b>	
	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

<b>115.88 (a)</b>	<b>Data review for corrective action</b>	
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant 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
<b>115.88 (b)</b>	<b>Data review for corrective action</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
<b>115.88 (c)</b>	<b>Data review for corrective action</b>	
	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
<b>115.88 (d)</b>	<b>Data review for corrective action</b>	
	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
<b>115.89 (a)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes
<b>115.89 (b)</b>	<b>Data storage, publication, and destruction</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
<b>115.89 (c)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
<b>115.89 (d)</b>	<b>Data storage, publication, and destruction</b>	
	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
<b>115.401 (a)</b>	<b>Frequency and scope of audits</b>	
	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

<b>115.401 (b)</b>	<b>Frequency and scope of audits</b>	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	yes
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	na
<b>115.401 (h)</b>	<b>Frequency and scope of audits</b>	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
<b>115.401 (i)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
<b>115.401 (m)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
<b>115.401 (n)</b>	<b>Frequency and scope of audits</b>	
	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
<b>115.403 (f)</b>	<b>Audit contents and findings</b>	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes