

Prison Rape Elimination Act (PREA) Audit Report Community Confinement Facilities

☐ Interim ☒ Final

Date of Report July 13, 2020

Auditor Information

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Date of Facility Visit: November 4 – 5, 2019

Agency Information

Name of Agency:

Lubbock County CRTC

Governing Authority or Parent Agency (If Applicable):

Texas Community Justice Assistance Division

Physical Address: 3501 N. Holly Ave.

City, State, Zip: Lubbock, Texas 79403

Mailing Address: Same

City, State, Zip:

The Agency Is:

☐ Military

☐ Private for Profit

☐ Private not for Profit

☐ Municipal

☒ County

☐ State

☐ Federal

Agency Website with PREA Information: www.lubbockcrtc.com

Agency Chief Executive Officer

Name: Steve Henderson

Email: steve.henderson@lubbockcscd.com

Telephone: 806-775-1207

Agency-Wide PREA Coordinator

Name: Val Monteilh

Email: val.monteilh@lubbockcrtc.com

Telephone: 806-775-5603

PREA Coordinator Reports to:

Steve Henderson

Number of Compliance Managers who report to the PREA Coordinator:

2

Facility Information

Name of Facility: Lubbock County Court Residential Treatment Center (CRTC)

Physical Address: 3501 N. Holly Ave.

City, State, Zip: Lubbock, Tx 79403

Mailing Address (if different from above):

City, State, Zip:

The Facility Is:

☐ Military

☐ Private for Profit

☐ Private not for Profit

☐ Municipal

☒ County

☒ State

☐ Federal

Facility Website with PREA Information: www.lubbockcrtc.com

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

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

☒ ACA

☐ NCCHC

☐ CALEA

☐ Other (please name or describe):

☐ N/A

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:
American Correctional Association (ACA)

Facility Director

Name: Val Monteilh

Email: val.monteilh@lubbockcrtc.com

Telephone: 806-775-5603

Facility PREA Compliance Manager

Name: Emily Carter

Email: emily.carter@lubbockcrtc.com

Telephone: 806-775-5619

Facility Health Service Administrator

Name: D'Aun Chapa

Email: d'aun.chapa@lubbockcrtc.com

Telephone: 806-775-5626

Facility Characteristics	
Designated Facility Capacity:	96 (funded for 72)
Current Population of Facility:	78
Average daily population for the past 12 months:	126
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input checked="" type="checkbox"/> Males <input type="checkbox"/> Both Females and Males
Age range of population:	18 -82
Average length of stay or time under supervision	Nine (9) Months
Facility security levels/resident custody levels	Seven (7) – Phases. Orientation - Reintegration
Number of residents admitted to facility during the past 12 months	112
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	156
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	146
Does the audited facility hold residents for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Select all other agencies for which the audited facility holds residents: Select all that apply (N/A if the audited facility does not hold residents for any other agency or agencies):	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: Click or tap here to enter text. <input checked="" type="checkbox"/> N/A
Number of staff currently employed by the facility who may have contact with residents:	69
Number of staff hired by the facility during the past 12 months who may have contact with residents:	5

Number of contracts in the past 12 months for services with contractors who may have contact with residents:	1
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	1
Number of volunteers who have contact with residents, currently authorized to enter the facility:	21
Physical Plant	
<p>Number of buildings:</p> <p>Auditors should count all buildings that are part of the facility, whether residents are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house residents, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</p>	5
<p>Number of resident housing units:</p> <p>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house residents of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows residents to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	2, One is empty currently undergoing re-construction.
Number of single resident cells, rooms, or other enclosures:	2
Number of multiple occupancy cells, rooms, or other enclosures:	4
Number of open bay/dorm housing units:	4
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Medical and Mental Health Services and Forensic Medical Exams	
Are medical services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Are mental health services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Where are sexual assault forensic medical exams provided? Select all that apply.	<input type="checkbox"/> On-site <input type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input checked="" type="checkbox"/> Other (please name or describe: Lubbock UMC Hospital)
Investigations	
Criminal Investigations	
Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:	0
When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.	<input type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity
Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)	<input checked="" type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input type="checkbox"/> N/A
Administrative Investigations	
Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?	Five (5), Two (2) have completed training, remaining three (3) are currently participating in training.
When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply	<input checked="" type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity
Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)	<input checked="" type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> N/A

Audit Findings

Audit Narrative

The Lubbock County Court Residential Treatment Center (Lubbock CRTC) is located at 3501 N. Holly Ave, Lubbock, Texas. Lubbock CRTC is participating in the Prison Rape Elimination Act (PREA) audit conducted by a certified auditor. The on-site portion of the audit was conducted at the address stated above during the period of November 4 & 5, 2019. Following coordination preparatory work and collaboration with management staff at the Lubbock CRTC, some pre-audit work was completed prior to traveling to the facility for the on-site review portion of PREA audit.

PRE-AUDIT PHASE

On September 4, 2019, an initial conference call was conducted with Lubbock CRTC. Following introductions, an overview of the PREA audit was discussed. A brief outline of the timelines and audit expectations was provided on September 5, 2019, which included the audit notice, in both English and Spanish, to the administration's PREA Coordinator with instructions to post copies in the house units, and other places deemed appropriate by facility Staff. The audit notices advised the resident population, both in English and Spanish, that a PREA audit was being conducted. The notice provided the dates of the intended audit, as well as a mailing address for the auditor in the event that an individual wishes to contact the auditor prior to arriving at the facility. The audit notice also advised that any correspondence may be sent in a confidential manner, consistent with the Legal Mail process. The legal mail process at Lubbock CRTC allows the resident with a process to send legal correspondence to an approved recipient in a way that ensures the narrative content of the letter is not reviewed by facility staff, ensuring that information is relayed confidentially.

Notices were posted throughout the facility, in areas that were accessible to both residents and staff. Lubbock CRTC staff forwarded the auditor eighteen (18) time/date stamped pictures of different locations within the facility to include general areas, housing units, and dayrooms. The pictures reflected a date stamp of October 4, 2019, indicating that they were taken with the posted upcoming audit information in their assigned position. The posted notices were observed in the photographed locations, as well as numerous other locations, during the on-site audit tour. As a result of these posted audit notices, the auditor did not receive any correspondence from any residents at the facility prior to arrival.

On October 31, 2019, an update call was conducted with Lubbock CRTC management. During the call, numerous logistical items were discussed in regard to the upcoming on-site visit. The auditor advised that an extremely comprehensive tour would be conducted, with un-impeded access to all areas of Lubbock CRTC. Further discussion related to the need for a quiet and private location where residents & staff could be interviewed, as well as a review for the guidelines of clothing, personal cellphones, laptop, etc.

The auditor contacted Just Detention International (JDI) to identify if any allegations have been received by their administration. A response was received that advised a review of their database indicated no information or complaints had been received regarding the facility in the past 12 months, nor had there been any complaints or concerns received regarding any issues or concerns at Lubbock CRTC.

The auditor was able to speak with nursing staff from the University Medical Center, associated with Texas Tech University, who advised that they are the contracted facility that would conduct all of the SAFE/SANE examinations in the event that Lubbock CRTC required one. The auditor was advised that in the past 12 months they have not heard of any issues at Lubbock CRTC, nor have they conducted any examinations.

The auditor also reviewed the department's website, as well as created a Google "news alert" to flag any news articles that mentioned "Lubbock County Court Residential Treatment Center" or "Lubbock CRTC." No articles or items of concern were revealed as a result of this search.

Pre-Audit Section of the compliance tool:

On October 7, 2019, the Pre-Audit Questionnaire, audit process map, checklist of policies/procedures and other documents were received from the Lubbock CRTC. Following a review by the auditor, a PAQ Issue log was created that identified items that had not been included, or items that needed further clarification from the previously received documents.

ON-SITE PHASE

On November 4, 2019, the auditor arrived at Lubbock CRTC and met with the Agency Chief Executive Officer, Facility Director, Assistant Director, Facility Health Service Administrator, and the Operations Manager. During the meeting the agenda was discussed, specifically the facility tour, staff & resident interviews, as well as the document reviewed. In addition, the audit process, timelines, and expectations were discussed, which included the implementation and utilization of the established PREA auditor handbook.

The auditor was provided a copy of each shift roster, including those staff in management and specialized positions. As well as a copy of the current roster of all residents presently at the facility, including their identification numbers, and their bed/housing assignments.

Lubbock CRTC residential staff work the straight (8) eight hour shift, (5) five day work week. Each staff roster was utilized to create a list of both staff and residents, selected randomly for interviews. The list that was created did not specifically identify residents according to each of the seven categories.

The auditor had previously requested, and had been provided a listing of residents classified into any of the following categories:

- Disabled Residents
- Limited English Proficient Residents
- Residents identified as LGBTI
- Residents who Reported Sexual Abuse
- Residents who reported Sexual Victimization during Risk Screening
- Contractors or Volunteers who have contact with Residents

Note: The Lubbock CRTC does not house any youthful residents housed at the facility. This was confirmed on the first day of the audit after a review of the Lubbock CRTC Resident roster, as well as a visual inspection of the housing area, which reflected that there was no indication of any youthful residents present.

In addition to the resident and staff lists, the auditor also requested and subsequently received the following listed items:

- All grievances made in the 12 months preceding the audit
- All incident reports from the 12 months preceding the audit
- All allegations of sexual abuse and sexual harassment reported for investigation in the 12 months preceding the audit, whether Substantiated, Unsubstantiated, or Unfounded, and
- All hotline calls made during the 12 months preceding the audit

The Facility Director/Assistant Director provided the information requested, and a review of all information was conducted by the auditor. During the past 12 months there have not been any grievances filed, no allegations of sexual abuse and sexual harassment in the past 12 months, nor any administrative or criminal cases requiring any monitoring needs.

An extensive amount of internet research was conducted regarding the Lubbock County Court Residential Treatment Center. There was little if any information of a derogative or negative nature located.

On-site Review: Following the entrance meeting, the auditor conducted a thorough on-site tour of all areas of the facility. The facility consists of a single-story main building, a classroom building, and a locked restricted area directly behind the main administration area. On the North side of the facility, there is a stand-alone shop area. This building consists of 9 classrooms, 1 training room, 2 storage rooms, bathrooms, the library, and the property room. The restricted area is separated from the admin area by 2 hallways with secure locked doors at the end. Entering into the restricted area is a central control, and the medical offices. Off a shared hallway is a section that contains the probation section offices, adjacent to the facility kitchen and dining hall. At the end of a shared hallway is the intake area. All areas can be viewed by central control at all times. The restricted area also consists of two pods – 1 on the right side, 1 on the left side of the main admin area. One of these pods (left side) is currently under construction and was not audited given the estimated completion of 18 – 24 months. The pods consist of a control center that is always manned by a security monitor, and all areas are manned by video cameras. Each dorm can house up to 24 residents each. Each dorm contains its own bathroom/shower area for resident use.

During the tour of the facility, the auditor noted the Grievance/PREA box located in a central area within the facility. The grievance box was secured with a padlock. The only person that has a key to the secured box is the Assistant Director. When asked how often she checks the box, she indicated that she checks them at least once daily as she makes her rounds through the facility. I observed numerous residents exchange casual conversation with the facility management, reflecting a positive and approachable relationship with the population.

During the discussion with the Assistant Director, who also acts as the grievance coordinator, she indicated that she was the only one with the key to access the grievance box. She advised that she checks the grievance box at a minimum of each business day. The grievance coordinator advised that she will process grievances according to their priority: PREA related items are immediately addressed.

During the tour of the entire facility, the auditor asked impromptu questions (informal interviews) of staff and residents, noted the placement and coverage of surveillance cameras, inspected bathrooms and showers to identify potential cross gender viewing concerns, etc.

In all resident areas, the auditor assessed the level of staff supervision by asking questions about who was assigned to a specific post or staff position, reviewing staffing rosters, and asking questions (informal interviews) to determine whether residents are in lead positions over other residents. When opposite-

gender staff were observed entering into a housing area, an announcement was always made by the respective staff member.

Throughout the on-site review, the auditor discussed what was being observed and reviewed. The auditor would seek any clarification, with appropriate responses being provided, or through demonstration of proper procedures. There were discrepancies identified; however, discrepancies that could be immediately addressed were addressed. Numerous others have been placed into the corrective action portion this audit.

PREA Management Interviews: During the audit period, the auditor conducted on-site interviews with the following members of the management team:

- Facility Director
- Assistant Director,
- Facility Health Service Administrator

As a result of logistics, the auditor conducted telephonic interviews with the following members of the management team:

- SAFE/SANE Nursing staff
- Victim Advocates

Each of their remarks and documentation presented are in this report. Each of these individuals was interviewed using the applicable interview protocols, and responses were recorded by hand.

The auditor conducted the following number of staff interviews during the onsite phase of the audit:

Category of Staff	Numbers of Interviews Conducted
Random Staff (Total)	14
Management Level Staff (Total)	4
Specialized Staff (Total)	18
Total Interviewed	36
Breakdown of Specialized Staff Interviews	
• Intermediate or Higher Level Staff	4
• Medical Staff	1
• SAFE / SANE Nursing Staff	1
• Investigative Staff – Administration Level	1
• Investigative Staff – Facility Level	1
• Staff who perform screening for risk of victimization and abusiveness	1
• Sexual Abuse Incident Review Team Member	1
• First Responders	3
• Intake Staff	1
• Incident Review Team Members	3
• Grievance Coordinator	1

Note: in several instances a single person was responsible for covering numerous separate protocols; i.e.. First responder/Supervising staff segregated housing, intermediate or higher staff/first responder, sexual abuse incident review team/incident review team, etc.

Specialized Staff Interviews: Using the list of specialized staff received from the Facility Director, the auditor was escorted to the work locations of the individual specialized staff to perform the required interviews.

During interviews with executive staff, the auditor learned that PREA investigations are initiated in several ways; the grievance box located in the facility, "confidential" letters received, or through contact from outside source. In the event that the complaint has been categorized as Administrative, it would be assigned for follow-up. In the event that the complaint was categorized as criminal, then it would be assigned to an Investigator from the Lubbock Police Department in Lubbock, Texas.

Random Staff Interviews: There are 66 staff positions allocated at Lubbock CRTC. A total of fourteen (14) formal and (2) two informal random staff interviews were conducted from various categories of staff from all three shifts. During the interviews, the auditor would introduce himself, communicate the advisory statement to the staff, and then proceed to ask the line of questions from the interview protocols for random staff, recording the answers by hand. The auditor would provide clarification as needed, in order to ensure the response, were clear enough to make a determination of compliance with applicable standards.

During the on-site tour, the auditor would occasionally stop, and briefly speak to staff (Informal Interviews) in all categories, asking 2 to 3 questions about PREA issues including training, actions taken, response, communications, etc. These conversations would not take the place of the formal process of questions, they would only be used as an additional tool to supplement the overall audit information gathering process.

Work shifts for residential staff are as follows:

- 1st Shift: 0600 – 1400 hours
- 2nd Shift: 1400 – 2200 hours
- 3rd Shift: 2200 – 0600 hours

Non-residential staff worked a slight modification of either the 1st or 2nd shifts.

At the present time, Lubbock CRTC offers the resident population access to various services, ranging from Narcotics Anonymous, Support Groups, to numerous community church organizations, etc. The schedule for volunteers coming into the facility varies upon whether their program is scheduled daily, weekly, bi-monthly, or monthly. During the tour the auditor conducted 2 informal interviews with volunteers, who indicated that they had been trained in PREA prior to entering into the facility, and are aware of their responsibilities in the prevention and reporting requirements relative to PREA.

The building contractors working at the facility do not have any direct contact with the resident population. The facility has one (1) contract Medical Staff, Physician, who provides monthly Tele Med meetings with the resident population, with no direct access with the resident.

The following number of Resident interviews were conducted during the onsite phase of the audit:

Category of Residents	Numbers of Interviews Conducted
Random Residents (Total)	9
Targeted Residents (Total)	12
Total Residents Interviewed	21
Breakdown of Targeted Resident Interviews	
• Residents who reported sexual abuse	0
• Residents who disclosed prior sexual victimization during risk screening	5
• Residents who identify as Lesbian, Gay, or Bisexual	3
• Residents who identify as Transgender or Intersex	1
• Residents with physical disability, blind, deaf, hard of hearing, LEP	2
• Residents with cognitive disability	1

Random Resident Interviews: The facility count on the first day of the on-site was 78. The auditor used the alphabetical roster of residents to randomly select residents for interview, from the various age groups, ethnicities, races, and assigned housing units. The auditor also identified at least one resident from each housing unit to be interviewed. The auditor was placed into one of the conference rooms, centrally located within the facility, with each of the identified residents being escorted to that location for their interview.

During the on-site tour, the auditor would stop, speak to various residents (Informal interviews), and ask 2 to 3 questions about PREA issues, which included training, actions taken, responses, communications etc. These conversations did not take the place of the formal process of questions, they were only used as an additional tool to supplement the overall audit information gathering process. A total of 20 formal, and 5 informal random residents' interviews were conducted from residents living in various dormitories.

In regards their personal safety at Lubbock CRTC, each of the residents interviewed indicated that they felt safe from Sexual Harassment & Sexual Abuse at the facility

Targeted Resident Interviews: The auditor also conducted a total of 11 interviews of those residents who had been identified for interviews based upon their relevance to specific PREA standards. Between the 7 categories, there was a total eligible resident population of 11.

The auditor selected residents from the list received from the Facility Director. Each of the resident's housing location was determined from the alphabetical roster, each of the identified residents was escorted to the conference room where the auditor was located.

At the beginning of each interview the auditor would tell the resident why he was at the facility, what his role was in the PREA Audit process, and explain why the interviews were necessary. The auditor would also explain that the resident's participation, although helpful, were also voluntary and that they did not need to answer questions and could stay or leave at their convenience.

The auditor would then ask if the resident wanted to participate, and if so, would begin to ask the series of questions in the respective interview protocols. The auditor would also ask additional interview questions if a random resident interviewee disclosed information suggesting that one of the above categories of PREA applied to them.

In regards their personal safety at Lubbock CRTC, every one of the residents that was interviewed advised that they felt safe from Sexual Harassment & Sexual Abuse while at the facility.

Document Reviews:

A thorough review of the Lubbock CRTC Policies, along with facility specific policies were included in all three phases of the audit: Pre-Audit, On-site portion, and the Post-Audit.

Prior to conducting the onsite visit to the facility, the auditor requested that the facility identify a comprehensive list of residents, staff, volunteers and contractors along with relevant facility records to determine the scope of information from which the auditor would sample during the onsite portion of the PREA audit. From these listing, the auditor selected representative samples for interviews (i.e., resident and staff), and documentation to review during the onsite portion of the audit. The listings requested by the auditor in the pre-onsite audit phase included:

1. Complete alpha listing of all residents assigned to Lubbock CRTC
2. Roster of residents with disabilities (i.e., physical disabilities, blind, deaf, hard of hearing, & cognitive disabilities)
3. Roster of residents who are Limited English Proficient (LEP)
4. Roster of residents who are or perceived as Gay, Lesbian, or Bisexual
5. Roster of residents who are or perceived Transgender or Intersex
6. Roster of residents who reported prior sexual victimization during risk screening
7. Roster of residents who reported sexual abuse that occurred in Lubbock CRTC or occurred in a different facility
8. Complete staff roster
9. Complete alpha roster of staff promoted over the past 12 months
10. Complete list of Investigative staff who conduct sexual abuse investigations
11. Complete roster of contractors who have contact with residents assigned to Lubbock CRTC
12. Complete roster of volunteers who have contact with residents assigned to the Lubbock CRTC
13. Copies of all files of all Sexual Abuse and Sexual Harassment Investigations conducted over the past 12 months in the Lubbock CRTC
14. Copies of all grievances submitted over the past 12 months which claim allegations of sexual abuse, sexual harassment or retaliation
15. List of all 3rd party reports of resident sexual abuse, harassment or retaliation made over the past 12 months
16. Copies of any incident review team cases conducted over the past 12 months

The facility provided the auditor the requested listings of documents, files and records. From this information, the auditor selected and reviewed a variety of files, records and documents summarized in the following table and discussed in detail below:

Name of Record	Total Number of Records	Number Sampled and Reviewed
Personnel Records	66	16
Training Files	66	16
Resident Records	78	16
Grievance Forms	0	0
Incident Reports	0	0
Investigation Records (SA and SH)	0	0

Personnel and Training Files:

There was a total of 16 records reviews conducted on staff from the various categories, ensuring that the files reflected new employees, employees who were promoted, and those who have been at Lubbock CRTC for longer than 12 months. All of the files contained all of the required documentation, with the exception of the initial criminal history check. Of the 16 files that were chosen, all contained verification of the original criminal history check, when the staff were initially hired.

Resident Records:

There were 16 resident files chosen randomly from the master roster that were reviewed, and reflect through their signed acknowledgement sheets, all had received an Orientation Booklet, PREA Brochure, and viewed the PREA video either upon their arrival at Lubbock CRTC or when the resident population was provided the PREA training.

Grievances:

In the 12 months preceding the audit, the facility had not received any grievances.

Incident Reports:

In the 12 months preceding the audit, the facility did not have any incidents that required the completion of any incident reports.

Investigation Files:

Information that was received regarding the allegations of sexual abuse and sexual harassment indicate that in the past 12 months, there had not been any incidents or allegations requiring the utilization of any Investigation Files.

POST-ONSITE AUDIT PHASE

Following the on-site portion of the audit, all items were reviewed (tour notes, interview notes, additional documents, etc.), and utilized in the compilation of the completed report.

Per PREA procedure, starting on August 20, 2016, which is the first day of the first year of the second 3 year audit cycle. It is expected that if an auditor determines that a facility does not meet one or more of the standards, this report will be considered an "interim report," triggering a 180-day corrective action period, and the auditor will include in the report recommendations for any required corrective action, and shall jointly develop with the administration a corrective action plan to achieve compliance. The auditor is required to "take necessary and appropriate steps to verify implementation of the corrective action such as reviewing updated policies and procedures or re-inspecting portions of a facility." At the completion of the corrective action period, the auditor has 30 days to issue a "final report" with final determinations. Section 115.404 (d) states that, "after the 180-day corrective action period ends, the auditor shall issue a final determination as to whether the facility has achieved compliance with those standards requiring corrective action." The final report is a public document that the administration is required to post on its website, or otherwise make publicly available, should include a summary of the actions taken during the corrective action period to achieve compliance.

This information was discussed with the Lubbock CRTC Director, and the Assistant Director.

Audit Section of the Compliance Tool: The auditor reviewed onsite document review notes, staff and resident interview notes, and site review notes, and began the process of completing the audit section of the compliance tool. The auditor used the audit section of the compliance tool as a guide to determine which questions(s) in which interview guide(s), which onsite document review notes and/or which facility tour site review notes should be reviewed in order to make a determination of compliance for each standard. After checking appropriate “yes” or “no” boxes on the compliance tool for each applicable subsection of each standard, the auditor completed the “overall determination” section at the end of the standard indicating whether the facility’s policies, procedures and practices exceeds, meets or does not meet the standard.

Final (Interim) Audit Report: Following completion of the compliance tool, the auditor started completing the interim report. The interim report identified which policies and other documentation were reviewed, which staff and/or resident interviews were conducted, and what observations were made during the on-site review of the facility in order to make a determination of compliance for each standard provision. The auditor then provided an explanation of how evidence listed was used to draw a conclusion of whether the facility’s policies, procedures and practice exceeds, meets, or does not meet the standard.

The auditor scheduled the exit briefing with the Director and her executive staff, which was conducted on the last day of the audit, November 5, 2019. During this exit briefing the executive staff were provided with an overview of what had been observed.

Facility Characteristics

The Lubbock County Court Residential Treatment Center (CRTC) opened its doors in March 1993, offering residential substance abuse & dependency services to adult males on community supervision. The CRTC facilitates four diverse treatment programs with the ability to house 164 residents. As of May 2019, the Lubbock County CRTC has decreased its bed space to house 78-84 residents due to building construction. This decreased number will remain in effect until completion of both resident housing areas. Population numbers and resident/pod layout are all subject to change pending finished construction project.

The facility consists of a single-story main building, a classroom building, and a locked restricted area directly behind the main administration area. On the North side of the facility, there is a stand-alone shop area that also serves as an office for our Staff Mechanic. All admin staff office in the main building along with counselors, clerks, and the Intake Coordinator.

From the main building there is a long hallway that leads to the resident classroom building located on the south side of the main building. This building consists of 9 classrooms, 1 training room, 2 storage rooms, staff & resident bathrooms, the library, and the property room. The property room also serves as an office for our Property Manager. The restricted area consists of two pods, one of these pods (left side) is currently under construction. Each of the pods consist of a control center that is always manned by a security monitor, and all areas are manned by video cameras. There are 4 dorms that can house up to 24 residents each. Each dorm contains its own bathroom/shower area for resident use.

Population numbers and resident/pod layout are all subject to change pending completion of the construction project. Each area is equipped with cameras that can be viewed by central control at all times.

CRTC residents are able to participate in various activities throughout their stay. Treatment curriculum is offered Monday through Friday, including counseling, classes, recreation, among others. The CRTC provides GED/ABE instruction. All residents participate in various activities throughout the community, including charitable and community sponsored events. The CRTC offers multiple recreation areas, including a computer lab, library, courtyard, and a large outdoor yard area.

The CRTC offers education on criminal conduct, substance use, prosocial behaviors, and coping skills. The core curriculum of the facility is Wanberg & Milkman Criminal Conduct & Substance Abuse Treatment, a cognitive-behavioral program that focuses on education and coping skills for both substance use and criminal thinking. The CRTC offers up to 30 different classes and groups to provide individualized treatment for each resident. Through this education and guidance, the CRTC promotes a crime-free life of recovery.

Weekends are utilized for free time, in-house visitation, and program incentive passes (furloughs).

The CRTC offers multiple recreation areas, including a computer lab, library, courtyard, and a big yard designed for kickball, volleyball, walking, or running.

Privileges are earned as residents progress through the program. Many privileges are earned upon completion of the Orientation phase, approximately three weeks after intake, including wearing street clothes, commissary, and use of the computer lab. In-house visitation and phone privileges begin in the third phase, roughly seven to eight weeks after arrival. Furloughs are earned starting in the fourth phase, approximately 12 to 14 weeks into the program. They range in length from four to forty-eight hours, based on phase. The program length averages 9 months, but is a resident driven program.

The CRTC offers on-site counselors, Residential Community Supervision Officers (RCSO), medical staff, and security staff.

*As of May 2019, the Lubbock County CRTC has decreased its bed space to house 78-84 residents due to building construction, as a result this PREA audit was conducted with only one half of the facility, the other side was inaccessible and was not audited or reviewed for PREA purposes.

Summary of Audit Findings

Standards Exceeded

Number of Standards Exceeded:

List of Standards Exceeded:

Standards Met

Number of Standards Met: 41

List of Standards Not Met: 115.211, 115.212, 115.213, 115.215, 115.216, 115.217, 115.218, 115.221, 115.222, 115.231, 115.232, 115.233, 115.234, 115.235, 115.241, 115.242, 115.251, 115.252, 115.253, 115.254, 115.261, 115.262, 115.263, 115.264, 115.265, 115.266, 115.267, 115.271, 115.272, 115.273, 115.276, 115.277, 115.278, 115.282, 115.283, 115.286, 115.287, 115.288, 115.289, 115.401, 115.403,

Standards Not Met

Number of Standards Not Met: 0

List of Standards Not Met:

Summary of Corrective Action

This audit took place at the beginning of this facility's efforts towards attaining PREA compliance. As such, this report is a road map for facility and agency leadership to begin implementing a zero-tolerance approach to all forms of sexual abuse and sexual harassment of residents. The report details corrective actions needed in all of the following areas: prevention planning, responsive planning, training and education, screening for risk of sexual victimization and abusiveness, reporting, official response following an resident report, investigations, discipline, medical and mental health care, and data collection and review.

The analysis and corrective action in this report demonstrate challenges in the complete implementation of the PREA guidelines. At this time there are several key items that are necessary for full implementation; Policies need a date of issue or effective date and approval by Facility or Agency Head, and existing policy language (sexual assault, sexual misconduct, etc.) needs to be changed to utilize PREA language of "Sexual Abuse and Sexual Harassment.

Conclusion of Corrective Action Period

Following the submission of this Interim Report the facility a corrective action period was established. During this period of 180 days the facility engaged in an extremely aggressive approach to their corrective action requirements, addressing each standard/provision that had been identified as deficient. This corrective action period was disrupted by the COVID-19 restrictions; however, facility staff adapted to the situation, addressed each of the identified deficiencies, and achieved compliance with each of the identified standards, as required per PREA guidelines.

PREVENTION PLANNING

Standard 115.211: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

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

115.211 (a)

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

115.211 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

Interviews, Documents, and Site Review:

- Part III CRTTC Procedures
- Organizational Chart
- Facility Mission Statement
- Facility Mission Statement
- Resident Population Counts
- Program Description
- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities

Interviews:

- Facility Designee – Facility Director
 - Facility PREA Coordinator
 - Director of Program

The auditor was provided with the facility's PREA Policy 31.01, however, it lacked verbiage regarding sexual abuse and sexual harassment and was also in form; not effective and implemented. Therefore, the facility's zero tolerance policy language was not sufficient nor did the content elaborate on the facility's approach to preventing, detecting, reducing, and responding to sexual abuse and sexual harassment of residents.

Additionally, it is recommended that terminology throughout policy and practice be uniform; using the terms and definitions of sexual abuse and sexual harassment provided in the PREA Standards rather than incorporating additional terms such as sexual assault and sexual misconduct, which may cause unnecessary confusion in discerning prohibited behaviors.

The policy addition (not yet effective) did not contain definitions of prohibited conduct consistent with the definitions in the PREA Standards. Therefore, it is recommended that the facility move forward with the development and implementation of these definitions.

The provided organizational chart does not reflect the PREA coordinator or PREA compliance managers position, as required in this standard.

In terms of sufficient time to coordinate facility PREA compliance efforts, information gleaned from the Directors interview revealed that PREA compliance was added to her regularly assigned duties. She has many other responsibilities and duties aside from PREA, and does not have sufficient time to coordinate facility PREA compliance efforts. This was also evident and observed throughout the pre-audit phase and while onsite. The Director has too many other duties and responsibilities and cannot prioritize PREA compliance efforts.

Corrective Action:

1. The facility shall develop and adopt an adequate PREA policy outlining zero tolerance toward sexual abuse and sexual harassment of residents, which will outline the facility's approach to preventing, detecting, and responding to sexual abuse and sexual harassment of residents. The policy shall include definitions of prohibited behavior and sanctions for those found to have engaged in prohibited behaviors and it shall contain facility and/or facility-specific methods of compliance. This policy shall be put into practice and be institutionalized. Staff shall receive training on the content and implementation of this policy and this training verification shall be provided.
2. The facility shall ensure that the PREA Coordinator has sufficient time and authority to develop, implement, and oversee facility PREA compliance efforts.
3. Lubbock CRTC shall ensure the PREA Compliance Manager has sufficient time and authority to coordinate facility PREA compliance efforts.

Verification of Corrective Action since the Interim Audit Report

The auditor gathered, analyzed and retained additional evidence provided by the facility during the corrective action period relevant to the requirements of the standard.

Additional Documentation Reviewed:

1. Lubbock County CRTC PREA policy / Procedures (Revised January 2020)
2. Exam & employee training documents
3. Reviewed Updated Org. chart (Revised January 2020)
4. Telephonic Interview with PREA coordinator
5. Telephonic Interview with PREA compliance manager

Following the issuance of the Interim Audit Report, the auditor and the facility discussed the recommended corrective action for this provision, and agreed upon a plan with assigned dates for completion. The facility revised the PREA policy ensures zero tolerance towards the sexual abuse and harassment of the residents. The policy further identified definitions of prohibited behavior and sanctions, as well as facility-specific methods of compliance.

As a result of the COVID-19 concerns each staff member was trained individually, and required to sign training completion certification. These practices have been institutionalized.

The facility has effectively demonstrated compliance during this period of corrective action with supporting documentation and interviews. The facility is now compliant with this provision.

Standard 115.212: Contracting with other entities for the confinement of residents

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

115.212 (a)

- If this agency is public and it contracts for the confinement of its residents 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 residents.) ☐ Yes ☐ No ☒ NA

115.212 (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 residents.) ☐ Yes ☐ No ☒ NA

115.212 (c)

- If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.) ☐ Yes ☐ No ☒ NA
- In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.) ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

Supporting Documents, Interviews and Observations:

- Part III CRTC Procedures

Interviews:

- Facility Designee – Facility Director
 - Facility PREA Coordinator
 - Facility Director

The Lubbock County Residential Treatment Center is a state funded facility and does not contract for the confinement of residents with other private agencies or entities.

The Facility Director confirmed the Lubbock CRTC does not contract with other entities for the confinement of residents.

Standard 115.213: Supervision and monitoring

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

115.213 (a)

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The physical layout of each facility? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? ☒ Yes ☐ No

115.213 (b)

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

115.213 (c)

- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section? ☒ Yes ☐ No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing staffing patterns? ☒ Yes ☐ No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies? ☒ Yes ☐ No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

Interviews, Document and Site Review:

- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities
- Part III CRTC Procedures
- Staff Schedule
- Staffing Plan Assessment
- Facility Schematics

Interviews:

- Facility Designee – Facility Director
 - Facility PREA Coordinator
 - Facility Director

The policy provided did not adequately guide the development of a staffing plan pursuant to this standard and did not contain the policy requirement contained in provision (d) regarding conducting and documenting of unannounced rounds and to prohibit staff from alerting other staff that supervisory rounds are occurring. The intent of this standard is to assess staffing through a lens of sexual safety; assess whether physical barriers may have enabled the abuse, determine the adequacy of staffing levels in those areas during different shifts, and determine if there is a need for monitoring technology to supplement custody supervision.

Prior to the onsite audit, the Lubbock CRTC provided PREA Policy 31.06 which minimally addresses some of the PREA standards, as required in 115.213. The policy provided did not adequately guide the development of a staffing plan pursuant to this standard, and did not contain the policy requirement contained regarding conducting and documenting of unannounced rounds, and determine if there is a need for monitoring technology to supplement custody supervision.

The provided documents indicate that annual staffing plans are being conducted; however, no verification was provided to reflect the completion of these indicated staffing plans, nor has a copy of the forms utilized to conduct the annual staffing plan reviews.

During the site review of the facility, the auditor was told there were currently 78 cameras throughout the facility. There were some areas of concern the auditor noticed during the tour. These areas include the administration area contains several offices that contain counseling staff, who will regularly interview residents. The Administration hallway has several blind corners, including the breakroom, these concerns can be addressed through the placement of additional cameras, mirrors, or other control methods.

Additional cameras are recommended in the following areas:

- Pod A 119 hallway - two (2) cameras
- Pod A laundry room hallway - two (2) cameras
- A115 laundry room hallway - two (2) cameras
- A114 - one (1) camera
- Walk in Cooler/Refrigerator - one (1) camera placed inside
- Walk in Freezer - one (1) camera placed inside
- Dry food storage room - one (1) camera placed inside
- Probation conference room - one (1) camera placed inside
- Intake storage area - one (1) camera placed inside
- Front Administration lobby / visiting area - one (1) camera placed inside
- Small exercise yard has insufficient / outdated / unfocused camera coverage
- Each of the "Crisis room" (4 total) would benefit from camera coverage
- Outdoor exercise yard: One (1) in southeast corner
 One (1) long range camera in northwest corner

In addition to the camera issues identified previously, the following items were also identified as security issues during the tour:

- Both cooler and freezer were unsecured. Locking mechanisms controlled only by staff.
- Dry food storage room requires locking mechanism controlled only by staff.

During the interviews with the staff, it was determined that there was some confusion regarding the composition of the staffing plan. Some items that should be considered for staffing plans would be items such as: judicial findings of inadequacy, direction from a variety of agencies that provide oversight including the state of Texas, county of Lubbock, as well as the ACLU, and DOJ.

A review of the PAQ and through confirmation of staff interviews, the average daily number of residents on which the staffing schedule was predicated was one-hundred and twenty-six (126). It should be noted that one half of the facility has been shut down for renovation, with the current daily population of seventy-eight (78).

Corrective action:

1. Lubbock CCRTC shall remove any physical barriers wherever possible, an extensive assessment of the entire physical plant shall be made in order to identify areas in which physical barriers can be removed to ensure they do not contribute to sexual abuse and sexual harassment of residents.
2. Lubbock CCRTC shall ensure that all of the identified blind spots are addressed through the use of additional security measures; camera technology, mirrors, boundary rules, etc.
3. Lubbock CCRTC shall develop a comprehensive staffing plan, or amend the existing plan, to ensure that it informs as to *how the 11 required elements* of provision (a) are considered and Lubbock CCRTC shall demonstrate that it will make its best effort to comply with a staffing plan that provides for adequate staffing levels to protect residents against sexual abuse and sexual harassment.
4. Lubbock CCRTC shall ensure that the PREA Coordinator and/or PREA Compliance Manager are consulted when developing the staffing plan to determine if adjustments need to be made, per standard. A helpful publication can be found on the PREA Resource Center website titled, "Developing and Implementing a PREA-Compliance Staffing Plan."
5. Lubbock CCRTC shall develop and adopt an adequate PREA policy relating to the implementation and utilization of an established staffing plan.
6. Lubbock CCRTC shall ensure that unannounced rounds are conducted and documented on every shift and that staff responsible for these rounds are aware that part of its purpose is to deter staff sexual abuse.

Verification of Corrective Action since the Interim Audit Report

The auditor gathered, analyzed and retained additional evidence provided by the facility during the corrective action period relevant to the requirements of the standard.

Additional Documentation Reviewed:

1. Lubbock County CRTC PREA policy / procedures (Revised January 2020)
2. Lubbock County CRTC Staffing Plan (Revised January 2020)
3. Associated forms utilized during annual staffing plan review
4. Associated photographs depicting areas of concern
5. Documentation verifying completion of unannounced rounds
6. Telephonic Interview with Facility Director / Assistant Director
7. Telephonic Interview with PREA compliance manager

Following the issuance of the Interim Audit Report, the auditor and the facility discussed the recommended corrective action for this provision, and agreed upon a plan with assigned dates for completion. The facility revised the PREA policy and procedures that they clearly outline zero tolerance towards the sexual abuse and harassment of the residents. The facility updated the annual staffing plan, and associated staffing plan review documents. In those areas where camera coverage was encouraged, the facility utilized the placement of mirrors, out of bounds notifications, and staff control measures to ensure that those identified areas are not accessible by residents. The facility has further taken steps to formalize their unannounced rounds process, and now have documentation measures in place to continue to track this.

As a result of the COVID-19 concerns each staff member was trained individually, and required to sign training completion certification. These practices have been institutionalized.

The facility has effectively demonstrated compliance during this period of corrective action with supporting documentation and interviews. The facility is now compliant with this provision.

Standard 115.215: Limits to cross-gender viewing and searches

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

115.215 (a)

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

115.215 (b)

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

115.215 (c)

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

115.215 (d)

- Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? ☒ Yes ☐ No
- Does the facility have procedures that enables residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? ☒ Yes ☐ No
- Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? ☒ Yes ☐ No

115.215 (e)

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

115.215 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

Interviews, Document and Site Review:

- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities
- Part III CRTC Procedures
- Staff Training Curriculum and Training Acknowledgement Forms

Interviews:

- Facility Designee- Facility Director
 - Facility PREA Coordinator
- Random Staff
- Random Residents

The facility is required to implement policies and procedures that enable residents to shower and perform bodily functions and change clothing without non-medical staff of the opposite gender viewing the breasts, buttocks or genitalia, except in exigent circumstances or when such viewing is incidental to routine room/cell or bed checks.

The program staff will not search or physically examine a transgender or intersex resident for the sole purpose of determining the resident's genital status. If the resident's genital status is unknown, the facility shall determine during conversations with the resident, 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. The PREA Coordinator confirmed there have been no cross-gender strips or visual body cavity searches conducted within the audited cycle.

Provided policy language states that strip searches and pat searches are only performed by same gender staff. Ample staff of both genders were present in the facility during the onsite audit and this was reported to be the case at all times. Therefore, residents were not withheld from programs due to the unavailability of the proper gender to perform searches. This was confirmed via the Resident interviews.

All indications were that cross-gender searches (unclothed and pat) had not occurred and therefore, there were no records to confirm the practice. However, no policy reference was provided that states such an occurrence would be documented if/when it occurs due to exigent circumstances. It is recommended that policy include this language.

As it relates to Transgender and Intersex residents, if any deviation occurs regarding the policy for transgender and intersex searches, to include emergencies, an immediate supervisor shall be notified of the deviation and it shall be noted in the shift log, with notification to the facility director.

The written policies which were provided in regard to the comprehensive searching of transgender and intersex Residents were unclear and inconsistent with the PREA standards and the interpretive guidance provided in the Frequently Asked Questions page on the PREA Resource Center website

During interviews, staff members properly acknowledged that they would honor the preference of the Resident when determining who should perform the search of a transgender or intersex Resident.

Interviews of both staff and Residents indicated that unclothed searches of Residents were performed only by same sex staff. Interviews of both staff and residents indicated that pat searches of Residents were performed only by same sex staff. During the random staff interviews, none of them recalled any particular training regarding the searching of Transgender or Intersex residents.

According to a review of the PAQ and through confirmation with staff interviews, the following has been recorded:

- In the past 12 months, the number of cross-gender strip or cross gender visual body cavity searches of residents reported was zero.
- In the past 12 months, the number of cross-gender strip or cross-gender visual body cavity searches of residents that did not involve exigent circumstances or were performed by non-medical staff reported was zero.
- In the past 12 months, the number of Transgender or Intersex residents searched or physically examined for the sole purposes of determining the resident's genital status was zero.

The Pre-Audit Questionnaire (PAQ) and the associated response by the facility indicate there is no lesson plan or training curriculum regarding how to perform proper cross-gender, Transgender, or Intersex resident pat searches, and subsequent documentation requirements, pursuant with PREA standard.

Corrective Action:

1. Lubbock County CRTC shall implement policies and procedures that enable residents to shower, perform bodily functions, and change clothes without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia except in exigent circumstances when such viewing is incidental to routine cell checks.
2. Lubbock County CRTC shall add a statement that all cross-gender searches due to exigent circumstances shall be documented and a copy of said report shall be forwarded to the PREA Compliance Manager, or utilize an electronic report form (shift log) which allows for recall and report formation in order to demonstrate compliance with provision.
3. Lubbock County CRTC shall add a sentence under the Transgender and Intersex Resident Searches that detail the circumstances surrounding the search shall also be sent to the facility PREA Compliance Manager for future PREA audit reference, or to utilize an electronic report form which allows for recall and report formation in order to demonstrate compliance with provision.
4. Lubbock County CRTC shall prepare a lesson plan detailing how personnel conduct cross-gender pat searches and searches of transgender and intersex Residents in a professional and respectful manner, and in the least intrusive manner possible. Lubbock County CRTC shall train all personnel and maintain documentation of the fulfilled training, including signatures of participants.
5. Lubbock County CRTC shall make the necessary policy corrections to bring the transgender gender and intersex search provisions into compliance with PREA standards.

Verification of Corrective Action since the Interim Audit Report

The auditor gathered, analyzed and retained additional evidence provided by the facility during the corrective action period relevant to the requirements of the standard.

Additional Documentation Reviewed:

1. Lubbock County CRTC PREA policy / Procedures (Revised January 2020)
2. Lesson Plan / Training Materials
3. Exam & employee training documents
4. Verification of updated facility software / Established tracking elements
5. Telephonic Interview with PREA coordinator
6. Telephonic Interview with PREA compliance manager

Following the issuance of the Interim Audit Report, the auditor and the facility discussed the recommended corrective action for this provision, and agreed upon a plan with assigned dates for completion. The facility revised the PREA policy that clearly outlines the zero tolerance towards the sexual abuse and harassment of the residents. The policy and procedures address the resident concerns identified in the corrective action items. In addition, the facility updated its data tracking processes, in order to more efficiently monitor compliance with the standards/provisions.

As a result of the COVID-19 concerns each staff member was trained individually, and required to sign training completion certification. These practices have been institutionalized.

The facility has effectively demonstrated compliance during this period of corrective action with supporting documentation and interviews. The facility is now compliant with this provision.

Standard 115.216: Residents with disabilities and residents who are limited English proficient

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

115.216 (a)

- Does the agency take appropriate steps to ensure that residents 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: Residents who are deaf or hard of hearing? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that residents 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: Residents who are blind or have low vision? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that residents 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: Residents who have intellectual disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that residents 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: Residents who have psychiatric disabilities? ☒ Yes ☐ No

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

115.216 (b)

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

115.216 (c)

- Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

Interviews, Document and Site Review:

- Part III CRTC Procedures
- PREA Brochure (English)
- PREA Brochure (Spanish)
- Resident PREA Poster (English and Spanish)
- Resident Reporting Information (English and Spanish)
- PREA Audit: Pre-Audit Questionnaire /Community Confinement Facilities

Interviews:

- Facility Designee- Facility Director
 - Facility PREA Coordinator
- Random Staff
- Random Residents
- Disabled Residents

Policy language indicates that Residents with disabilities (e.g., mobility impairments, deaf, blind, intellectual, etc.), as well as those with limited English proficiency (LEP), have an equal opportunity to participate and benefit from all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment; however, there appears to be no policy language that explains how this will be carried out by the facility.

This language also indicates that all materials must be provided in various formats or through various methods, to ensure effective communication with Residents with disabilities. Currently, materials are only offered to Residents in either English or Spanish. The policy should also address accessibility of materials for Residents who are: deaf or hard of hearing, blind or with low vision, those with psychiatric disabilities, intellectual disabilities, limited reading skills, or speech disabilities.

The existing policy language does not identify the methods the facility will utilize to ensure effective communication, which include qualified interpreters, or access to qualified interpreters, as well as written materials, and note pads.

Even though the interviewed staff were aware of the facilities requirements regarding residents with disabilities (blind, intellectual, and psychiatric) and with Residents who are limited English proficient (LEP), the staff were unaware of any additional methods of communicating with LEP Residents or

Residents with disabilities, other than to see if there were any bilingual staff working at that time of need for language interpretation/translation. Further, staff were not aware of any other options for translation in the event that there were no staff available to interpret.

Interviewed staff consistently stated they would not allow, except in emergency situations, a resident to translate or interpret for another resident in making an allegation of sexual abuse. They indicated that they can contact the staff who speak Spanish if the need arise. There are several program staff, including the several Program Monitors, who are bilingual and fluent in Spanish. This would allow for non-English Spanish speaking residents receive the necessary accommodations, and information in formats and through methods that ensure effective communication with residents identified as limited English proficient.

The interview with the resident with a cognitive disability reported he was provided materials in format that ensured effective communication, and that he understood all material presented; however, through a more detailed conversation it was revealed that because of his disability, he would reply in the affirmative to every question asked without understanding even the basic understanding of the words being utilized. It would appear that the facility needs to establish a more effective checks and balance system to ensure that those residents in need of additional services.

A request was made to Lubbock CRTC for data that reflects the number of instances where Resident interpreters were utilized in the past 12 months. They replied that there were no instances when interpreters were utilized for Residents. This response may not accurately reflect the instances where a bilingual staff member was utilized for interpretation services with the resident population. It appears that the facility does not currently track the number of instances when interpreters are used. Therefore, the audit team could not verify the data or the practice.

Corrective Action:

1. Lubbock CRTC shall expand existing policy language to include a broader definition of Residents with disabilities. The summary should also include the language used in the standard in reference to Residents who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities.
2. Lubbock CRTC shall provide clear direction to staff on how to access interpretation services for LEP, deaf, or hard of hearing Residents.
3. Lubbock CRTC shall provide clear policy language for when it is appropriate to utilize Resident interpreters, and to what extent.
4. Lubbock CRTC shall update staff training to include policy, procedure, and resources for communicating with Residents who are LEP, deaf or hard of hearing, blind or with limited vision, intellectually challenged, developmentally disabled, those with psychiatric issues, or those Residents with low reading or comprehension levels, or with those requiring specialized vocabulary.
5. Lubbock CRTC shall develop and implement systems for tracking requests for interpreters and the utilization of Resident interpreters, to include detail on why a Resident interpreter had been used.

Verification of Corrective Action since the Interim Audit Report

The auditor gathered, analyzed and retained additional evidence provided by the facility during the corrective action period relevant to the requirements of the standard.

Additional Documentation Reviewed:

1. Lubbock County CRTC PREA policy / Procedures (Revised January 2020)
2. Lesson Plan / Training Materials
3. Exam & employee training documents
4. Verification of updated facility software
5. Established tracking documents
6. Telephonic interview with Assistant Director

Following the issuance of the Interim Audit Report, the auditor and the facility discussed the recommended corrective action for this provision, and agreed upon a plan with assigned dates for completion. The facility revised the PREA policy that clearly outlines the zero tolerance towards the sexual abuse and harassment of the residents. The policy and procedures address the concerns identified in the corrective action items, and provide the residents with viable options for interpretation services. The facility further updated its software program to allow for retrievable verification of interpretation services.

As a result of the COVID-19 concerns each staff member was trained individually, and required to sign training completion certification. These practices have been institutionalized.

The facility has effectively demonstrated compliance during this period of corrective action with supporting documentation and interviews. The facility is now compliant with this provision.

Standard 115.217: Hiring and promotion decisions

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

115.217 (a)

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

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

115.217 (b)

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

115.217 (c)

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

115.217 (d)

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

115.217 (e)

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

115.217 (f)

- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? ☒ Yes ☐ No

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

115.217 (g)

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

115.217 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

Interviews, Document and Site Review:

- Part III CRTC Procedures
- Background Check Policy and Procedure
- Criminal Background Check Records Check for Staff
- Employee Code of Ethics
- PREA Disclosure (Prison Rape Elimination Act)
- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities

Interviews:

- Facility PREA Coordinator
- Administrative Staff

Proposed policy language reflects that the facility is not to hire or promote anyone who may have contact with residents and will not enlist the services of any contractor who may have contact with Residents as listed in this standard to include the following provisions:

1. Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; to include persons who are mentally ill or disabled or retarded or chronically ill or handicapped, or institution providing skilled nursing or intermediate or long-term care or custodial or residential care.
2. Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or
3. Has been civilly or administratively adjudicated to have engaged in the activity described in subsection 2.

Proposed policy language further requires that before hiring new employees who may have contact with Residents, the facility will perform a criminal background check; and consistent with Federal, State and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of residents or detainee sexual abuse or harassment or any resignation pending an investigation of such allegations.

A review of the policy language does not reflect any requirement that the facility conduct criminal background records checks as required, at least, every five years for current employees and contractors who have contact with residents according to staff interviews, as well as those employees who have been or are being considered for promotion. In addition there is no documentation as to how the facility tracks, or has a system in place for otherwise capturing such information for current employees.

Nowhere in the application, nor at any time during the application process, is the employee required to disclose that they have engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or any other institution. It does not ask If the applicant has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, coercion, or the victim did not consent, or was unable to consent or refuse, or if the applicant has been civilly or administratively adjudicated or if they have engaged in any sexual activity.

A review of the PAQ supplied by the facility reflects that a total of 7 staff have been hired within the last 12 months. A total of sixteen (16) personnel files were reviewed, 5 of which had been hired within the last 12 months. Of the files reviewed, each reflected that the 3 questions required in this standard were asked sometime between September – October 2019, regardless of the employee's hire date.

Provision (f) also requires a continuing affirmative duty for employees to disclose such misconduct. The HR staff member interviewed indicated that employees are obligated to report arrests immediately; however, this did not include engaging in sexual abuse or law enforcement contact for such misconduct.

A copy of the application does not include that omissions regarding sexual misconduct, or providing false information as grounds for termination. Because the application is completed on-line, having the staff sign the acknowledgment form at the time of interview, and including this into the employee's personnel file would ensure that this provision is addressed in accordance with the standard. Because this process currently does not exist, Lubbock CRTC does not meet the requirements for this provision (g).

The auditor reviewed copies of 16 various personnel files. Each of the files reviewed contained a document that reflected that the Criminal History and Arrest Record check was conducted, as well as the date that the criminal history check was completed. The documents reviewed do not reflect that any arrest history was reviewed, merely that there were no convictions during the period of review. This does not meet the standard requiring a review for arrests. In addition, the signature block at the bottom of the form only indicates "Authorized Personnel", and then has 2 initials, as a result it is unknown who conducted the criminal arrest and conviction correct. The form should reflect the name and title of the individual of who conducted the query.

A review of the 16 various personnel files reflect that criminal history checks were completed prior to the date of hire for each employee. Five of the files reviewed reflected promotions; however, none of the files reflected a criminal history check, at the time of the promotion, as required by this standard.

Overall, the policy language, as well as the related requirements relative to this standard are still in early process development, and as a result do not appear to be institutionalized in any way.

Corrective Action:

1. Lubbock CRTC shall establish a clear policy for hiring and promotions of employees and contractors, and incorporate into the application process for new employees, promotional employees, and contractors.
2. Lubbock CRTC shall ensure that previous incidents of sexual harassment by any staff or contractor are taken into consideration before being hired or promoted, and that all staff members are trained on the new policy and practice.
3. Lubbock CRTC shall establish a system to perform criminal background record checks at least every 5 years for current employees and contractors, or have a system in place for capturing such information for current employees.
4. Lubbock CRTC shall ask all applicants and employees who may have direct contact with residents about previous misconduct, as described in provision (a) of this standard. This can be done in written applications or interviews for hiring or promotion and in any interviews or self-evaluations as part of reviews of current employees, and shall also require a continuing affirmative duty for employees to disclose such misconduct.
5. Lubbock CRTC shall ensure that material omissions about such misconduct, or providing false information about such misconduct, are grounds for termination.
6. Lubbock CRTC will provide training on revised policy and practice pursuant to these corrective actions, and delivered with said training verification provided, pursuant to corrective action.

Verification of Corrective Action since the Interim Audit Report

The auditor gathered, analyzed and retained additional evidence provided by the facility during the corrective action period relevant to the requirements of the standard.

Additional Documentation Reviewed:

1. Lubbock County CRTC PREA policy / Procedures (Revised January 2020)
2. Lesson Plan / Training Materials
3. Exam & employee training documents
4. Updated forms utilized during hiring and promotion of new employees, promotional employees, and contractors.
5. Telephonic Interview with Facility Director

Following the issuance of the Interim Audit Report, the auditor and the facility discussed the recommended corrective action for this provision, and agreed upon a plan with assigned dates for completion. The facility revised the PREA policy that clearly outlines the zero tolerance towards the sexual abuse and harassment of the residents. The policy and procedures address the concerns identified in the corrective action items.

As a result of the COVID-19 concerns each staff member was trained individually, and required to sign training completion certification. These practices have been institutionalized.

The facility has effectively demonstrated compliance during this period of corrective action with supporting documentation and interviews. The facility is now compliant with this provision.

Standard 115.218: Upgrades to facilities and technologies

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

115.218 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)
☐ Yes ☐ No ☒ NA

115.218 (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 residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)
☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

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

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

Instructions for Overall Compliance Determination Narrative

Interviews, Document and Site Review:

- Part III CRTC Procedures
- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities

Interviews:

- Facility Designee-Facility Director
 - PREA Coordinator
- Assistant Director of Programming

The Management Team indicates that when designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the plan will consider the effect of the design, acquisition, expansion, or modification upon the facility's ability to protect Residents from sexual abuse.

The Management Team indicated when installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the plan will consider how the technology may enhance the facility's ability to protect Residents from sexual abuse. Even though the facility has an existing camera monitoring system, additional cameras are needed to enhance the security of the existing facility, as identified in 115.213.

Interviews with the Facility Director indicate that there will be some significant expansions to their facility over the next 24 months, with the complete renovation of the other side of their facility. This expansion will almost double the existing resident population. The Director indicated that the management team, which includes the PREA Coordinator/Compliance Manager would be involved in the planning process. Both acknowledge in their interviews that additional video monitoring equipment will need to be installed during the renovation project.

Consideration of the PREA standards has reportedly been included in the scope of the project. According to the Director, Lubbock CRTC is committed to integrating PREA compliance measures in any and all future construction and designs. The auditor did not receive any confirmation to demonstrate compliance; however, such as the written scope of the project where PREA is referenced or the meeting minutes with designers and architects.

Corrective Action:

1. Collect and retain documentation to support that consideration to protect from sexual abuse and sexual harassment had been included in the scope of the county's ongoing construction project planning. Relevant documentation will include scope statements for design, meeting minutes to show discussions occurred relevant to the sexual safety of Residents, documentation of any changes in design relevant to the protection of sexual safety, and other information relevant to

the planning that demonstrates what considerations were made to protect Residents from sexual abuse.

2. Create a system to document and retain observations and existing challenges, as well as the details considered for decision-making, in regard to any changes or upgrades that will be made to the current video monitoring system so that it can demonstrate protection from sexual abuse had been considered while planning modification to the video monitoring system. Examples of documentation include meeting minutes relative to video monitoring discussions, blind spot assessments, information received through incident review(s), etc.

Verification of Corrective Action since the Interim Audit Report

The auditor gathered, analyzed and retained additional evidence provided by the facility during the corrective action period relevant to the requirements of the standard.

Additional Documentation Reviewed:

1. Lubbock County CRTC PREA policy / Procedures (Revised January 2020)
2. Documentation that is used when verifying security considerations
3. Telephonic Interview with Facility Director / Assistant Director

Following the issuance of the Interim Audit Report, the auditor and the facility discussed the recommended corrective action for this provision, and agreed upon a plan with assigned dates for completion. The facility revised the PREA policy and procedures to ensure that they clearly outline zero tolerance towards the sexual abuse and harassment of the residents. The facility updated the annual staffing plan, and associated staffing plan review documents. In those areas identified for camera coverage, the facility utilized the placement of mirrors, out of bounds notifications, and staff control measures to ensure that those identified areas are not accessible by residents. The facility has further taken steps to formalize their unannounced rounds process, and now have documentation measures in place to continue to track this.

As a result of the COVID-19 concerns each staff member was trained individually, and required to sign training completion certification. These practices have been institutionalized.

The facility has effectively demonstrated compliance during this period of corrective action with supporting documentation and interviews. The facility is now compliant with this provision.

RESPONSIVE PLANNING

Standard 115.221: Evidence protocol and forensic medical examinations

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

115.221 (a)

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

115.221 (b)

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

115.221 (c)

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

115.221 (d)

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

115.221 (e)

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

115.221 (f)

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

115.221 (g)

- Auditor is not required to audit this provision.

115.221 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

Interviews, Document and Site Review:

- Part III CRTC Procedures
- Memorandums of Understanding

- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities

Interviews:

- Facility PREA Coordinator
 - Facility Director
- Random Residents
- Random Staff

The policy references the uniform evidence protocol, but does not specify what specific items or processes should be either collected or preserved following an incident. Based on the review of the policy the Lubbock CRTC does not follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. No staff training materials were provided to auditor for review for compliance with relative standards.

The Lubbock Police Department (LPD) serves as primary investigating authority for all criminal investigations relative to incidents of sexual abuse and harassment. The Assistant Operations Manager shall serve as the Lead Investigator for the facility. The Director or designee shall ensure that the victim has access to services from the crisis center when the LPD investigates the incident.

Lubbock CCRTC has established a Memorandum of Understanding (MOU) with a community-based organization, Voice of Hope Crises Center, to provide emotional support services to assault victims.

This facility does not house youth. Staff repeatedly stated that youthful offenders were not housed at Lubbock CCRTC.

During the interviews with the staff members, a majority of the staff were unfamiliar with the term "evidence protocols", nor the steps they are required to follow when confronted with a sexual assault incident at the facility. Some were aware of the separation component, but then followed with a phone call to the director for further direction. A uniform evidence protocol was not well articulated by staff. Staff had been provided with a card to assist with the protocols to follow. Most of the staff interviewed by the auditor did not offer details as to exactly what should be preserved, how it should be preserved, or how soon it should be preserved. All but one (1) staff member indicated that they would follow the steps on the card, the remainder of the staff did not remember that they had the card.

During the interview with the facility nurse, she indicated that she had completed 2 courses of on-line training relative to PREA, for a total of 5 hours of training. Even though the facility, or this nurse, do not conduct SAFE/SANE examinations following an incident, the current level of training for this nurse is insufficient. As the on-site medical expert, the nurse needs to be familiar with a more in-depth knowledge of the SAFE/SANE procedures in order to provide policy guidance and training expertise for non-medical staff.

The facility offers all residents who experience sexual abuse access a forensic medical examination at an outside facility, without financial cost, where evidentiary or medically appropriate examinations are performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) located at University Medical Center (UMC), in Lubbock, Texas.

The auditor contacted the UMC Emergency Room after the onsite portion of the audit and spoke to medical staff. UMC staff indicated that forensic exams are not allowed without a victim's advocate present.

According to a review of the PAQ and with confirmation by staff interviews, the following has been recorded:

- o The number of forensic medical exams conducted during the past 12 months reported was zero.
- o The number of exams performed by SANEs/SAFE during the past 12 months reported was zero.
- o The number of exams performed by a qualified medical practitioner during the past 12 months reported was zero.

115.21(f) – N/A because the facility itself is responsible for investigating administrative allegations of sexual abuse.

115.21(g) – N/A because the auditor is not required to audit this provision.

115.21(h) – N/A because the auditor is not required to audit this provision

Corrective Action:

1. Lubbock CRTC shall revise, implement, retrain staff and institutionalize a policy that provides a more detailed expectation of staff relative to evidence collection or preservation guidelines outlined in U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations".
2. Lubbock CRTC shall provide additional training for the staff nurse in regard to Sexual Victimization, Sexual Evidentiary Process's, as well as an understanding of the duties of a SAFE/SANE nurse.
3. Lubbock CRTC shall provide copies of training materials used to train both medical & non-medical staff having contact with the resident population.

Verification of Corrective Action since the Interim Audit Report

The auditor gathered, analyzed and retained additional evidence provided by the facility during the corrective action period relevant to the requirements of the standard.

Additional Documentation Reviewed:

1. Lubbock County CRTC PREA policy / Procedures (Revised January 2020)
2. Training Materials
3. Employee training documents
4. Telephonic Interview with Facility Director / Assistant Director

Following the issuance of the Interim Audit Report, the auditor and the facility discussed the recommended corrective action for this provision, and agreed upon a plan with assigned dates for completion. The facility revised the PREA policy that clearly outlines the zero tolerance towards the sexual abuse and harassment of the residents. The policy and procedures address the items identified in the corrective action items. Effectuated staff were trained as requested, and signed training completion certification. These practices have been institutionalized.

The facility has effectively demonstrated compliance during this period of corrective action with supporting documentation and interviews. The facility is now compliant with this provision.

Standard 115.222: Policies to ensure referrals of allegations for investigations

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

115.222 (a)

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

115.222 (b)

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

115.222 (c)

- If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).) ☒ Yes ☐ No ☐ NA

115.222 (d)

- Auditor is not required to audit this provision.

115.222 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

Interviews, Document and Site Review:

- PREA Incident Check Sheet
- Part III CRTC Procedures
- PREA Website Information
- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities

Interviews:

- Facility Designee- Facility Director
 - Facility PREA Coordinator
- Random Staff

According to interviews with the PREA Coordinator / Facility Director, the facility ensures that administrative and/or criminal investigations are completed for all allegations of sexual abuse and sexual harassment reported on resident-on-resident or staff-on-resident misconduct.

The facility has in place a policy and practice to ensure that allegations of sexual abuse and sexual harassment are followed up or referred for investigation to an entity with the legal authority to conduct investigations. This policy is very vague, and does not provide clear direction with corresponding steps.

The legal authority to conduct criminal investigations is the Lubbock Police Department. All administrative investigations are conducted by the facility staff, as determined by the Facility Director.

When a sexual abuse allegation is reported, all staff should be trained to initiate and complete the PREA Incident Check Sheet to complete the initial report regarding the allegation of sexual abuse. The required actions are to begin the first responder duties, contact the Facility Director and PREA Coordinator, preserve evidence, immediately contact emergency services and victim advocacy, and document the incident in a written incident report.

Per a review of the PAQ, and with confirmation by staff interviews, the following has been recorded:

- o The number of allegations of sexual abuse and sexual harassment received during the past 12 months was 0.
- o The number of allegations resulting in an administrative investigation during the past 12 months 0.
- o The number of allegations referred for criminal investigation during the past months was 0.

The auditor was unable to verify any type of tracking or referral system.

During the interview with Facility Director, she stated that the criminal cases are top priority and that allegations of sexual harassment that do not violate any laws are administratively investigated.

Additional interviews with staff confirmed the process for receiving an alleged allegation of sexual abuse and sexual harassment. Interviewed staff stated that they have been trained to report or refer everything regarding sexual abuse and sexual harassment to be investigated including having knowledge of and suspicion of sexual abuse or sexual harassment. Staff affirmed that they are trained to accept reports from all sources, including third parties and anonymous reports. All staff is aware that the local law enforcement facility responsible for investigating sexual abuse allegations is the Lubbock Police Department.

Corrective Action:

1. Lubbock CRTC shall establish a policy and formal system guiding the flow of all allegations of sexual abuse and sexual harassment and to clarify which allegations are tracked with relative follow-up dates and timelines. All referrals shall be documented and said policy shall be published on the facility website.
2. Lubbock CRTC shall fully develop and implement the PREA Incident Check Sheet.
3. Lubbock CRTC shall develop training for all staff members pursuant to the corrective actions shall be developed and delivered. Said training verification shall be provided as well as the demonstration of the institutionalization of this practice.

Verification of Corrective Action since the Interim Audit Report

The auditor gathered, analyzed and retained additional evidence provided by the facility during the corrective action period relevant to the requirements of the standard.

Additional Documentation Reviewed:

1. Lubbock County CRTC PREA policy / Procedures (Revised January 2020)
2. Lesson Plan / Training Materials
3. Exam & employee training documents
4. Established tracking documents

Following the issuance of the Interim Audit Report, the auditor and the facility discussed the recommended corrective action for this provision, and agreed upon a plan with assigned dates for

completion. The facility revised the PREA policy that clearly outlines the zero tolerance towards the sexual abuse and harassment of the residents. The policy, procedures and additional tracking documents address the concerns identified in the corrective action items.

As a result of the COVID-19 concerns each staff member was trained individually, and required to sign training completion certification. These practices have been institutionalized.

The facility has effectively demonstrated compliance during this period of corrective action with supporting documentation and interviews. The facility is now compliant with this provision.

TRAINING AND EDUCATION

Standard 115.231: Employee training

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

115.231 (a)

- Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents? ☒ Yes ☐ No

- Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? ☒ Yes ☐ No

115.231 (b)

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

115.231 (c)

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

115.231 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

Interviews, Document and Site Review:

- Part III CRTC Procedures
- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities

- PREA Training Curriculum
- PREA Meetings-Training
- PREA Training Acknowledgement Forms

Interviews:

- Facility PREA Coordinator
 - Facility Director
- Random and Specialized Staff
- Assistant Director of Programming

This policy language is very brief and does not cover the provisions or cite the required training elements of this standard.

The PAQ indicated that all employees received PREA training, that it covers all of the minimum training elements, absent explanations and definitions. Some training materials were provided, noting the time/date/place, delivery of training.

Review of the facility training documents revealed the following topic points only:

- the facility's zero-tolerance policy against sexual abuse and sexual harassment
- their responsibility on prevention, detection, reporting and response to sexual abuse and harassment
- Residents' right to be free from sexual abuse and sexual harassment
- the right of Residents and employees to be free from retaliation for reporting,
- dynamics of sexual abuse or harassment in a confinement setting
- common reactions of sexual abuse and harassment victims
- how to detect and respond to signs of threatened and actual sexual abuse
- how to avoid inappropriate relationships with Residents
- how to communicate effectively and professionally with LGBTI Residents
- legal ramifications

Interviews conducted with random staff members indicated that they recalled receiving the PREA training for the first time about 2 months prior to the on-site portion of the audit. Most random staff interviewed were able to articulate most required training elements, but reiterated that this training was newly implemented, and was still working to incorporate items into daily operation. Sign in sheets were received relative to identified training.

Because of the short period of implementation, the PREA training has not yet been institutionalized.

The employee training files that were reviewed did not contain any acknowledgment forms as required by provision (d) stating that the employee received and understood the PREA training. No training certificates regarding PREA training could be located in these files. Following a review of the sixteen (16) staff files provided, only five (5) contained sign-in sheets that reflected recent PREA training, the remainder reflected training that occurred as far back as 2016. Because of the inconsistent tracking of training the auditor could not verify that the facility effectively tracks personnel training on PREA.

Corrective Action:

1. Lubbock CRTC shall ensure that all employees that have resident contact have received PREA training as soon as possible. Lubbock CCCF shall clarify and establish whether PREA refresher training is completed annually or every two years. If every two years, Lubbock CCCF shall provide refresher information on sexual abuse and sexual harassment policies during the years in between refresher training.
2. Lubbock CRTC shall develop and implement a training acknowledgement form for staff to acknowledge they received and understood the PREA training. This shall be documented through employee signature or electronic verification.
3. Lubbock CRTC shall institutionalize PREA training that includes all required training elements of provision (a) and shall ensure that staff can adequately articulate said training elements. Such training verification shall be provided to reflect that training has been provided to all staff.
4. Lubbock CRTC shall ensure that the training is tailored to the gender of the Resident population. An employee shall receive additional training if the reassigned from a facility that houses only females or vice versa.

Verification of Corrective Action since the Interim Audit Report

The auditor gathered, analyzed and retained additional evidence provided by the facility during the corrective action period relevant to the requirements of the standard.

Additional Documentation Reviewed:

1. Lubbock County CRTC PREA policy / Procedures (Revised January 2020)
2. Lesson Plan / Training Materials
3. Exam & employee training documents
4. Telephonic Interview with Facility Director / Assistant Director

Following the issuance of the Interim Audit Report, the auditor and the facility discussed the recommended corrective action for this provision, and agreed upon a plan with assigned dates for completion. The facility revised the PREA policy and relevant training materials clearly outline the zero tolerance towards the sexual abuse and harassment of the residents. The policy and procedures address the concerns identified in the corrective action items.

As a result of the COVID-19 concerns each staff member was trained individually, and required to sign training completion certification. These practices have been institutionalized.

The facility has effectively demonstrated compliance during this period of corrective action with supporting documentation and interviews. The facility is now compliant with this provision.

Standard 115.232: Volunteer and contractor training

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

115.232 (a)

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

115.232 (b)

- Have all volunteers and contractors who have contact with residents 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 residents)? ☒ Yes ☐ No

115.232 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

Interviews, Document and Site Review:

- o Part III CRTC Procedures
- o PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities

Interviews:

- o Facility PREA Coordinator
- o Facility Director
- o Random Staff

The facility has a policy that ensures that all volunteers who have contact with residents must be trained on their responsibilities under the facility's sexual abuse and sexual harassment prevention, detection, and response policies and procedures. The policy language needs to be expanded to include the same PREA language for staff, as well as the requirements for those volunteers who have contact with residents have been notified of the facility's zero-tolerance policy regarding sexual abuse and sexual harassment and have been informed on how to report such incidents.

The level and type of training provided to volunteers shall be based on the services they provide and level of contact they have with residents. The facility must maintain documentation confirming that volunteers understand the training they received. The facility will document all volunteer training using the rosters, which requires the volunteers' and instructor's signature and date.

At the present time, Lubbock CRTC has approximately 10 volunteers. Training documents and records for current Lubbock CRTC volunteers were not provided while onsite; however, copies of Volunteer PREA Acknowledgement forms were provided reflecting completed PREA orientation for several of the volunteers. The auditor was also able to interview two (2) volunteers while onsite at Lubbock CRTC and as a result, was able to verify that the training/orientation had been provided to the volunteers, and that they were familiar with their responsibilities relative to the residents and PREA.

The training provided to the volunteers should include the guidelines relative to PREA. The training should include an overview and history of PREA, PREA related definitions (sexual abuse and sexual harassment), impact on Residents, custodial environment and the community, potential consequences due to fraternization or PREA violations, zero-tolerance, and reporting duties.

While not required for compliance with this standard, it is recommended that Lubbock CRTC implement refresher PREA trainings for volunteers and contract service providers after their initial training and that training be based on the level of contact they have with Residents.

Corrective Action:

1. Lubbock CRTC shall update and finalize policy language relative to volunteers and their involvement with the residents, relative to the PREA standards and guidelines.
2. Lubbock CRTC shall ensure that training records for volunteers (and contractors) are maintained and readily available for future PREA audit purposes, to include signed Volunteer and Contractor PREA acknowledgement forms.
3. Lubbock CRTC shall ensure that the level and type of training provided to volunteers (and contractors) is commensurate with their level and type of Resident contact.

Verification of Corrective Action since the Interim Audit Report

The auditor gathered, analyzed and retained additional evidence provided by the facility during the corrective action period relevant to the requirements of the standard.

Additional Documentation Reviewed:

1. Lubbock County CRTC PREA policy / Procedures (Revised January 2020)
2. Lesson Plan / Training Materials
3. Exam & employee training documents
4. Telephonic Interview with Facility Director / Assistant Director

Following the issuance of the Interim Audit Report, the auditor and the facility discussed the recommended corrective action for this provision, and agreed upon a plan with assigned dates for completion. The facility revised the PREA policy that clearly outlines the zero tolerance towards the sexual abuse and harassment of the residents. The policy and procedures address the concerns identified in the corrective action items.

As a result of the COVID-19 concerns each volunteer, and each affected contractor was trained individually, and required to sign training completion certification. These practices have been institutionalized.

The facility has effectively demonstrated compliance during this period of corrective action with supporting documentation and interviews. The facility is now compliant with this provision.

Standard 115.233: Resident education

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

115.233 (a)

- During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment? ☒ Yes ☐ No
- During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment? ☒ Yes ☐ No
- During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment? ☒ Yes ☐ No
- During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents? ☒ Yes ☐ No
- During intake, do residents receive information regarding agency policies and procedures for responding to such incidents? ☒ Yes ☐ No

115.233 (b)

- Does the agency provide refresher information whenever a resident is transferred to a different facility? ☒ Yes ☐ No

115.233 (c)

- Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient? ☒ Yes ☐ No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf? ☒ Yes ☐ No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired? ☒ Yes ☐ No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled? ☒ Yes ☐ No
- Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills? ☒ Yes ☐ No

115.233 (d)

- Does the agency maintain documentation of resident participation in these education sessions? ☒ Yes ☐ No

115.233 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

Interviews, Document and Site Review:

- Part III CRTC Procedures
- Resident Brochure (English)
- Resident Brochure (Spanish)
- PREA Resident Intake and Orientation Form
- Zero-Tolerance Policy for Sexual Harassment and Sexual Abuse Acknowledgement
- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities

- Facility Grievance/PREA report Notice Form

Interviews:

- Assistant Director of Programming
- Random Residents

During the site review, PREA posters (in both Spanish and English) were located in numerous locations throughout the facility.

During the intake process, PREA related information is provided. The Resident Brochure, the Zero-Tolerance Policy Acknowledgement Sign-off Form, and the PREA Reporting Document explaining how and to whom a resident can report abuse and harassment. The staff conducting intake/orientation gives residents the opportunity to ask questions to clarify anything they do not understand. Residents' acknowledgement statements for receiving PREA information was provided to the auditor.

Staff and resident interviews reveal that the facility provides the PREA Education in English and Spanish, to include resident handbooks and pamphlets.

A brief video is utilized by the facility regarding PREA and each resident's right to be free from sexual abuse and sexual harassment. This video also identified for residents how to report sexual abuse and sexual harassment. Numerous residents indicated that they thought this video was outstanding and that it helped them understand their rights under the standards.

All 20 of the residents interviewed stated that when they first came to this facility they received information regarding facility rules against sexual abuse and harassment.

All 20 of the residents were interviewed using the following statement: When you came to this facility, were you told about:

- Your right to not be sexually abused or sexually harassed. All residents answered yes.
- How to report sexual abuse or sexual harassment. All residents answered yes, they were told.
- Your right not to be punished for reporting sexual abuse or sexual harassment. All answered yes, they were told.

The policy does not address how it will address resident education in formats accessible to all residents, including those who are limited in English proficiency, deaf, visually impaired, or otherwise disabled, specifically those with limited reading skills.

During the site review, the auditor went to the intake area of the facility. Numerous PREA posters, in both English and Spanish, had been placed in various locations and were visible to the residents arriving at the facility.

The facility also identifies that it retains verification to indicate completion of the comprehensive PREA education requirements of the resident population.

The auditor did not receive copies of or viewed any education materials relative to the refresher education that must occur within 30 days of arrival at the facility; however, PREA standard 115.233 (b) indicates that this education needs to be conducted "within 30 days of intake."

As of October 2, 2019, Lubbock CRTC indicated that all residents were identified as having completed the comprehensive PREA education.

The PAQ and the pre-audit Issue Log provided the following information:

1. Number of residents in the last 12 months who received information (PREA Sexual Harassment/Abuse Education) - 104
2. Number of residents in the last 12 months who did not receive the information (PREA Sexual Harassment/Abuse Education) - 0
3. Number of residents who did not receive the PREA Sexual Harassment/Abuse Education within 30 days of intake - 104

After a review of all supporting documentation, tour notes, as well as the interviews conducted with both staff and residents, it was noted that no PREA education materials have been developed for those residents who are LEP (other than posters in Spanish in place within the facility), deaf or hard of hearing, blind or have low vision, have intellectual, psychiatric, or speech disabilities.

Corrective Action:

1. Lubbock CRTC must update and finalize policy language relative to the PREA standards and guidelines.
2. Lubbock CRTC shall develop a tracking system to track residents who have received the PREA pamphlet / zero-tolerance policy information at intake, as well as the required comprehensive PREA education within 30-days of arrival at Lubbock CRTC.
3. Lubbock CRTC shall develop PREA education materials (e.g. posters, pamphlets, videos, etc.) in multiple formats for residents with disabilities (mobility, hearing, visual, intellectual, and developmental impairments, etc.)

Verification of Corrective Action since the Interim Audit Report

The auditor gathered, analyzed and retained additional evidence provided by the facility during the corrective action period relevant to the requirements of the standard.

Additional Documentation Reviewed:

1. Lubbock County CRTC PREA policy / Procedures (Revised January 2020)
2. Lesson Plan / Training Materials
3. Exam & employee training documents
4. Established tracking systems / documents
5. PREA Education materials

Following the issuance of the Interim Audit Report, the auditor and the facility discussed the recommended corrective action for this provision, and agreed upon a plan with assigned dates for completion. The facility revised the PREA policy that clearly outlines the zero tolerance towards the sexual abuse and harassment of the residents. The policy and procedures address the concerns identified in the corrective action items, in addition sufficient PREA education materials have been made available to the resident population.

As a result of the COVID-19 concerns each staff member was trained individually, and required to sign training completion certification. These practices have been institutionalized.

The facility has effectively demonstrated compliance during this period of corrective action with supporting documentation and interviews. The facility is now compliant with this provision.

Standard 115.234: Specialized training: Investigations

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

115.234 (a)

- In addition to the general training provided to all employees pursuant to §115.231, 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 115.221(a).) ☒ Yes ☐ No ☐ NA

115.234 (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 115.221(a).) ☒ Yes ☐ No ☐ NA
- Does this specialized training include: Proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).) ☒ Yes ☐ No ☐ NA
- Does this specialized training include: Sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).) ☒ Yes ☐ No ☐ NA
- Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).) ☒ Yes ☐ No ☐ NA

115.234 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).) ☒ Yes ☐ No ☐ NA

115.234 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

Interviews, Document and Site Review:

- o Part III CRTC Procedures
- o PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities

Interviews:

- o Facility Designee- Facility Director
 - o Facility PREA Coordinator
 - o Facility Director

The standard requires the investigators attend the general PREA training given to all staff, then also attend the specialized training in PREA investigations in confinement settings. Training documentation state that investigators have participated in the minimum training required relative to PREA.

Policy language is not specific enough to identify what training will be required for specific classifications, as well as an outline of their responsibilities.

Lubbock CRTC indicates that they will conduct administrative investigations relative to PREA; however, any criminal investigations will be conducted by the Lubbock Police Department, who are responsible for investigating sexual assaults, and are investigated by specially trained detectives.

Corrective Action:

1. Lubbock CRTC shall ensure that all staff who conduct sexual abuse investigations shall receive specialized training for conducting sexual abuse investigations in confinement. This specialized training shall be in addition to the general PREA training pursuant to section 115.231.
2. Lubbock CRTC shall provide additional training to facility investigators relative to techniques for interviewing victims of sexual abuse, proper use of Miranda and Garrity, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.

Verification of Corrective Action since the Interim Audit Report

The auditor gathered, analyzed and retained additional evidence provided by the facility during the corrective action period relevant to the requirements of the standard.

Additional Documentation Reviewed:

1. Lubbock County CRTC PREA policy / Procedures (Revised January 2020)
2. Lesson Plan / Training Materials
3. Exam & employee training documents
4. Telephonic Interview with Facility Director / Assistant Director

Following the issuance of the Interim Audit Report, the auditor and the facility discussed the recommended corrective action for this provision, and agreed upon a plan with assigned dates for completion. The facility revised the PREA policy that clearly outlines the zero tolerance towards the sexual abuse and harassment of the residents. The policy and procedures address the concerns identified in the corrective action items. Additional training provided by was sufficient to address the specific requirements of the Corrective Action items.

As a result of the COVID-19 concerns each staff member was trained individually, and required to sign training completion certification. These practices have been institutionalized.

The facility has effectively demonstrated compliance during this period of corrective action with supporting documentation and interviews. The facility is now compliant with this provision.

Standard 115.235: Specialized training: Medical and mental health care

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

115.235 (a)

- Does the agency ensure that all full-time and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)
☒ Yes ☐ No ☐ NA
- Does the agency ensure that all full-time 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-time or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA
- Does the agency ensure that all full-time 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-time or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA
- Does the agency ensure that all full-time and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report

allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA

115.235 (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 does not employ medical staff or the medical staff employed by the agency do not conduct forensic exams.)
☐ Yes ☐ No ☒ NA

115.235 (c)

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

115.235 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.) ☒ Yes ☐ No ☐ NA
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

Interviews, Document and Site Review:

- Part III CRTC Procedures
- PREA Mental Health Staff Training Acknowledgement Sheet

- National Institute of Corrections Certificates

Interviews:

- Facility PREA Coordinator
 - Facility Director
- RN Supervisor

Standard requires that medical and mental health staff shall receive specialized training in addition to the general training provided to all employees. Specialized training shall include, at minimum, all training topics required under the PREA standards; as well as, (1) how to detect and assess signs of sexual abuse and sexual harassment, (2) how to preserve physical evidence of sexual abuse, (3) how to respond effectively and professionally to victims of sexual abuse and sexual harassment, and (4) how to and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

Medical staff were interviewed by the auditor reported having received some PREA-related training, however, the training received does not appear to be in compliance with the standard. Interviewed staff did not report receiving the specialized training the standard requires for mental health and medical staff. The medical staff member described a two-hour on-line training attended by all mental health, medical, custody, contract, which also included a general staff training that provides basic definitions and procedures to separate victims, how to protect a crime scene, and mental health's involvement in response to a report. This alone does not satisfy the requirements of this standard as to the specialized training requirement.

Based on the documentation provided by the facility the interviews conducted with practitioners, the auditor could not determine if all medical and mental practitioners had received the specialized training required by this standard.

According to the PAQ, facility medical staff at this facility do not conduct forensic medical exams. Further information presented by the facility on October 2, 2019 confirmed the facility does not conduct its own forensic medical exams.

Corrective Action:

1. Lubbock CRTC shall develop curriculum to satisfy the requirements of specialized training for medical and mental health practitioners who work regularly in the facilities.
2. Lubbock CRTC shall develop a system to track which staff need the specialized training and which have had the training.
3. Lubbock CRTC shall develop a system to track which medical and mental health practitioners, including contractors and volunteers, have completed the required general training and which must complete it.

Verification of Corrective Action since the Interim Audit Report

The auditor gathered, analyzed and retained additional evidence provided by the facility during the corrective action period relevant to the requirements of the standard.

Additional Documentation Reviewed:

1. Lubbock County CRTC PREA policy / Procedures (Revised January 2020)
2. Lesson Plan / Training Materials
3. Established tracking systems / documents
4. Interview with RN Supervisor
5. Telephonic Interview with Facility Director / Assistant Director

Following the issuance of the Interim Audit Report, the auditor and the facility discussed the recommended corrective action for this provision, and agreed upon a plan with assigned dates for completion. The facility revised the PREA policy that clearly outlines the zero tolerance towards the sexual abuse and harassment of the residents. The policy and procedures address the concerns identified in the corrective action items. Additional training provided by was sufficient to address the specific requirements of the Corrective Action items.

As a result of the COVID-19 concerns each medical staff member was trained individually, and required to sign training completion certification. These practices have been institutionalized

The facility has effectively demonstrated compliance during this period of corrective action with supporting documentation and interviews. The facility is now compliant with this provision.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.241: Screening for risk of victimization and abusiveness

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

115.241 (a)

- Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents? ☒ Yes ☐ No
- Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents? ☒ Yes ☐ No

115.241 (b)

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

115.241 (c)

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

115.241 (d)

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

115.241 (e)

- In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse? ☒ Yes ☐ No

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

115.241 (f)

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

115.241 (g)

- Does the facility reassess a resident's risk level when warranted due to a: Referral? ☒ Yes ☐ No
- Does the facility reassess a resident's risk level when warranted due to a: Request? ☒ Yes ☐ No
- Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse? ☒ Yes ☐ No
- Does the facility reassess a resident's risk level when warranted due to a: Receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness? ☒ Yes ☐ No

115.241 (h)

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

115.241 (i)

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

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** *(Requires Corrective Action)*

Instructions for Overall Compliance Determination Narrative

Interviews, Document and Site Review:

- Part III CRTC Procedures
- Assessment Tool
- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities
- Facility Database System

Interviews:

- Facility PREA Coordinator
 - Facility Director
- Assistant Director of Programming
- Random Staff
- Random Residents

The facility assesses all residents during intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents. The intake screening includes residents who transfer from other prisons or jails or from the community.

The policy does not address the risk of sexual victimization or abusiveness of residents as required in subsection (a) of this standard, nor does it require an assessment upon a resident's transfer to another facility.

Interviews with intake staff, as well as medical/mental health staff revealed they do not have an understanding of how to assess sexual safety, or the purpose of doing so. Interviews with specialized staff, as well as random staff involved in the intake process was conducted and no knowledge or awareness of resident risk of sexual victimization or abusiveness. Pursuant to provision (d), these elements must be included, at minimum, to assess residents' risk of sexual victimization.

While it appears the assessments (although not sexual-specific) currently conducted by the Lubbock CRTC are done within 72 hours of a Resident's arrival, the facility only provided an example of one completed assessment to support the timing of these assessments being in compliance with the standard. No examples of a completed 30-day assessment was provided.

Policy language identifies the completion of a re-assessment at 30 days, or when warranted; however, no re-assessment document has been provided for review. Auditor was not provided with re-assessment document.

The example of a completed Sexual Victimization Form that was provided and reflected all of the relevant questions, as required in 115.241 (d); however, the blank Sexual Victimization Form that was provided as an example did not ask the required questions as required in 115.241 (d). Additionally, there was no form identifier, creation date, nor space to indicate the resident's own perception of vulnerability

The checklist includes the majority of requirements in provision (d), however, it fails to address each of the criteria required in the provision. Policy language is not specific enough to identify the requirements of this standard.

As stated above, Lubbock CRTC does not have a sexual-specific risk assessment (screening) instrument, for both the 30-day assessments. The screenings that are conducted do not meet criteria and, therefore, the facility does not utilize an objective screening instrument as required in provision I.

When the auditor reviewed policy, no language was found regarding post-allegation reassessments and no documentation was provided to confirm such assessments took place.

At this time, Lubbock CRTC does not have an objective screening instrument conducive to gathering information for determination of a Resident's risk of victimization or abusiveness. Despite gathering some of the required criteria in standard provision (d), this information is not utilized to screen for sexual safety. The facility policies governing intake and screening do not completely address components of sexual safety as it pertains to this standard. Staff and Residents interviewed were unaware of any mechanisms that clearly addressed sexual safety as it pertains to this standard and no compliant policies or practices were reviewed by the auditor.

At this time due to policy, procedures, and practices not addressing the requirements of the provisions of Standard 115.41, is not compliant with this standard.

Per a review of the and confirmation by staff interviews the following has been recorded:

- o The number of Residents entering the facility (either through intake or transfer) within the past 12 months (whose length of stay in the facility was for 72 hours or more) who were screened for risk of sexually victimization or risk of sexually abusing other Residents with 72 hours of their entry into the facility was 104.
- o In the past 12 months, the number of residents entering the facility (either through intake or transfer) (whose length of stay in the facility was for 72 hours or more) who were screened for risk of sexual victimization or risk of sexually abusing other residents within 30 days after their arrival at the facility was 104.

Corrective Action:

1. Lubbock CRTC shall ensure that all residents are assessed, within 30 days of intake, for their risk of being sexually abused by other Residents or sexually abusive towards other Residents.
2. Lubbock CRTC shall revise the PREA Profile Checklist to include all required elements of provision (d) in order to assess for risk of sexual victimization. It shall be an objective instrument, and staff shall be trained on its use and purpose.
3. Lubbock CRTC shall develop training curriculum and ensure training for staff who conduct the screening so that they are familiar with the utilization of the revised PREA Profile Checklist as it pertains to determination of risk of sexual victimization and sexual abusiveness.
4. Lubbock CRTC shall develop or adjust current policies, and train appropriate staff on the changes, to ensure compliance with all provisions of this standard, including reassessments and controls restricting dissemination of screening information.

5. Lubbock CRTC shall develop a system to track and ensure completion of initial assessments on all Residents, reassessments of residents on or before 30-days and when other circumstances warrant, as per provision (g) of this standard.
6. Lubbock CRTC shall implement appropriate controls over this sensitive risk screening information in order to prevent its exploitation to Residents' detriment by staff or other Residents.

Verification of Corrective Action since the Interim Audit Report

The auditor gathered, analyzed and retained additional evidence provided by the facility during the corrective action period relevant to the requirements of the standard.

Additional Documentation Reviewed:

1. Lubbock County CRTC PREA policy / Procedures (Revised January 2020)
2. Lesson Plan / Training Materials
3. Employee training documents
4. Revised PREA Profile Checklist
5. Established tracking systems / revised documents
6. Telephonic Interview with Facility Director / Assistant Director

Following the issuance of the Interim Audit Report, the auditor and the facility discussed the recommended corrective action for this provision, and agreed upon a plan with assigned dates for completion. The facility revised the PREA policy that clearly outlines the zero tolerance towards the sexual abuse and harassment of the residents. The policy and procedures, revised documents, and protocols address the concerns identified in the corrective action items.

As a result of the COVID-19 concerns each medical staff member was trained individually, and required to sign training completion certification. These practices have been institutionalized

The facility has effectively demonstrated compliance during this period of corrective action with supporting documentation and interviews. The facility is now compliant with this provision.

Standard 115.242: Use of screening information

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

115.242 (a)

- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments? ☒ Yes ☐ No

- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments? ☒ Yes ☐ No

115.242 (b)

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

115.242 (c)

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

115.242 (d)

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

115.242 (e)

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

115.242 (f)

- 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 residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents 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 residents pursuant to a consent decree, legal settlement, or legal judgement.)
☒ Yes ☐ No ☐ NA
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: transgender residents 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 residents pursuant to a consent decree, legal settlement, or legal judgement.)
☒ Yes ☐ No ☐ NA
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: intersex residents 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 residents pursuant to a consent decree, legal settlement, or legal judgement.)
☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

Interviews, Document and Site Review:

- Part III CRTC Procedures
- Assessment Tool
- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities
- Facility Database System
- Resident Bed/Housing Placement List

Interviews:

- o Facility PREA Coordinator
- o Assistant Director of Programming
- o Facility Screening and Intake Coordinator
- o Facility Director
- o Random Residents

The policy language lacks the detail required to achieve the standard rating. The facility did not provide a copy of the assessment utilized for screening, and as such a review could not be conducted by the auditor.

If the facility receives a Transgender or Intersex resident, the facility will consider on a case-by-case basis whether placement would ensure the resident's health, and safety and whether the placement would present management or security problems.

Staff interviews also indicated that if they were to have a transgender or intersex Resident, the Resident's own views with respect to his or her own safety will be given serious consideration. Transgender and intersex Residents will be given the opportunity to shower separately from other Residents.

A colored ID Lanyard system has been incorporated to designate the various classification categories of residents:

- o Orientation (Gray)
Approximately 3 weeks
- o Self-Discovery (Orange)
Approximately 5 weeks
- o Challenge to Change (Red)
Approximately 6 weeks
- o Self-Control (Yellow)
Approximately 5 weeks
- o Socialization (Blue)
Approximately 5 weeks
- o Community Responsibility (Green)
Approximately 4 weeks
- o Reintegration (Black)
Approximately 12 weeks

Even though there is a screening process and internal mechanisms to assist in the classification and housing process, there is no adequate screening instrument, and no policies or procedure that provide staff with direction or strategy in determining a resident's risk of sexual victimization or sexual abusive. As elaborated in Standard 115.41 of this report, Lubbock CRTC has not implemented an objective screening instrument to establish risk of sexual victimization or abusiveness. Therefore, compliance cannot be found for this standard since this standard hinges upon the screening process set forth in Standard 115.41.

Even though staff have been provided guidance on classification issues regarding safety and security, there is not a structured policy or practice outlined or in place to use risk screening information pursuant to Standard 115.41 to inform housing, bed, education, work, or program assignments. During interviews

with staff who participate in the intake process, they indicated that they have not received any guidance regarding the consideration for the residents' sexual safety.

When interviewing the Director, she indicated that each transgender or intersex resident's concerns are factored in their classification decisions. In addition to the Director, it is uncertain what other staff conduct the screening for risk at the facility.

During the site review, showering facilities were observed in each pod. In each of the housing areas, there is a middle shower area that has a shower curtain sufficient enough to provide the required privacy per standard. In addition, there were several toilets that had side coverage for each occupant.

The interviews with the Director indicated that the facility will not place gay, bisexual, transgender, or intersex residents in dedicated units, or wings solely based on identification status for protecting such residents.

Interviewed staff indicated that the facility is not subject to a consent decree, legal settlement, or legal judgment. Staff indicated that the facility ensures against placing gay, bisexual, transgender, or intersex residents in dedicated units or wings solely on the basis of their sexual orientation, genital status, or gender identity. They specified that the facility will house these residents in the general population unless requested by the resident for special housing for safety issues.

- o In the past 12 months, the number of residents at risk of sexual victimization who were placed in isolation was 0.
- o In the past 12 months, the number of residents at risk of sexual victimization who were placed in isolation who have been denied daily access to large muscle exercise, and/or legally required education, treatment or special education services was 0.
- o In the past 12 months, the average period of time residents at risk of sexual victimization were held in isolation to protect them from sexual victimization was 0.

Corrective Action:

1. Lubbock CRTC shall use the information obtained from the risk screening pursuant to Standard 115.41 to inform decisions about bed, housing, education, program, and work assignments for all residents with a goal of keeping those at high risk of being sexually victimized separate from those at high risk of being sexually abusive. In order to do that, the facility must first implement an objective risk screening instrument as directed above in Standard 115.41. The facility shall then ensure that individualized determinations about safety are made for each resident.
2. Lubbock CRTC shall ensure that the placement and programming for transgender and intersex residents are reassessed at least twice per year to review any threats to safety as experienced by the Resident.
3. Lubbock CRTC shall train pertinent (screening, classification and medical) staff on the new processes alluded to in corrective action item #1. Lubbock CRTC shall be able to provide this training content and verification.
4. Lubbock CRTC shall update respective policies to reflect these new practices and procedures.

5. Lubbock CRTC shall implement practices to allow case-by-case determinations when deciding whether to assign a transgender or intersex Resident to a facility for male or female Residents, that gives serious consideration to the Resident's own view of safety, and ensures the Resident's health and safety and whether a placement present management or security problems.

Verification of Corrective Action since the Interim Audit Report

The auditor gathered, analyzed and retained additional evidence provided by the facility during the corrective action period relevant to the requirements of the standard.

Additional Documentation Reviewed:

1. Lubbock County CRTC PREA policy / Procedures (Revised January 2020)
2. Lesson Plan / Training Materials
3. Updated forms utilized during initial screening and reassessments
4. Employee training records
5. Telephonic Interview with Facility Director / Assistant Director

Following the issuance of the Interim Audit Report, the auditor and the facility discussed the recommended corrective action for this provision, and agreed upon a plan with assigned dates for completion. The facility revised the PREA policy to ensure that clearly outlines the zero tolerance towards the sexual abuse and harassment of the residents, which included updated screening and reassessment procedures, updated forms and assessments, and appropriate programming opportunities.

As a result of the COVID-19 concerns each staff member was trained individually, and required to sign training completion certification. These practices have been institutionalized.

The facility has effectively demonstrated compliance during this period of corrective action with supporting documentation and interviews. The facility is now compliant with this provision.

REPORTING

Standard 115.251: Resident reporting

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

115.251 (a)

- Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment? ☒ Yes ☐ No

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

115.251 (b)

- Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? ☒ Yes ☐ No
- Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials? ☒ Yes ☐ No
- Does that private entity or office allow the resident to remain anonymous upon request? ☒ Yes ☐ No

115.251 (c)

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

115.251 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

Interviews, Document and Site Review:

- Resident Brochure: Prevent, Detect, Respond to Sexual Abuse & Harassment in Confinement Facilities (English)

- Resident Brochure: Prevent, Detect, Respond to Sexual Abuse & Harassment in Confinement Facilities (Spanish)
- PREA Posters (English / Spanish)
- PREA Incident Check Sheet-First Responder and Coordinated Response Plan
- Part III CRTC Procedures
- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities
- Welcome Packet Handbook
- Facility Reporting Notice
- Facility Grievance/PREA report Notice Form

Interviews:

- PREA Coordinator
 - Facility Director
- Random Staff
- Random Residents
- Assistant Director of Programming

The Lubbock CRTC provides multiple ways for residents and staff to privately report sexual abuse and sexual harassment. The facility informs residents of at least one way to report to a public or private entity or office that is not part of the facility. During the intake process and during PREA related group meetings, residents are informed of the ways to report sexual abuse and harassment. Staff is informed of the PREA Coordinators and Managers telephone numbers for the purpose of privately reporting abuse or harassment of residents. Staff were trained on these procedures during PREA training.

Interviews with staff and documentation review indicated that the facility has established procedures allowing for multiple internal avenues for residents to report privately to facility/facility officials regarding sexual abuse and sexual harassment, retaliation by other residents or staff, to include staff neglect or violation of responsibilities that may have contributed to PREA incidents.

This information is provided to the residents through a Lubbock CRTC Zero Tolerance PREA brochure. Lubbock CRTC PREA posters and brochures were available in English and Spanish. The resident handbook includes the facility's zero-tolerance policy on sexual abuse and sexual harassment, as well as the grievance process.

Lubbock CRTC staff are expected to accept reports in writing, anonymously and from third parties primarily through the grievance process. During staff interviews conducted during the onsite phase, staff appeared to have good knowledge of the different ways that residents can report sexual abuse and/or sexual harassment and their responsibility if a resident reports an incident of sexual abuse and/or sexual harassment to them. Staff's response to a resident reporting an incident of sexual abuse and/or sexual harassment was that they would immediately notify their immediate supervisor and do a report on the incident through the chain of command.

The Lubbock CRTC PREA poster identifies several internal avenues for residents to privately report sexual abuse and sexual harassment by:

- Report to any staff, volunteer, contractor, or medical or mental health staff.
- Submit a grievance, or IOC to any CRTC employee or volunteer.
- Call the Lubbock Police Department at (806) 775-XXXX.

- Report to the Voices of Hope Crisis Line (806) 763-XXXX.
- Tell a family member, friend, legal counsel, or anyone else outside the facility. They can report on your behalf by calling (806) 765-XXXX, and request to speak with the Facility Director or Assistant Director.
- You also can submit a report on someone's behalf, or someone at the facility can report for you using the ways listed here.

Provision (b) requires that Lubbock CRTC have at least one method for residents to report sexual abuse or sexual harassment to a public or private entity that is not part of the facility. The Lubbock CRTC PREA poster identifies that residents may:

- Call our Director at 806-775-XXXX.
- You can call the Lubbock Police Department at 806-775-XXXX.
- Report to any staff, volunteer, contractor, medical or mental health staff.
- Submit an IOC or grievance and place it in the grievance box where the Assistant Director or Director will retrieve the information.
- Tell a family member, friend, legal counsel, or anyone else outside the facility. They can report on your behalf by calling 806-775-XXXX and asking for Director Monteilh or Assistant Director Carter, or the Lubbock Police Department at 806-775-XXXX.
- You can submit a report on someone's behalf, or someone at the facility can report for you using the above listings.
- Call the Voice of Hope Crisis Line 806-763-XXXX

Interviews with staff and documentation reviewed by the auditor indicated that the facility has established at least one way for residents to report abuse or harassment to a public or private entity that is not part of the facility and that they can receive and immediately forward resident reports of sexual abuse and sexual harassment to facility officials, allowing the Resident to remain anonymous upon request.

An interview with the Facility Director indicated that the Lubbock CRTC is tasked with the obligation to house adult male residents, and that in addition the facility does not detain residents solely for civil immigration purposes. However, in the event that they receive a resident solely for civil immigration purposes the facility will provide the resident with information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security.

Each of the twenty-five (25) staff interviewed indicated that they can privately report sexual abuse and sexual harassment of residents to their supervisor. The staff also indicated that residents can privately report sexual abuse and sexual harassment retaliation by other residents or staff for reporting sexual abuse and sexual harassment, or staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment by using the telephone numbers provided, completing a grievance, or telling a trusted staff. They also indicated that residents can report verbally, in writing, anonymously, and from third parties. Staff can promptly document any verbal reports of sexual abuse and sexual harassment and the facility provides a method for staff to privately report sexual abuse and sexual harassment of residents.

Interviewed residents were asked by the auditor how they would report sexual abuse or sexual harassment that happened to them or someone else? Each of the 20 residents stated several ways they would report, including telling a staff, using the identified telephone numbers, passing a note, or filing a grievance. The residents were asked if they could make reports of sexual abuse or sexual harassment

either in person or in writing or could make a report without giving their names. All of the interviewed residents replied "yes."

Corrective Action:

No Correction at this time

Standard 115.252: Exhaustion of administrative remedies

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

115.252 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.
☒ Yes ☐ No

115.252 (b)

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

115.252 (c)

- Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.252 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension of time to respond is 70 days per 115.252(d)(3)) , does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)
☒ Yes ☐ No ☐ NA
- At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.252 (e)

- Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)
☒ Yes ☐ No ☐ NA
- Are those third parties also permitted to file such requests on behalf of residents? (If a third-party files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)
☒ Yes ☐ No ☐ NA

115.252 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)
☒ Yes ☐ No ☐ NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)
☒ Yes ☐ No ☐ NA

- Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.252 (g)

- If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

Interviews, Document and Site Review:

- Part III CRTC Procedures
- Welcome Packet Handbook
- Grievance Box Notice

Interviews:

- Facility Designee- Facility Director
 - PREA Coordinator
 - Facility Director
- Random Residents
- Random Staff

It should be noted that the auditor was advised that there has not been any grievances filed within the last 12 months.

The facility does not impose time limits for submission of PREA related grievances, as outlined in standard provision (b)(1). This was confirmed in interviews with the grievance staff member, and the facility director.

Residents are not required to utilize an informal grievance process, as mandated in provision (b)(3) of this standard.

According to the policy language, the facility does allow third parties to assist Residents with the filing of a grievance related to sexual abuse, as outlined in provision (e)(1) of the standard, and allows the parties to file on behalf of the Resident as outlined in provision (e)(2). Third parties included fellow Residents, family, attorneys, and outside advocates.

Standard subsection (c)(1) allows for a Resident to submit a grievance to someone other than the staff member that is the subject of the complaint and standard subsection (c)(2) instructs that a grievance will not be referred to the staff member who is the subject of the complaint.

The Lubbock CRTC has an administrative process to address resident grievances regarding sexual abuse. The facility and program does not impose a time limit on when a resident may submit a grievance regarding an allegation of sexual abuse. A resident can submit a grievance any time regardless of when the incident is alleged to have occurred. The facility refrains from requiring a resident to use any informal grievance process or to otherwise attempt to resolve with staff for an alleged incident of sexual abuse. The facility ensures that a resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint.

Third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, are permitted to assist the resident in filing requests for administrative remedies relating to allegations of sexual abuse, and also permitted to file requests on behalf of the resident. If a third party files a request on behalf of a Resident, the facility will 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.

If the resident declines to have the request processed on his behalf, the facility shall document the residents' decision. The facility has established procedures for filing emergency grievances alleging that a resident is subject to a substantial risk of imminent sexual abuse. According to interviews, when the facility receives an emergency grievance alleging a resident is at substantial risk of imminent sexual abuse, the staff immediately forwards the grievance for investigations. Resident's documentation in the handbook indicate that the facility may discipline a Resident for filing a grievance related to alleged sexual abuse when the resident filed the grievance in bad faith.

According to staff interviews, the facility does not require a resident to use any informal grievance process as it relates to PREA, or to attempt to resolve the issue with staff, for an alleged incident of sexual abuse. In addition, the facility ensures that residents who allege sexual abuse can submit the grievance without submitting it to a staff member who is involved in the allegation. Several key items that were taken from these interviews, is that:

1. Staff interviews indicated that if a resident files a grievance, the facility issues a final decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance. Staff interviews indicated no grievances were filed for the past 12 months.
2. An interview with the Director indicated that computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.

According to provision (g), it states that the facility may discipline a resident for filing a grievance related to alleged sexual abuse only where the facility demonstrates that the resident filed the grievance in bad faith. It is the auditor's concern that the resident handbook may contain language that might have the potential of being interpreted as retaliatory, and may constitute intimidating language. Language in the handbook states: "Any appeals submitted simply because he can, may result in harsher sanctions given by the Director/Designee."

A review of the PAQ and confirmed by staff interviews:

- o In the past 12 months, the number of grievances filed that alleged sexual abuse reported was 0.
- o In the past 12 months, the number of grievances alleging sexual abuse that reached a final decision within 90 days after being filed reported was 0
- o The number of grievances alleging sexual abuse filed by Residents in the past 12 months in which the Resident declined third-party assistance, containing documentation of the Resident's decision to decline reported was 0.
- o The number of emergency grievances alleging substantial risk of imminent sexual abuse that were filed in the past 12 months reported was 0.
- o The number of grievances alleging substantial risk of imminent sexual abuse filed in the past 12 months that reached final decisions with five days reported was 0.
- o In the past 12 months, the number of Resident grievances alleging sexual abuse that resulted in disciplinary action by the facility against the Resident for having filed the grievance in bad faith reported was 0.

Corrective Action:

1. Lubbock CRTC shall develop a training curriculum for PREA related grievance processing, retrain all necessary staff, and document this training.
2. Lubbock CRTC shall designate an upper or intermediate level staff member whose duties do not require day-to-day custodial interactions with Residents to collect grievances and coordinate the grievance process, excluding that of the facility director, who serves as the final approving or disapproving entity.
3. Lubbock CRTC shall modify resident handbook and policy language regarding provision (g) to reflect language more in line with language indicated in provision.

Verification of Corrective Action since the Interim Audit Report

The auditor gathered, analyzed and retained additional evidence provided by the facility during the corrective action period relevant to the requirements of the standard.

Additional Documentation Reviewed:

1. Lubbock County CRTC PREA policy / Procedures (Revised January 2020)
2. Lesson Plan / Training Materials
3. Employee training documents
4. Amended Duty statement to include responsibilities
5. Updated Resident handbook to reflected amended language
6. Telephonic Interview with Facility Director / Assistant Director

Following the issuance of the Interim Audit Report, the auditor and the facility discussed the recommended corrective action for this provision, and agreed upon a plan with assigned dates for completion. The facility revised the PREA policy to ensure that clearly outlines the zero tolerance towards the sexual abuse and harassment of the residents. Training curriculum and resident handbook reflect the newly amended language and timelines. The policy and procedures address the concerns identified in the corrective action items.

As a result of the COVID-19 concerns relevant staff were trained individually, and required to sign training completion certification. These practices have been institutionalized.

The facility has effectively demonstrated compliance during this period of corrective action with supporting documentation and interviews. The facility is now compliant with this provision.

Standard 115.253: Resident access to outside confidential support services

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

115.253 (a)

- Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? ☒ Yes ☐ No
- Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible? ☒ Yes ☐ No

115.253 (b)

- Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? ☒ Yes ☐ No

115.253 (c)

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse? ☒ Yes ☐ No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

Interviews, Document and Site Review:

- o Memorandum of Understanding
- o Part III CRTC Procedures
- o PREA Poster (English / Spanish)
- o PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities

Interviews:

- o Facility PREA Coordinator
 - o Facility Director
- o Random Residents

The facility provides residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents the telephone number to Voice of Hope Crisis Line. The facility provides residents with the toll-free telephone number of the rape crisis organization and is posted throughout the facility.

The facility informs residents prior to them communicating with outside organizations that phone calls to the Voice of Hope Crisis Line is not monitored and can be made anonymously. Residents receive this information at the time of Intake as part of their Orientation, through their resident handbook.

During the onsite phase, the auditor observed the Lubbock CRTC PREA posters that are displayed throughout the facility informing Residents that they can receive free confidential emotional support services through their partnership with the Voices of Hope Crisis Line (806) 763-XXXX.

Each of the 20 residents interviewed stated that they did know there were services available outside of the Lubbock CRTC for dealing with sexual abuse.

Each of the 20 residents interviewed stated that they think the PREA hotline numbers are free to call.

Each of the 20 residents interviewed stated when they are able to talk with people regarding services and the services remain private.

Corrective Action:

No Correction at this time.

Standard 115.254: Third-party reporting

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

115.254 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

Interviews, Document and Site Review:

- Part III CRTC Procedures
- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities
- Visitor Pledge and Acknowledgement to PREA

Interviews:

- Facility PREA Coordinator
- Facility Director

The facility uses the Lubbock CRTC website page as their main method to advise of how individuals can participate in third- party reporting of sexual abuse and sexual harassment.

The public is made aware of the aspects of PREA at the facility through the visitors pledge and acknowledgment information and form. Third party information is provided to all visitors regarding their family members who are incarcerated at Lubbock CRTC on the facility's website. If at any time a resident makes an allegation of being a victim of a sexual assault or sexual harassment and does not feel comfortable telling, writing, or using the posted hotline, the family member can make an official report of the resident's behalf by contacting the assigned staff. The Director stated that all sexual abuse or sexual harassment reports are done in a discreet manner to not compromise the safety and wellbeing of the resident.

Recommendation: The facility can develop a dedicated confidential voicemail that anyone can call and leave a message regarding suspected sexual abuse and or sexual harassment. This voicemail can be checked daily by the PREA Coordinator.

Corrective Action:

No Correction at this time.

OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

Standard 115.261: Staff and agency reporting duties

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

115.261 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? ☒ Yes ☐ No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment? ☒ Yes ☐ No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? ☒ Yes ☐ No

115.261 (b)

- Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? ☒ Yes ☐ No

115.261 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?
☒ Yes ☐ No
- Are medical and mental health practitioners required to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? ☒ Yes ☐ No

115.261 (d)

- If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws? ☒ Yes ☐ No

115.261 (e)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

Interviews, Document and Site Review:

- PREA Incident Check Sheet
- Part III CRTC Procedures
- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities
- Visitor Pledge and Acknowledgement to PREA

Interviews:

- Facility PREA Coordinator
 - Facility Director
- Random Staff
- RN Supervisor
- Assistant Director of Programming

Lubbock CRTC policy requires staff to immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether it is part

of the facility; retaliation against Residents or staff who reported the incident; as well as staff neglect or violation of responsibilities that contributed to the incident or retaliation. This policy information was confirmed by all staff interviewed.

Lubbock CRTC policy requires, apart from reporting to the designated supervisors or officials and designated state or local services, that staff are prohibited from revealing any information related to a sexual abuse incident to anyone other than to make treatment, investigation, and other security and management decisions. When sexual abuse incidents occur at the facility, staff interviewed indicated that the facility will report all allegations of sexual abuse and sexual harassment, including third-party, and anonymous reports, to the facility's designated investigators and the Director.

All of the Lubbock CRTC staff interviewed indicated that the facility management required all staff to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred at the facility, retaliation against residents or staff who reported the incident, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Staff was also aware of the facility procedures for reporting any information related to a resident sexual abuse allegation.

Interviews with the Director indicated that all allegations of sexual abuse and sexual harassment to include third party and anonymous sources are reported directly to the investigators.

The interviews with staff serving in mental and mental health capacities indicated that they are required to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment to a designated supervisor or official immediately upon learning of the incident. Unless otherwise precluded by Federal, State, or local law, mental health practitioners shall be required to report sexual abuse and to inform residents of the practitioner's duty to report, and the limitations of confidentiality at the initiation of services.

Corrective Action:

No Correction at this time.

Standard 115.262: Agency protection duties

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

115.262 (a)

- When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

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

Instructions for Overall Compliance Determination Narrative

Interviews, Document and Site Review:

- PREA Incident Check Sheet
- Part III CRTC Procedures
- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities

Interviews:

- Facility Director
 - Facility PREA Coordinator
- Random Staff
- Assistant Director of Programming

When the facility learns that a resident is at substantial risk of imminent sexual abuse, it takes immediate action by separating the residents involved, modifying the resident's bed assignment to another dorm, or placement into one of the facilities "crisis rooms", which is a room with a single bed and restroom area, utilized for temporary placement of the effected party.

A review of the PAQ, and also confirmed by random staff interviews, that in the past 12 months, the number of times the facility or facility determined that a Resident was subject to a substantial risk of imminent sexual abuse reported was 0.

Corrective Action:

No Correction at this time.

Standard 115.263: Reporting to other confinement facilities

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

115.263 (a)

- Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? ☒ Yes ☐ No

115.263 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? ☒ Yes ☐ No

115.263 (c)

- Does the agency document that it has provided such notification? ☒ Yes ☐ No

115.263 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

Interviews, Document and Site Review:

- PREA Incident Check Sheet
- Part III CRTC Procedures
- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities

Interviews:

- Facility Director
- Random Staff

If the facility received an allegation that a resident was sexually abused while confined at another facility, interviews with staff indicated that program staff will notify the Director who would notify the head of the facility or appropriate office of the facility where the alleged abuse occurred.

The facility described the auditor with the process should they receive a report when a resident may have been confined at another facility. Upon receipt of a report from another confinement facility of sexual abuse allegations by a previous resident while at Lubbock CRTC staff will follow all PREA investigation standards and policies. Staff interviews indicated that when receiving allegations reported from other facilities, they would complete an incident report and send for investigations.

This standard requires that the head of the facility receiving the allegation of sexual abuse notify the head of the facility where the alleged abuse occurred. The policy does not require the “head of the facility” receiving the Resident report to notify the head of the facility or appropriate office of the facility of the report. Neither the practice nor the policy in this case meets this this standard.

Lubbock CRTC must further develop the language relative to this provision (d)) of this standard.) In practice, the designee advised that any facility receiving a “courtesy report” regarding an allegation, shall treat that allegation as if it was directly reported, and must investigate the report accordingly.

The interview with the Director indicated that when and if the facility receives an allegation from another facility or facility that an incident of sexual abuse or sexual harassment involving staff which may have occurred at their facility, they would put that staff on no-contact status, removing them from any contact with the resident pending completion of the investigation. If it involves a resident they would monitor that resident until investigation is completed.

A review of the PAQ, and confirmed through staff interviews, that:

- During the past 12 months, the number of allegations the facility received that a resident was abused while confined at another facility was 0.
- During the past 12 months, the number of allegations of sexual abuse the facility received from other facilities was 0.

Corrective Action:

- Lubbock CRTC shall revise, implement, and retrain staff regarding the newly implemented policy. Ensuring that the amended policy requires notification from the head of the facility receiving the allegation to the head of the facility or appropriate office of the facility where the abuse allegedly occurred.
- Lubbock CRTC shall adopt, implement and retrain staff, regarding a policy governing the receipt of reports from other facilities of sexual abuse occurring outside of their facility.

Verification of Corrective Action since the Interim Audit Report

The auditor gathered, analyzed and retained additional evidence provided by the facility during the corrective action period relevant to the requirements of the standard.

Additional Documentation Reviewed:

1. Lubbock County CRTC PREA policy / Procedures (Revised January 2020)
2. Lesson Plan / Training Materials
3. Employee training records
4. Telephonic Interview with Facility Director / Assistant Director

Following the issuance of the Interim Audit Report, the auditor and the facility discussed the recommended corrective action for this provision, and agreed upon a plan with assigned dates for completion. The facility revised the PREA policy to ensure that clearly outlines the zero tolerance towards

the sexual abuse and harassment of the residents. The policy and procedures address the concerns identified in the corrective action items.

As a result of the COVID-19 concerns each staff member was trained individually, and required to sign training completion certification. These practices have been institutionalized.

The facility has effectively demonstrated compliance during this period of corrective action with supporting documentation and interviews. The facility is now compliant with this provision.

Standard 115.264: Staff first responder duties

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

115.264 (a)

- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?
☒ Yes ☐ No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? ☒ Yes ☐ No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? ☒ Yes ☐ No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? ☒ Yes ☐ No

115.264 (b)

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

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

Instructions for Overall Compliance Determination Narrative

Interviews, Document and Site Review:

- PREA Incident Check Sheet
- Part III CRTC Procedures
- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities

Interviews:

- Facility PREA Coordinator
 - Facility Director
- Random Staff

All program staff are considered first responders. Upon learning of an allegation that a resident was sexually abused, the first staff responder shall contact the Director and inform them of the allegation. Staff training records confirm all program staff have received and acknowledged receipt of the first responder duties.

The first staff to respond will separate the alleged victim and abuser, preserve and protect any crime scene until appropriate steps can be taken to collect any evidence, (if the abuse occurred within a time period that still allows for the collection of physical evidence), request that the alleged victim and ensure the abuser do not take any actions that could destroy physical evidence, (including as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating), and immediately notify medical and mental health practitioners.

Even though the facility has created directives and mandates that would indicate compliance with provisions 115.64(a)1, (a)2, (a)3, and (a)4 of this standard, staff do not currently have an operational understanding of the first responder duties required by the provision of this standard.

Staff interviewed indicated they were knowledgeable regarding to first responder duties.

Policy provides staff with direction on their first responder duties and coordinated response protocols when a Resident reports sexual abuse. The section specifies processes that must be followed such as: separating the alleged victim and suspect, preservation of crime scene and evidence collection, and instructing Residents in not taking actions that could destroy physical evidence, including, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.

A Lubbock CRTC PREA response card was developed by the facility to be provided to staff so that they could carry it in their pocket. The card lists seven steps that must be taken when presented with an incident of sexual abuse or sexual harassment. The steps follow the protocols that have been identified, unfortunately, this auditor found that the cards were confusing and did not necessarily follow the outlines/guidelines, as required in this provision.

The Lubbock PREA response card requires modification to meet the intended use. At present, it does not address all required elements of provision 115.64(a).

During the onsite, each staff member interviewed had one of these cards in their possession. When asked about the purpose, they replied that these cards were provided to all staff following a recent PREA training.

Additionally, the existing policy does not provide sufficient direction to those staff who are first to respond, or are advised of an incident of sexual abuse or sexual harassment.

A review of the PAQ, and confirmed by staff interviews:

- In the past 12 months, the number of allegations that a Resident was sexually abused was zero.

Corrective Action:

1. Lubbock CRTC shall update all relevant policies and procedures, and PREA Response Cards to include first responder procedures consistent with this standard, specifically;
 - a. Separate the alleged victim and abuser
 - b. preserve and protect crime scene until steps can be taken to collect any evidence,
 - c. If the abuse occurred within a time period that still allows for the collection of physical evidence,
 - d. request that the alleged victim not take any actions that could destroy physical evidence, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and
 - e. If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged abuser not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.
2. Lubbock CRTC shall develop and implement training for all relevant staff, including non-security staff, regarding these updates and maintain verification of this training.

Verification of Corrective Action since the Interim Audit Report

The auditor gathered, analyzed and retained additional evidence provided by the facility during the corrective action period relevant to the requirements of the standard.

Additional Documentation Reviewed:

1. Lubbock County CRTC PREA policy / Procedures (Revised January 2020)
2. Lesson Plan / Training Materials / PREA response cards
3. Employee training documents
4. Telephonic Interview with Facility Director / Assistant Director

Following the issuance of the Interim Audit Report, the auditor and the facility discussed the recommended corrective action for this provision, and agreed upon a plan with assigned dates for

completion. The facility revised the PREA policy that clearly outlines the zero tolerance towards the sexual abuse and harassment of the residents. The policy, procedures, training materials, and employee cards address the concerns identified in the corrective action items.

As a result of the COVID-19 concerns each staff member was trained individually, and required to sign training completion certification. These practices have been institutionalized.

The facility has effectively demonstrated compliance during this period of corrective action with supporting documentation and interviews. The facility is now compliant with this provision.

Standard 115.265: Coordinated response

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

115.265 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

Interviews, Document and Site Review:

- PREA Incident Check Sheet
- Part III CRTC Procedures
- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities
- PREA Response Plan

Interviews:

- PREA Coordinator
 - Facility Director
- Random Staff
- Assistant Director of Programming

The facility has indicated that it has 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.

Even though Lubbock CRTC Policy 31.08 identifies the roles and responsibilities that each staff member, supervisor, and administrator on duty will perform to ensure the victim's safety and the preservation of evidence, there is some confusion when talking with staff relative to how everything fit together as one cohesive plan.

Staff interviewed were not aware of the location of the coordinated response plan in the event that a reference is required as it relates to the policy and procedures.

Corrective Action:

1. Lubbock CRTC shall establish a written-specific plan to coordinate actions taken in response to sexual abuse allegations among staff first responders, medical and mental health practitioners, investigators, and facility leadership.
2. Lubbock CRTC shall provide and document training to all staff regarding the coordinated response and how to fulfill their respective responsibilities.

Verification of Corrective Action since the Interim Audit Report

The auditor gathered, analyzed and retained additional evidence provided by the facility during the corrective action period relevant to the requirements of the standard.

Additional Documentation Reviewed:

1. Lubbock County CRTC PREA policy / Procedures (Revised January 2020)
2. Lesson Plan / Training Materials
3. Employee training documents
4. Telephonic Interview with Facility Director / Assistant Director

Following the issuance of the Interim Audit Report, the auditor and the facility discussed the recommended corrective action for this provision, and agreed upon a plan with assigned dates for completion. The facility revised the PREA policy that clearly outlines the zero tolerance towards the sexual abuse and harassment of the residents. The policy, procedures, and training materials address the concerns identified in the corrective action items.

As a result of the COVID-19 concerns each effected staff member was trained individually, and required to sign training completion certification. These practices have been institutionalized.

The facility has effectively demonstrated compliance during this period of corrective action with supporting documentation and interviews. The facility is now compliant with this provision.

Standard 115.266: Preservation of ability to protect residents from contact with abusers

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

115.266 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? ☒ Yes ☐ No

115.266 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

Interviews, Document and Site Review:

- o PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities
- o Part III CRTC Procedures

Interviews:

- o Facility Director
- o PREA Coordinator

Staff interviews with the Facility Director, and the PREA Coordinator, and a review of documentation indicated that the Facility and program staff do not belong to a collective bargaining union.

Standard 115.267: Agency protection against retaliation

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

115.267 (a)

- Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff? ☒ Yes ☐ No
- Has the agency designated which staff members or departments are charged with monitoring retaliation? ☒ Yes ☐ No

115.267 (b)

- Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations? ☒ Yes ☐ No

115.267 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident housing changes? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident program changes? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? ☒ Yes ☐ No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? ☒ Yes ☐ No

115.267 (d)

- In the case of residents, does such monitoring also include periodic status checks? ☒ Yes ☐ No

115.267 (e)

- If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation? ☒ Yes ☐ No

115.267 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

Interviews, Document and Site Review:

- Part III CRTC Procedures
- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities

Interviews:

- o Facility PREA Coordinator
- o Facility Director

This standard requires that Lubbock CRTC establish a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff and shall designate which staff members or departments are charged with monitoring retaliation.

The policy states that any resident who reports an incident of sexual abuse or sexual harassment will be monitored for a minimum of 90 days for any form of retaliation by residents or staff; however, at the present time the facility does not have an actual process in place for this monitoring procedure. The monitoring includes periodic in-person check-ins; however, it also does not identify who will be conducting these “check-in’s”. The policy must be approved, implemented and institutionalized before compliance with this standard can be met.

During the onsite, the Director acknowledged that they presently do not have a formal system in place but are in the process of developing a tracking system to assist in documenting and monitoring for retaliation.

The Director reported that if a resident reports that they are experiencing retaliation, the resident would be moved throughout the facility for their safety and with minimal interference to their resident programs.

Without a formalized process for monitoring retaliation, the facility cannot demonstrate that, for at least 90 days, the conduct and treatment was monitored for residents who had reported sexual abuse. This was supported by the interviews with the staff and Director, as stated above. However, neither Policy, nor practice includes the protection of other individuals that cooperate with sexual abuse or sexual harassment investigations. As a result, Lubbock CRTC does not meet provision (c), (d) and (e) of this standard.

While the facility indicates that they have a zero-tolerance attitude to any forms of retaliation, the policy and practice are not consistent with their claim. In order to address this issue, the facility needs to develop a monitoring and tracking system to assure that resident reports of sexual abuse are monitored for retaliation, to assure reports of retaliation are being addressed and investigated, and that residents are being informed along the way.

The facility has several protection and reporting measures for residents. They can utilize the “Grievance Box” to document retaliatory acts or other PREA related concerns and issues. The process is overseen by the Director who works in concert with the Associate Director to ensure privacy and policy compliance. The director in consultation with staff have the option to change resident housing or transfer resident victims or abusers, to remove alleged staff or resident abusers from contact with victims, and to provide emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.

A review of the PAQ, and confirmed by staff interviews:

- o The number of times an incident of retaliation occurred in the past 12 months was 0.

Corrective Action:

1. Lubbock CRTC shall finalize, implement and institutionalize the policy regarding the protection against retaliation.
2. Lubbock CRTC shall create a retaliation monitoring form for incidents relating to retaliation.
3. Lubbock CRTC shall develop a tracking system and institutionalize practice for retaliation monitoring and shall have it readily available and provided for future PREA compliance audits. Lubbock CRTC shall provide documentation of any protective measures taken if a resident reported retaliation for future audit purposes.
4. Lubbock CRTC shall ensure that for at least 90 days following a report of sexual abuse, they monitor the conduct and treatment of residents or staff who reported the sexual abuse and of residents who were reported to have suffered sexual abuse for retaliation concerns and shall demonstrate taking prompt action to remedy any such retaliation.
5. Lubbock CRTC shall ensure that monitoring for retaliation consist of period status checks with residents or staff who reported the sexual abuse and of residents who were reported to have suffered sexual abuse.
6. Lubbock CRTC shall ensure appropriate measures to protect an individual from retaliation who cooperates with an investigation.
7. Lubbock CRTC shall identify the staff member responsible for monitoring retaliation, and to ensure that the PREA Compliance Coordinator and/or Manager has sufficient time to monitor this requirement.

Verification of Corrective Action since the Interim Audit Report

The auditor gathered, analyzed and retained additional evidence provided by the facility during the corrective action period relevant to the requirements of the standard.

Additional Documentation Reviewed:

1. Lubbock County CRTC PREA policy / Procedures (Revised January 2020)
2. Training Materials
3. Amended Duty statement to include responsibilities
4. Updated forms utilized for retaliation monitoring
5. Established tracking systems / documents
6. Telephonic Interview with Facility Director / Assistant Director

Following the issuance of the Interim Audit Report, the auditor and the facility discussed the recommended corrective action for this provision, and agreed upon a plan with assigned dates for completion. The facility revised the PREA policy that clearly outlines the zero tolerance towards the sexual abuse and harassment of the residents, which also included the updated retaliation monitoring forms, processes, and time requirements.

As a result of the COVID-19 concerns each effected staff member was trained individually, and required to sign training completion certification. These practices have been institutionalized.

The facility has effectively demonstrated compliance during this period of corrective action with supporting documentation and interviews. The facility is now compliant with this provision.

INVESTIGATIONS

Standard 115.271: Criminal and administrative agency investigations

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

115.271 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).) ☒ Yes ☐ No ☐ NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).) ☒ Yes ☐ No ☐ NA

115.271 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234? ☒ Yes ☐ No

115.271 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? ☒ Yes ☐ No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses? ☒ Yes ☐ No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? ☒ Yes ☐ No

115.271 (d)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? ☒ Yes ☐ No

115.271 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff? ☒ Yes ☐ No
- Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? ☒ Yes ☐ No

115.271 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? ☒ Yes ☐ No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? ☒ Yes ☐ No

115.271 (g)

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? ☒ Yes ☐ No

115.271 (h)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution? ☒ Yes ☐ No

115.271 (i)

- Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? ☒ Yes ☐ No

115.271 (j)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation? ☒ Yes ☐ No

115.271 (k)

- Auditor is not required to audit this provision.

115.271 (l)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.221(a).) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

Interviews, Document and Site Review:

- Part III CRTC Procedures
- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities

Interviews:

- Facility Director
- PREA Coordinator

Lubbock CRTC policy 31.10, section A indicates that the facility shall have at least one (1) trained investigator who has receive training through “NIC and the PREA website”. This policy language is troublesome in that if the investigator is on an extended vacation or leave, there is no one else who has been identified. In addition, the training requirements are not sufficiently identified, nor do they identify the various types of training that investigators should be required to receive. Additionally, NIC is not a viable training entity, and needs to be re-clarified.

The Lubbock CRTC does conduct administrative investigations, and will respond to all reports of sexual abuse and sexual harassment promptly, thoroughly, and objectively - including third party and anonymous reports. The Lubbock CRTC procedures indicate that administrative investigations are conducted by a single trained staff member at the facility.

Criminal investigations of sexual abuse and harassment will be conducted by the local law enforcement facility, Lubbock Police Department. When outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation.

Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution by the investigating facility.

A review of PAQ, and confirmed through staff interviews:

- o The number of substantiated allegations of conduct that appears to be criminal that were referred for prosecution since the last PREA audit was 0.

Interviews with the Director confirmed that the facility or program does not conduct criminal investigations.

For provision (b), there is no mention of what types of specialized training is required by the PREA standards for investigators of the Administrative Investigations.

No investigators attended any specialized PREA training class for investigations, outside of the training that has been provided on-line through either PREA or the NIC.

During the interview with the nurse, she indicated that she has not received any additional training relative to the collection of evidence, other than the training that she received on-line. As the only medical staff member at the facility, having no fundamental knowledge of what the SAFE/SANE nurses are required to conduct would be detrimental to staff questions when/if an incident were to occur at the facility. Even though the nurse is not required to collect evidence, having the fundamental knowledge would be of benefit, if not in a policy advisory role.

Provision (e) is covered in the policy. When I interviewed the investigator, they indicated that the facility does not conduct credibility assessments of anyone involved in a case. Instead of credibility assessments, they corroborate information from witnesses, suspects and victims through thorough interviews with everyone involved, use of evidence, such a video and other electronic monitoring data, and items collected at the scene if possible. In addition, the investigator stated they do not require polygraphs of anyone during an investigation as a condition of proceeding with the case. Additionally, in interviews with residents who reported sexual abuse and sexual harassment, they were not required or even asked to submit to a polygraph or other such truth-telling device.

Provision (f) is discussed in the policy. The policy says, "an effort to determine whether staff actions or failures to act contributed to the abuse."

The investigator was interviewed was not aware of this requirement, further indicating that they would not necessarily include this information in their report. The investigator who completes these types of investigations said their reports would contain this information, with the exception of information about credibility assessments, as credibility assessments are not completed in their facility.

Provision (g) is covered in the policy. The policy discusses the requirements of an administrative investigation, and does not discuss the requirements in criminal investigations.

Provision (h) is addressed in the policy. The policy indicates that cases that are substantiated and appear to be criminal, are referred to the district attorney for prosecution.

Provision (i) is covered in the policy, however, the investigator was unfamiliar with the retention period for PREA investigations.

Provision (j) is not addressed in the policy. The policy language needs to indicate that even in those instances when either party, the victim or abuser, have left the facility, the investigation will continue through to conclusion, with any administrative findings being documented or any criminal follow-up as necessary with the district attorney.

Corrective Action:

- Lubbock CRTC shall revise, adopt, implement all policy language as identified in provisions (a) – (j).
- Lubbock CRTC shall provide clear guidance on the investigation process and procedure to all staff, including investigative staff.
- Lubbock CRTC shall identify and train additional Sexual Assault Investigators, ensuring that sufficient coverage is available, in the event of vacations and/or leaves.
- Lubbock CRTC shall design, adopt, and implement specialized training for investigators engaged in investigating allegations of sexual abuse and sexual harassment.

Verification of Corrective Action since the Interim Audit Report

The auditor gathered, analyzed and retained additional evidence provided by the facility during the corrective action period relevant to the requirements of the standard.

Additional Documentation Reviewed:

1. Lubbock County CRTC PREA policy / Procedures (Revised January 2020)
2. Lesson Plan / Training Materials
3. Employee training records
4. Telephonic Interview with Facility Director / Assistant Director

Following the issuance of the Interim Audit Report, the auditor and the facility discussed the recommended corrective action for this provision, and agreed upon a plan with assigned dates for completion. The facility revised the PREA policy that clearly outlines the zero tolerance towards the sexual abuse and harassment of the residents, and further enhances the investigation processes within the facility. The policy, procedures, and training materials address the concerns identified in the corrective action items.

As a result of the COVID-19 concerns each affected staff member was trained individually, and required to sign training completion certification. These practices have been institutionalized.

The facility has effectively demonstrated compliance during this period of corrective action with supporting documentation and interviews. The facility is now compliant with this provision.

Standard 115.272: Evidentiary standard for administrative investigations

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

115.272 (a)

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?
☒ Yes ☐ No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

Interviews, Document and Site Review:

- Part III CRTC Procedures
- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities

Interviews:

- Facility Director
- PREA Coordinator

Under this standard, a facility cannot impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. The policy identified reflects that investigators are to impose a standard no higher than a preponderance of the evidence in its administrative investigations.

The interviewed investigator did not mention a preponderance of the evidence or the use of a “more likely than not” burden of proof standard for their administrative investigations, nor did they refer to any standard or burden of proof during the interviews. The investigator did not recall having any training specific to the standard or the burden of proof required by the standard.

It has not been demonstrated to the auditor that the facility meets compliance with the standard.

Corrective Action:

1. Lubbock CRTC shall provide relevant training as to the standard of proof to those responsible for conducting administrative investigations.

2. Lubbock CRTC shall create investigation practices and tracking mechanisms to allow and ensure an appropriate administrative review of all allegations, including any allegations that have resulted in criminal prosecution or referral for prosecution after consultation with the prosecutor.

Verification of Corrective Action since the Interim Audit Report

The auditor gathered, analyzed and retained additional evidence provided by the facility during the corrective action period relevant to the requirements of the standard.

Additional Documentation Reviewed:

1. Lubbock County CRTC PREA policy / Procedures (Revised January 2020)
2. Employee training records
3. Established tracking mechanisms / documents
4. Telephonic Interview with Facility Director / Assistant Director

Following the issuance of the Interim Audit Report, the auditor and the facility discussed the recommended corrective action for this provision, and agreed upon a plan with assigned dates for completion. The facility revised the PREA policy that clearly outlines the zero tolerance towards the sexual abuse and harassment of the residents, and further enhances the investigation processes within the facility. The policy, procedures, and training materials address the concerns identified in the corrective action items.

As a result of the COVID-19 concerns each effected staff member was trained individually, and required to sign training completion certification. These practices have been fully institutionalized.

The facility has effectively demonstrated compliance during this period of corrective action with supporting documentation and interviews. The facility is now compliant with this provision.

Standard 115.273: Reporting to residents

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

115.273 (a)

- Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? ☒ Yes ☐ No

115.273 (b)

- If the agency did not conduct the investigation into a resident's allegation of sexual abuse in the agency's facility, does the agency request the relevant information from the investigative agency

in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) ☒ Yes ☐ No ☐ NA

115.273 (c)

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

115.273 (d)

- Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?
☒ Yes ☐ No
- Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?
☒ Yes ☐ No

115.273 (e)

- Does the agency document all such notifications or attempted notifications? ☒ Yes ☐ No

115.273 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

Interviews, Document and Site Review:

- Part III CRTC Procedures
- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities
- Resident Reporting Form

Interviews:

- PREA Coordinator
- Facility Director

The facility is required to have a formalized method of notifying Residents in accordance with this standard. No documentation or practice was provided to the auditor for reporting investigative outcomes to residents.

Following a resident's allegation that a staff member has committed sexual abuse against the resident, the facility is required to notify the resident (unless the allegation has been determined to be unfounded or unsubstantiated) when, 1) the staff member is no longer posted in the resident's unit; 2) the staff member is no longer employed at the facility; 3) the facility learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or 4) the facility learns that the staff member has been convicted on a charge related to sexual abuse within the facility. The Lubbock CRTC policy does not contain this policy language.

Further, following a resident's allegation that he has been sexually abused by another resident, the facility will subsequently inform the alleged victim whenever the facility learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility. All notifications are required to be documented, with the facility having developed and implemented a designated form to provide to the resident in order to inform them of the outcome. Further language should indicate that the facility's obligation to report under this standard terminates if the alleged victim is released from custody. Such notice can be done either done verbally or documented; however, there is a requirement for documentation of such notice.

During interviews with the Director, she stated that the facility does notify the residents both verbally and in writing, who made an allegation of sexual abuse when the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation; however, no form nor specific policy language could be provided to substantiate this notification process.

A review of the PAQ, and confirmed through staff interview:

- The number of criminal and/or administrative investigations of alleged Resident sexual abuse that were completed by the facility/facility in the past 12 months was 0.
- Of the alleged sexual abuse investigations that were completed in the past 12 months, the number of Residents who were notified, verbally or in writing, of the results of the investigation was 0.
- The number of investigations of alleged Resident sexual abuse in the facility that were completed by an outside facility in the past 12 months was 0.
- Of the outside facility investigations of alleged sexual abuse that were completed in the past 12 months, the number of Residents alleging sexual abuse in the facility who were notified verbally or in writing of the results of the investigation was 0.
- In the past 12 months, the number of notifications to Residents that were provided pursuant to this standard was 0.

Corrective Action:

1. Lubbock CRTC shall draft policy language, and form development regarding the notification to a resident following an allegation of sexual abuse.
2. Lubbock CRTC shall incorporate relevant policy language to require the notice to the resident as to whether the investigation has been determined to be substantiated, unsubstantiated, or unfounded. If the investigation was not conducted by the Lubbock CRTC, they shall request this information from the investigating entity in order to inform the resident. Additional language shall include when,
 - (1) The staff member is no longer posted within the resident's unit;
 - (2) The staff member is no longer employed at the facility;
 - (3) The facility learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or
 - (4) The facility learns that the staff member has been convicted on a charge related to sexual abuse within the facility.
3. Following a resident-on-resident sexual abuse investigation Lubbock CRTC shall inform the resident whenever:
 - (1) The facility learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or
 - (2) The facility learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.
4. All such notifications or attempted notifications shall be documented. Lubbock CRTC obligation to report under this standard shall terminate if the resident is released from the facility's custody.
5. Lubbock CRTC shall develop documentation pertaining to this corrective action, deliver training to all appropriate staff, and provide such training verification.

Verification of Corrective Action since the Interim Audit Report

The auditor gathered, analyzed and retained additional evidence provided by the facility during the corrective action period relevant to the requirements of the standard.

Additional Documentation Reviewed:

1. Lubbock County CRTC PREA policy / Procedures (Revised January 2020)
2. Employee training records
3. Established tracking mechanisms / documents
4. Telephonic Interview with Facility Director / Assistant Director

Following the issuance of the Interim Audit Report, the auditor and the facility discussed the recommended corrective action for this provision, and agreed upon a plan with assigned dates for completion. The facility revised the PREA policy that clearly outlines the zero tolerance towards the sexual abuse and harassment of the residents, and further enhances the investigation processes within the facility. The policy, procedures, and training materials address the concerns identified in the corrective action items.

As a result of the COVID-19 concerns each effected staff member was trained individually, and required to sign training completion certification. These practices have been institutionalized.

The facility has effectively demonstrated compliance during this period of corrective action with supporting documentation and interviews. The facility is now compliant with this provision.

DISCIPLINE

Standard 115.276: Disciplinary sanctions for staff

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

115.276 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? ☒ Yes ☐ No

115.276 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? ☒ Yes ☐ No

115.276 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and

circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? ☒ Yes ☐ No

115.276 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies unless the activity was clearly not criminal? ☒ Yes ☐ No
- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

Interviews, Document and Site Review:

- Part III CRTC Procedures
- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities

Interviews:

- PREA Coordinator
- Facility Director

Lubbock CRTC policy is not specific enough as it relates to the PREA requirements. Policy language only references violations of sexual harassment; however, makes no mention of sexual abuse. Nor is there any specific language that has been identified in the PREA guidelines.

The Lubbock CRTC policy indicates that it will inform and work in collaboration with various entities in the matter of staff violation of sexual abuse or sexual harassment policies. In addition, it further identifies that staff shall be subject to disciplinary sanctions up to and including termination for violating facility Resident sexual abuse and/or harassment policies; however, specific language regarding violation activities have not identified in any policy or training.

Interviews with the Facility Director and Operations Manager confirmed staff violating facility sexual abuse policies with be disciplined, and that termination is the presumptive action and referral for prosecution where indicated.

A review of the PAQ, and confirmed through staff interviews:

- In the past 12 months, the number of staff from the facility who has violated facility sexual abuse or sexual harassment policies was 0.
- In the past 12 months, the number of staff from the facility who have been terminated (or resigned prior to termination) for violating facility sexual abuse or sexual harassment policies was 1.
- In the past 12 months, the number of staff from the facility who has been disciplined, short of termination, for violation of facility sexual abuse or sexual harassment policies reported were 0.
- In the past 12 months, the number of staff from the facility that have been reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating facility sexual abuse or sexual harassment policies reported was 0.

Corrective Action:

- Lubbock CRTC shall add language to policy stating that all terminations for violations of facility sexual abuse or sexual harassment policies, or resignations by staff that would have been terminated if not for their resignation, shall be reported to law enforcement agencies and relevant licensing bodies.
- Lubbock CRTC shall include policy language that specifically identifies that violations of any sexual harassment or sexual abuse, as identified in the PREA standards.

Verification of Corrective Action since the Interim Audit Report

The auditor gathered, analyzed and retained additional evidence provided by the facility during the corrective action period relevant to the requirements of the standard.

Additional Documentation Reviewed:

1. Lubbock County CRTC PREA policy / Procedures (Revised January 2020)
2. Telephonic Interview with Facility Director / Assistant Director

Following the issuance of the Interim Audit Report, the auditor and the facility discussed the recommended corrective action for this provision, and agreed upon a plan with assigned dates for completion. The facility revised the PREA policy that clearly outlines the zero tolerance towards the sexual abuse and harassment of the residents.

The revised policy and procedure language address the concerns identified in the corrective action items, and have been institutionalized.

The facility has effectively demonstrated compliance during this period of corrective action with supporting documentation and interviews. The facility is now compliant with this provision.

Standard 115.277: Corrective action for contractors and volunteers

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

115.277 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents? ☒ Yes ☐ No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies unless the activity was clearly not criminal? ☒ Yes ☐ No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? ☒ Yes ☐ No

115.277 (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 residents? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

Interviews, Document and Site Review:

- Part III CRTC Procedures
- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities

Interviews:

- PREA Coordinator
 - Facility Director
- Operations Manager

The facility must expand the policy language to include sanctions for contractors, vendors and volunteers which specify that those who engage in sexual abuse will be prohibited from contact with residents, and will be reported to law enforcement agencies, unless the activity was clearly not criminal, as well as notifying any relevant licensing bodies.

The facility will further take appropriate remedial measures and will consider whether to prohibit further contact with residents, including in the case of any other violation of the facility's resident sexual abuse or sexual harassment policies by a contractor or volunteer.

Lubbock CRTC shall take appropriate remedial measures, and consider whether to prohibit further contact with residents, in the case of any other potential sexual abuse or sexual harassment of residents

A review of the PAQ, and confirmed through staff interviews:

- In the past 12 months, the number of volunteers who have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of resident was 0.
- In the past 12 months, the number of contractors who have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of a resident was 0.

Lubbock CRTC policy needs to incorporate the language that identifies that the legal concept of “consent” does not exist between facility staff, including volunteers and contractors, and residents; any sexual behavior between them constitutes sexual misconduct and shall subject the employee to disciplinary action and/or to prosecution under the law.”

Corrective Action:

- Lubbock CRTC shall ensure that any contractor or volunteer that engages in sexual abuse is prohibited from contact with residents and shall be reported to law enforcement, unless the activity was clearly not criminal, as well as any relevant licensing bodies.
- Lubbock CRTC shall include policy language that specifically identifies that violations of any sexual harassment or sexual abuse, as identified in the PREA standards.

Verification of Corrective Action since the Interim Audit Report

The auditor gathered, analyzed and retained additional evidence provided by the facility during the corrective action period relevant to the requirements of the standard.

Additional Documentation Reviewed:

1. Lubbock County CRTC PREA policy / Procedures (Revised January 2020)
2. Telephonic Interview with Facility Director / Assistant Director

Following the issuance of the Interim Audit Report, the auditor and the facility discussed the recommended corrective action for this provision, and agreed upon a plan with assigned dates for completion. The facility revised the PREA policy that clearly outlines the zero tolerance towards the sexual abuse and harassment of the residents.

The revised policy and procedure language address the concerns identified in the corrective action items, and have been institutionalized.

The facility has effectively demonstrated compliance during this period of corrective action with supporting documentation and interviews. The facility is now compliant with this provision.

Standard 115.278: Interventions and disciplinary sanctions for residents

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

115.278 (a)

- Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, are residents subject to disciplinary sanctions pursuant to a formal disciplinary process? ☒ Yes ☐ No

115.278 (b)

- Are sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories? ☒ Yes ☐ No

115.278 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior? ☒ Yes ☐ No

115.278 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending resident to participate in such interventions as a condition of access to programming and other benefits? ☒ Yes ☐ No

115.278 (e)

- Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact? ☒ Yes ☐ No

115.278 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? ☒ Yes ☐ No

115.278 (g)

- If the agency prohibits all sexual activity between residents, does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

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

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

Interviews, Document and Site Review:

- Part III CRTC Procedures
- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities
- Welcome Packet Handbook

Interviews:

- PREA Coordinator
 - Facility Director
- RN Supervisor

The provided documentation was not sufficient to address each of the provisions of this standard.

The facility is required to facilitate a resident disciplinary process in those instances when a resident is subject to a disciplinary sanction following an administrative finding that the resident engaged in resident-on-resident or resident-on-staff sexual abuse. The disciplinary process should reflect sanctions that are commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories within the facility.

The resident discipline process should consider whether a resident's mental disabilities or mental illness contributed to his behavior when determining what type of sanction, if any, should be imposed. If the facility offers counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility should consider whether to require the offending resident to participate in such interventions as a condition of access to programming or other benefits.

The facility offer counseling services to confirmed victims of sexual abuse, through a Memorandum of Understanding with the Voice of Hope. The auditor was not able to determine from policy if the same services were provided to an offending resident perpetrator of the abuse.

In all documents reviewed, the auditor was not able to find any reference referring to resident discipline for sexual contact with staff as discussed in standard subsection (e). Facility policy does not address this matter, and documentation regarding the determination of compliance with this provision was not provided by the facility.

Facility policy does not address consensual sexual activity between residents, the prohibition of such activity, or such activity being deemed sexual abuse in the absence of any evidence of coercion. Standard subsection (g) affirms a facility's right to prohibit residents from all sexual activity provided that the facility does not deem non-coercive violations as sexually abusive. During random staff interviews, staff did make affirmative statements that all sexual activity between residents was prohibited.

A review of the PAQ, and confirmed through staff interviews:

- In the past 12 months, the number of administrative findings of Resident-on-Resident sexual abuse that have occurred at the facility was 0.
- In the past 12 months, the number of criminal findings of guilt for Resident-on-Resident sexual abuse that have occurred at the facility was 0.

Corrective Action:

- Lubbock CRTC shall revise the policy to include language regarding when a resident may and may not be disciplined for sexual contact with staff.
- Lubbock CRTC shall revise policy to clarify whether sexual contact between residents is prohibited and that non-coercive sexual activity between residents will not constitute an act of sexual abuse.
- Lubbock CRTC shall develop and implement a training curriculum outlining the changes to policies relating to staff reporting duties, retrain all staff (including medical and mental health staff), and document this training.
- Lubbock CRTC shall develop and implement notices to residents of the revised policies, including update of all resident handbooks, and other materials.

Verification of Corrective Action since the Interim Audit Report

The auditor gathered, analyzed and retained additional evidence provided by the facility during the corrective action period relevant to the requirements of the standard.

Additional Documentation Reviewed:

1. Lubbock County CRTC PREA policy / Procedures (Revised January 2020)
2. Updated resident handbook, notices, and other resident materials
3. Training Materials
4. Employee training records
5. Telephonic Interview with Facility Director / Assistant Director

Following the issuance of the Interim Audit Report, the auditor and the facility discussed the recommended corrective action for this provision, and agreed upon a plan with assigned dates for completion. The facility revised the PREA policy, training curriculum, and resident notices to ensure that they clearly outline the zero tolerance towards the sexual abuse and harassment of the residents. The facility updated the resident handbooks to include the relevant language identified in this standard.

The policy, procedures and associated training materials address the concerns identified in the corrective action items. Staff were trained as requested, and signed training completion certification.

The revised policy and procedure language address the concerns identified in the corrective action items, and have been institutionalized.

The facility has effectively demonstrated compliance during this period of corrective action with supporting documentation and interviews. The facility is now compliant with this provision.

MEDICAL AND MENTAL CARE

Standard 115.282: Access to emergency medical and mental health services

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

115.282 (a)

- Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?
☒ Yes ☐ No

115.282 (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 § 115.262? ☒ Yes ☐ No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? ☒ Yes ☐ No

115.282 (c)

- Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? ☒ Yes ☐ No

115.282 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?
☒ Yes ☐ No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

Interviews, Document and Site Review:

- Part III CRTC Procedures
- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities

Interviews:

- PREA Coordinator
 - Facility Director
- Random Staff
- RN Supervisor

Lubbock CRTC policy 31.11 (A) indicates that victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services; however, policy language lacks the remainder of the provision (a) description that “the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment”.

Lubbock CRTC policy 31.11 (B) advises that “the facility does not have a qualified medical (SANE) on duty at the time a report of recent abuse is made, security staff first responders shall take preliminary steps to protect the victim and shall take the resident to the emergency room at UMC. The shift leader shall immediately contact the counselor on call”. Regarding provision (b), the facility has one trained nurse on staff on staff for 8 – 10 per day, 5 days per week.

Lubbock CRTC policy 31.11 (C) advises that “the facility nurse shall help the resident to receive emergency contraception and sexually transmitted infections prophylaxis”. The policy does not contain the additional language as required by provision, additional language needs to identify that the prophylaxis is provided “in accordance with professionally accepted standards of care, where medically appropriate”.

Lubbock CRTC policy regarding provision (d) is addressed under 31.11 (E), and states that “treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident”. The provision letter at the end of this facility policy is incorrect, and current references (g), which is not a provision under 115.282, and should be reflected as provision (d).

The policy regarding provision (d) is addressed, and states that “treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident”.

Interviewed staff describes the following actions they would take as a first responder: Separate the alleged victim and abuser, preserve and protect evidence on the victim, abuser, and the location where the incident occurred. Staff further indicated that they would ask the alleged victim and abuser not to take any actions that could destroy physical evidence; washing, brushing teeth, changing, clothes, urinating, defecating, drinking, eating, etc. Staff further advised that they also immediately notify the supervisor.

Medical staff interviewed at the UMC Medical Center advised that the resident victims of sexual abuse receive timely and unimpeded access to emergency medical treatment and crisis intervention services provided. Medical staff further indicated that evaluation and treatment of residents who have been victimized entails follow-up services, treatment plans, and when necessary, referrals for continued care after leaving the facility.

Corrective Action:

- Lubbock CRTC shall update existing policy language, to include the identified revisions as indicated above.

Verification of Corrective Action since the Interim Audit Report

The auditor gathered, analyzed and retained additional evidence provided by the facility during the corrective action period relevant to the requirements of the standard.

Additional Documentation Reviewed:

1. Lubbock County CRTC PREA policy / Procedures (Revised January 2020)
2. Telephonic Interview with Facility Director / Assistant Director

Following the issuance of the Interim Audit Report, the auditor and the facility discussed the recommended corrective action for this provision, and agreed upon a plan with assigned dates for completion. The facility revised the PREA policy that clearly outlines the zero tolerance towards the sexual abuse and harassment of the residents.

The revised policy and procedure language address the concerns identified in the corrective action items, and have been institutionalized.

The facility has effectively demonstrated compliance during this period of corrective action with supporting documentation and interviews. The facility is now compliant with this provision.

Standard 115.283: Ongoing medical and mental health care for sexual abuse victims and abusers

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

115.283 (a)

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?
☒ Yes ☐ No

115.283 (b)

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? ☒ Yes ☐ No

115.283 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? ☒ Yes ☐ No

115.283 (d)

- Are resident 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 residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) ☐ Yes ☐ No ☒ NA

115.283 (e)

- If pregnancy results from the conduct described in paragraph § 115.283(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 residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) ☐ Yes ☐ No ☒ NA

115.283 (f)

- Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? ☒ Yes ☐ No

115.283 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? ☒ Yes ☐ No

115.283 (h)

- Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

Interviews, Document and Site Review:

- Part III CRTC Procedures
- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities
- Hotchkiss House PREA Incident Check Sheet

Interviews:

- PREA Coordinator
 - Facility Director
- Random Staff
- RN Supervisor

The facility offers medical/mental health evaluation and, provides services to all residents who have been victimized by sexual abuse through outside services. The Lubbock CRTC offers medical and mental health evaluations and connects residents with the outside services available through local programs, as available.

Staff interviews indicated that evaluations of and services for victims include follow-up services, referrals for continued care, as available. The facility provides victims with medical/mental health services consistent with the community level of care.

Staff interviews indicated that those resident victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate through outside services. The facility requires treatment services to be provided to victims without financial cost.

The facility conducts a medical/mental health evaluation of resident-on-resident abusers upon learning of abuse history and offer treatment. If the resident reports history of sexual abuse or abusiveness appears at risk for victimization, security personnel and case management are notified.

The statements of medical and mental health staff reflect an operational understanding of the importance of appropriate evaluation, follow-up care, treatment planning, and service referral. Interviews with UC Med Center medical and mental health staff further supports compliance in the area of evaluation, follow-up care, treatment plans, and referral for services.

Corrective Action:

- No Correction at this time

DATA COLLECTION AND REVIEW

Standard 115.286: Sexual abuse incident reviews

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

115.286 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? ☒ Yes ☐ No

115.286 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation? ☒ Yes ☐ No

115.286 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? ☒ Yes ☐ No

115.286 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? ☒ Yes ☐ No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? ☒ Yes ☐ No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? ☒ Yes ☐ No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? ☒ Yes ☐ No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? ☒ Yes ☐ No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? ☒ Yes ☐ No

115.286 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

Interviews, Document and Site Review:

- Part III CRTC Procedures
- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities
- Incident Review Report

Interviews:

- Facility PREA Coordinator
 - Facility Director
- Incident Review Team
- RN Supervisor

Lubbock CRTC policy indicates that at the conclusion of a sexual abuse investigation a team will be convened to conduct an incident review, including those instances where the allegation has not been substantiated unless the incident has been determined to be unfounded. The policy further indicates that the review will occur within 30 days at the conclusion of the investigation, the PREA coordinator will convene a review of the team.

Provision (c) indicates what members will comprise the review team, Lubbock CRTC policy lacks the required elements, and does not indicate what members will make up the review team.

Lubbock CRTC policy indicates that the review team shall:

1. Consider whether the allegation or investigation indicates a need to change policy or practice; however, does not include the second part of provision (d) (1) which further states *“to better prevent, detect or respond to sexual abuse”*;
2. Consider whether the incident or allegation was motivated by race, ethnicity, gang affiliation, gender identity, status or perceived status as lesbian, gay, bisexual or intersex, or was motivated or caused by other group dynamics at the CRTC;
3. Examine the area in the CRTC where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;

4. Assess the adequacy of staffing levels in that area during different shifts;
5. Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and,
6. Compile a report of the findings to include implementing recommendations for improvement or document reasons for not doing so. However, the additional language required in provision (d)(6) states *"and any recommendation for improvement and submit such report to the facility head and PREA Coordinator"*.

A review of the Pre-Audit Questionnaire for Community Confinement and confirmed by staff interview:

- In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility- excluding only "unfounded" incidents was 0.
- 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- only "unfounded" incidents was 0.

Corrective Action:

1. No Correction at this time.

Standard 115.287: Data collection

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

115.287 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? ☒ Yes ☐ No

115.287 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually?
☒ Yes ☐ No

115.287 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? ☒ Yes ☐ No

115.287 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?
☒ Yes ☐ No

115.287 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.) ☐ Yes ☐ No ☒ NA

115.287 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.) ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

Interviews, Document and Site Review:

- Part III CRTC Procedures
- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities

Interviews:

- Facility Director
- PREA Coordinator

According to the Lubbock CRTC policy 31.16 D, the facility shall collect, maintain, and review accurate uniformed data for every allegation of sexual misconduct using the Survey of Sexual Violence by the Department of Justice. The policy further states that this data should be compiled annually and maintained for a minimum of ten years from the date after its initial collection. Policy language must change the terminology from “*should*”, to the language identified in the provision to “*shall*”.

Additional policy language needs to include the language as identified in provision (c), which states that *the incident-based data collected shall include, at a minimum, the data necessary to answer all questions, from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice.*

The Lubbock CRTC will collect its data utilizing the standardized instrument which includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice.

Further policy language indicates that the facility will provide all such data from the previous calendar year to the Department of Justice, upon request, no later than June 30.

The facility has further indicated that it has not yet begun to collect this required data, and will begin doing so upon completion of this PREA audit.

Corrective Action:

1. Lubbock CRTC needs to update existing policy language, relative to this standard, including identified revisions as indicated above.

Verification of Corrective Action since the Interim Audit Report

The auditor gathered, analyzed and retained additional evidence provided by the facility during the corrective action period relevant to the requirements of the standard.

Additional Documentation Reviewed:

1. Lubbock County CRTC PREA policy / Procedures (Revised January 2020)
2. Telephonic Interview with Facility Director / Assistant Director

Following the issuance of the Interim Audit Report, the auditor and the facility discussed the recommended corrective action for this provision, and agreed upon a plan with assigned dates for completion. The facility revised the PREA policy that clearly outlines the zero tolerance towards the sexual abuse and harassment of the residents.

The revised policy and procedure language address the concerns identified in the corrective action items, and have been fully institutionalized.

The facility has effectively demonstrated compliance during this period of corrective action with supporting documentation and interviews. The facility is now compliant with this provision.

Standard 115.288: Data review for corrective action

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

115.288 (a)

- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? ☒ Yes ☐ No
- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? ☒ Yes ☐ No
- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies,

practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? ☒ Yes ☐ No

115.288 (b)

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

115.288 (c)

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

115.288 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

Interviews, Document and Site Review:

- Part III CRTS Procedures
- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities

Interviews:

- Facility Director
 - PREA Coordinator
 - Facility Director

Provided policy language was insufficient, and did not address the items required of provision (a) and (b).

Lubbock CRTC policy 31.16 H indicates that the report is approved by the Director and the finding shall be posted on the facility website.

Lubbock CRTC policy 31.16 I, indicates that the report may be redacted if there is a threat to the safety and security of a facility but must indicate the nature of the material redacted.

The PREA Coordinator explained that the resident information and data will be compiled, though, this is in discussion she reported that currently data is not formally collected. She reported there are no actual data tracking mechanisms and she does not have a way to identify issues or trends. She is in the process of discussing options with the Chief to address problems and formulate a plan for implementation of data collection and aggregation pursuant to the PREA standards.

As a facility-level standard, the PREA Coordinator should ensure that sexual abuse and sexual harassment data is collected and aggregated. It is recommended that the PREA Compliance Manager and PREA Coordinator receive and share the same data and work together to utilize this data to improve sexual safety measures. This data should then be utilized to compile an annual report and to track trends with which to focus sexual safety efforts.

Corrective Action:

1. Lubbock CRTC needs to create policy language, relative to this standard, including identified revisions as indicated above.
2. Lubbock CRTC shall review data collected and aggregated pursuant to Standard 115.87 in order to assess sexual safety and improve PREA Compliance efforts by:
 - a. Identifying problem areas,
 - b. Taking corrective action on an ongoing basis; and,
 - c. Prepare an annual report of its findings and corrective actions for each facility as well as the facility as a whole.
3. Lubbock CRTC needs to establish a tracking method for the collection of data, including the establishment of the designated forms or databases needed to collect and retain the required data.

Verification of Corrective Action since the Interim Audit Report

The auditor gathered, analyzed and retained additional evidence provided by the facility during the corrective action period relevant to the requirements of the standard.

Additional Documentation Reviewed:

1. Lubbock County CRTC PREA policy / Procedures (Revised January 2020)
2. Established tracking systems / documents
3. Telephonic Interview with Facility Director / Assistant Director

Following the issuance of the Interim Audit Report, the auditor and the facility discussed the recommended corrective action for this provision, and agreed upon a plan with assigned dates for completion. The facility revised the PREA policy that clearly outlines the zero tolerance towards the sexual abuse and harassment of the residents.

The policy and procedures developed, along with the data reviewed sufficiently address the concerns identified in the corrective action items, and have been institutionalized.

The facility has effectively demonstrated compliance during this period of corrective action with supporting documentation and interviews. The facility is now compliant with this provision.

Standard 115.289: Data storage, publication, and destruction

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

115.289 (a)

- Does the agency ensure that data collected pursuant to § 115.287 are securely retained?
☒ Yes ☐ No

115.289 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? ☒ Yes ☐ No

115.289 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? ☒ Yes ☐ No

115.289 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?
☒ Yes ☐ No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

Interviews, Document and Site Review:

- Part III CRTC Procedures
- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities

Interviews:

- Facility Director
- PREA Coordinator

The Lubbock CRTC currently does not collect the data required under standard 115.87, and has currently identified that the designated location for the secure retention, will be retained in the Directors locked file cabinet, for the 10-year period.

Lubbock CRTC policy further indicates that the data does not contain personal identifiers, and will ensure this prior to make the information publicly available.

The PREA Coordinator advised that the facility currently does not review data pursuant to 115.87, as it had only recently begun to identify the need/requirement for doing so. Compliance with 115.89 is not possible at this time due to the lack of implementation of standard 115.87.

At present, the PREA Coordinator and facility head are meeting to formulate a plan for implementation of standards 115.87, 115.88, 115.89. Once implemented and institutionalized the facility is aware an assessment of compliance will be needed.

Corrective Action:

1. Ensure the secure retention of data collected data for 10 years pursuant to §115.87.
2. Make information on the aggregated sexual abuse data, with personal identifiers removed, readily available to the public at least once annually.

Verification of Corrective Action since the Interim Audit Report

The auditor gathered, analyzed and retained additional evidence provided by the facility during the corrective action period relevant to the requirements of the standard.

Additional Documentation Reviewed:

1. Lubbock County CRTC PREA policy / Procedures (Revised January 2020)
2. Telephonic Interview with Facility Director / Assistant Director

Following the issuance of the Interim Audit Report, the auditor and the facility discussed the recommended corrective action for this provision, and agreed upon a plan with assigned dates for completion. The facility revised the PREA policy that clearly outlines the zero tolerance towards the sexual abuse and harassment of the residents, in addition the facility further revised its data collection and tracking processes, ensuring that the facility is able to fully comply with the standard as required.

The revised policy and procedure language, as well as the newly established processes sufficiently address the concerns identified in the corrective action items, and have been institutionalized.

The facility has effectively demonstrated compliance during this period of corrective action with supporting documentation and interviews. The facility is now compliant with this provision.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

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

115.401 (a)

- During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (*Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.*) ☐ Yes ☒ No

115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*) ☒ Yes ☐ No
- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.) ☐ Yes ☒ No ☐ NA
- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.) ☐ Yes ☒ No ☐ NA

115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility? ☒ Yes ☐ No

115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? ☒ Yes ☐ No

115.401 (m)

- Was the auditor permitted to conduct private interviews with residents? ☒ Yes ☐ No

115.401 (n)

- Were residents permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

Interviews, Document and Site Review:

- Part III CRTC Procedures
- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities

Interviews:

- PREA Coordinator

Interview with Facility PREA Coordinator and facility website have indicated that the facility has not conducted the required PREA Audits every cycle. This is the first PREA audit for the Lubbock CRTC.

Standard 115.403: Audit contents and findings

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

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

Interviews, Document and Site Review:

- Part III CRTC Procedures
- PREA Audit: Pre-Audit Questionnaire / Community Confinement Facilities

Interviews:

- Facility PREA Coordinator

Interview with Facility PREA Coordinator and a review of the facility website indicated that the facility has made publicly available any previous PREA audits as required by standard, as this is the first PREA audit by this facility.

AUDITOR CERTIFICATION

I certify that:

- ☒ The contents of this report are accurate to the best of my knowledge.
- ☒ No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- ☒ I have not included in the final report any personally identifiable information (PII) about any resident or staff member, except where the names of administrative personnel are specifically requested in the report template.

Rick Winistorfer
Auditor Signature

July 13, 2020
Date