PREA AUDIT REPORT ☐ **Interim** ☒ **Final**

COMMUNITY CONFINEMENT FACILITIES

Date of report: 07/20/2016

Auditor Information			
Auditor name: Tim Gravette			
Address: 126 Playfair Drive Lafayette, Louisiana 70503			
Email: tim@gravetteconsulting.com			
Telephone number: 361-742-2500			
Date of facility visit: June 21, 2016			
Facility Information			
Facility name: CINC II			
Facility physical address: 1101 Canvasback Street Lake Charles, Louisiana 70651			
Facility mailing address: *(if different from above)* Click here to enter text.			
Facility telephone number: 337-439-5082 ext 20			
The facility is:	☐ Federal	☐ State	☐ County
	☐ Military	☐ Municipal	☒ Private for profit
	☐ Private not for profit		
Facility type:	☐ Community treatment center ☐ Halfway house ☐ Alcohol or drug rehabilitation center	☐ Community-based confinement facility ☐ Mental health facility ☒ Other	
Name of facility's Chief Executive Officer: Anthony P. (A.P.) Leonards			
Number of staff assigned to the facility in the last 12 months: 16			
Designed facility capacity: 40			
Current population of facility: 41			
Facility security levels/inmate custody levels: Minimum			
Age range of the population: 20-60			
Name of PREA Compliance Manager: Robert Y. Henderson		**Title:** CINC II Director	
Email address: director@cinc2-inc.com		**Telephone number:** 337-379-9022	
Agency Information			
Name of agency: GREX Corporation			
Governing authority or parent agency: *(if applicable)* Click here to enter text.			
Physical address: 100 Avenue J Lake Charles, Louisiana 70615			
Mailing address: *(if different from above)* Click here to enter text.			
Telephone number: 337-439-5082			
Agency Chief Executive Officer			
Name: Anthony P. Leonards		**Title:** President	
Email address: N/A		**Telephone number:** 337-436-3838	
Agency-Wide PREA Coordinator			
Name: Robert Y. Henderson		**Title:** CINC II Director	
Email address: director@cinc2-inc.com		**Telephone number:** 337-379-9022	

AUDIT FINDINGS

NARRATIVE

Tim Gravette, an independent contractor certified by the United States Department of Justice (DOJ) to conduct audits of community confinement facilities to assess their compliance with the DOJ-adopted standards of the Prison Rape Elimination Act of 2003 (PREA), conducted an onsite audit of the CINC II a Re Entry Facility under contract with the Federal Bureau of Prisons, 1101 Canvasback Street Lake Charles, Lousiana 70615, on June 21 and June 22, 2016. CINC II is located in Calcasieu Parish, Louisiana. During the audit, 41 residents were present at the facility, 2 of whom were female; and the facility employs 15 line staff members and 3 administrators.

Auditor Gravette arrived at the CINC II Facility at 8:20 am on Tuesday, June 21, 2016. There he was greeted by Director Robert Henderson who is also the PREA Coordinator. Gravette was introduced to the staff members and then had a private meeting with Mr. Henderson to discuss the objectives of the audit and asked if any special considerations were to be made about access to the facility which there were none. The facility provided the auditor with a conference room to use and after a brief opening meeting, a tour of the facility began. The tour consisted of examining all rooms, offices, closets, restrooms, and exits of the men's wing, female wing, intake, and control center. Then the PREA Cordinator and the auditor returned to administration area of the facility.

During the course of the two days, in addition to speaking with staff and residents during the facility tour, Auditor Gravette conducted one-on-one interviews with the following staff for specialized staff inquiries and general staff inquiries:

- Facility Director/PREA Cordinator
- Chief Executive Officer
- 1 Home/Job Check Monitor
- Administrative Assistant
- Sheriffs Office Rape Crisis Director
- 1 Resident Monitor
- 1 Senior Lead Monitor
- 1 Case Manager
- Intake Coordinator

Auditor Gravette also met individually with ten residents, two of whom were female. As no residents were specifically identified by sexual identity, disability, or who had reported any sexual abuse or sexual harassment, these residents were chosen at random from a resident daily roster. During the two-day audit, Auditor Gravette conducted a document review which included review of employee files (including new hires, terminations, a review of five year background checks and promotions), security logs, PREA assessments, reassessments, designation and documents, client files (including disciplinary documents), staff/volunteer training logs/acknowledgements, employee training materials, resident orientation verifications, PREA specialized training certificates, PREA forms and data logs. Auditor Gravette was onsite for 10 hours on June 21 and 8 hours on June 22. Near the end of the second day, Auditor Gravette held a closeout session with the facility director, during which he shared some of his immediate observations. Gravette also thanked Mr. Henderson and his staff for their cooperation and hospiutality during the facility visit.

DESCRIPTION OF FACILITY CHARACTERISTICS

CINC II is a two level building, which was originally constructed to be barracks for the United States Air Force. All of the residents are housed on the first floor with the male and female residents separated by a common area television and computer room area and a door. The male resident area and the femaile area is made up of four person rooms with semi private restrooms The dinning facility is separate from the main building and is across the street and is shared with the Veterans Administration which has a facility next door. The facilty has a laundry room which is shared by all of the residents and is also where the telephones are located. The residents are allowed to have cell phones which are approved by the administration and are allowed to have automobiles. The main entrance is where the control room is located and all residents must pass through this area to leave the facility and return through the same doors when they return. All residents are pat searched and a hand held metal detector is used when they return to the facility. CINC II has video monitoring equipment which has a view of the hallways where the residents have their rooms and video surveillance of the outside recreation area. The cameras are monitored at the Resident Monitors desk in the common area of the dorm area. There are no restroom cameras due to the design of the resident rooms. All restrooms for residents are in their rooms and are semi private shared with the adjoining room. PREA signage is placed near the control room on a bulletin board, in the common area on a bulletin board and also in the laundry room/telephone room, with the Rape Crisis Center phone numbers located above the pay phones. When residents are outside on the recreation yard staff routinely patrol the area to provide security for the residents. The upstairs portion of the building serves as the administration area and intake/admission and orientation area. Ther are no medical services at the facility all medical care is done offsite by local medical care providers.

SUMMARY OF AUDIT FINDINGS

CINC II is in a phase of new leadership. Mr. Henderson who is the Director and also serves as the PREA Cordinator has a vast amount of experience. He worked for many years as a Warden with the Lousinana Department of Corrections and has seen PREA grow from its infancy in a correctional setting. PREA is front and center as one of the focal points of Mr. Henderson's leadership at CINC II.

In regards to the physical plant, CINC II is making plans and has submitted a work request to update the video monitoring capabilities they now have in place. The facility currently has 11 cameras in place, currently there is a problem with a relay switch and is being repaired, however the main aspects of the system is working and was checked by the auditor. The administration understands the importance of obtaining newer technology and this was explained to the auditor during the briefing upon arrival prior to the facility tour.

CINC II has held training classes for staff to keep them abreast of expectations and the latest issues concerning PREA compliance at the facility. The last training had been completed 18 days prior to the audit. This training also includes comprehensive training on lesbian, gay, bisexual, transgender and intersex (LGBTI) definitions. CINC II has a disciplinary policy consistent with the Federal Bureau of Prisons with which they have the contract for the residents which includes a zero tolerance policy for sexual harassment and or assaultinve behaviors.

The tour of the facility was completed with the auditor making re-visits to the resident area to speak with residents and get a feel for the atmosphere of the housing area. The residents appeared to be comfortable in their surroundings and aware of their responsibilities as residents should they have any issues with PREA related activity. This was confirmed in the one on one private interviews with the residents and staff. The recreation area is well maintained as is the rest of the facilty. It was clean and free of areas which could be considered blind spots. It was an open area which could be easily vewied from several angles as well as covered by video monitoring equipment.

The overall appearance of the facility is that it is small and can be easily maintained and monitored to protect the residents as well as the staff who work there. The staff were pleasant and knowledgeable about their jobs. The Auditor observed intake screening and the professional way it was done by the staff member explaining different policies and expectations to the new resident.

CINC II is a well run facility with leadership and a dedicated group of staff members who take their responsibilities seriously and convey to the residents they expect the same from them.

Number of standards exceeded: None

Number of standards met: 34

Number of standards not met: None

Number of standards not applicable: 4

Standard 115.211 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator

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

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

The facility has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment in their facility.
The facility has a written policy outlining how it will implement the facility's approach to preventing, detecting, and responding to sexual abuse and sexual harassment.
The policy includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment.
The policy includes sanctions for those found to have participated in prohibited behaviors.
The policy includes a description of facility strategies and responses to reduce and prevent sexual abuse and sexual harassment of residents.

The facility has designated a facility PREA coordinator.
The PREA coordinator has sufficient time and authority to develop, implement, and oversee facility efforts to comply with the PREA standards in the facility. The PREA Coordinator volunteered for this position, and has put tremendous time and effort into the training of staff on PREA and LGBTIQ issues.

The position of the PREA coordinator in the facility's organizational structure: Director, reports directly to the Chief Executive Officer

Standard 115.212 Contracting with other entities for the confinement of residents

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

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

CINC II holds a valid contract with the Federal Bureau of Prisons to house residents for the FBOP's Half Way House Program. The contract reviewed by the Auditor shows an acceptance date of 11/19/2010. Additionally, a letter to the CEO of CINCII from the FBOP was reviewed indicating the FBOP's requirement CINCII obtain compliance with PREA Standards from the FBOP Contracting Office.

Standard 115.213 Supervision and monitoring

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

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

The facility has developed and documented a staffing plan that provides for adequate levels of staffing and where applicable, video monitoring to protect residents against sexual abuse. The facility has video monitoring in dorm hallways, recreation and strategically placed in areas around the facility.

The facility staffing plan is constantly monitored to ensure adequate staff coverage for a fluctuating residenat population. There have been no deviations from the staffing plan in the last 12 months.

Standard 115.215 Limits to cross-gender viewing and searches

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

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

The facility does NOT conduct cross--gender strip or cross--gender visual body cavity searches of residents.

The facility does NOT permit cross--gender pat--down searches of female residents, absent exigent circumstances. There have been no exigent circumstances. The facility does not restrict female residents' access to regularly available programming or other outside opportunities in order to comply with this provision.

The facility policy requires that all cross--gender strip searches and cross--gender visual body cavity searches be documented.

The facility has implemented policies and procedures that enable residents to shower, perform bodily functions, and change clothing without non--medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks (this includes viewing via video camera). Policies and procedures require staff of the opposite gender to announce their presence when entering a resident housing unit.

The fcility has a policy prohibiting staff from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status.

All security staff (Monitors) have received training on conducting cross--gender pat--down searches and searches of transgender and intersex residents in a professional and respectful manner, consistent with security needs.

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

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance

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

CINC II has a policy in effect which addresses residents with disabilities and those with limited language skills. In the event an interpreter is needed the facility has made arrangements to enlist the local Sheriffs Office to assist any resident who may be in need of this type of service. The facility also has policy that prohibits the use of resident interpreters except in limited circumstances which could delay the actions taken by a first responder to assist the resident in gaining assistance for a PREA related incident.

Standard 115.217 Hiring and promotion decisions

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

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

CINC II policy states:The facility will not employ or promote anyone who may have contact with offenders and will not utilize a contract for services of any contractor who may have contact with offenders who has engaged in sexual abuse in a prison, jail lockup, community confinement center facility, juvenile facility or other institution as defined in 42 USC 1997.

A review of employee files by the auditor show their completed background checks with one of the sample files being an up dated five background update including appropriate questions about possible past activity which would question the employyes acceptance or continued employment with CINC II.

Standard 115.218 Upgrades to facilities and technologies

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

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

CINC II is in the process of having an outside contractor work on their existing video monitoring equipment. At the time of the audit one of the relay switches was in need of repair and the plan as discussed with the Facility Director was to get a cost estimate for upgrades to the system which would improve the monitoring capabilities of the facility which already exist.

Standard 115.221 Evidence protocol and forensic medical examinations

- ☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

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

CINC II policy directs staff concerening their responsibility to ensure allegations of sexual abuse and or sexual harassment are investigated. After an initial investigation is completed the PREA Cordinator will refer the allegation as needed to local law enforcement. The PREA coordinator will follow up with local law enforcement to ensure a proper conclusion is reached. In the event the PREA coordinator concludes the allegation does not warrant outside law enforcement involvement, the matter will be handled at the agency level with all documentation of any allegation maintained by CINC II.

Standard 115.222 Policies to ensure referrals of allegations for investigations

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

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

As referenced above in 115.221 all allegations which rise to the level a criminal level will be immeditaley referred to the Lake Charles Police Department and or the Calcasieu Parish Sheriffs Office. This was confirmed by the Auditor during an interview with the Calcasieu Parish Sheriffs Office Rape Crisis Cordinator.

Standard 115.231 Employee training

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

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

The facility trains all employees who may have contact with residents on the following matters. Its zero--tolerance policy for sexual abuse and sexual harassment; How to fulfill their responsibilities under facility sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; Residents' rights to be free from sexual abuse and sexual harassment; The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment; The dynamics of sexual abuse and sexual harassment in confinement; The common reactions of sexual abuse and sexual harassment victims; How to detect and respond to signs of threatened and actual sexual abuse; How to avoid inappropriate relationships with residents; How to communicate effectively and

professionally with residents, including lesbian, gay, bisexual, transgender, intersex, questioning or gender nonconforming residents – A BEST PRACTICE; and how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

Training is tailored to the gender of the residents at the facility.

Between trainings, the facility provides employees who may have contact with residents with refresher information about current policies regarding sexual abuse and sexual harassment.

The facility documents that employees who may have contact with residents understand the training they have received as noted on the training material reviewed by the Auditor.

Standard 115.232 Volunteer and contractor training

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

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

N/A CINC II does not have contractors or volunteers.

Standard 115.233 Resident education

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

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The Auditor sat in on a intake briefing of a new resident during the audit. The facilities Zero Tolerence policy regarding Sexual Abuse and Sexual Harrassment was explained and the resident signed a form indicating he understood. The resident was also informed of his right to report any allegation without fear of retaliation. He was informed of the various ways to report sexual abuse or harassment at CINC II and also provided information on how he may contact an outside agency if he felt it would be better for him to do it that way.

A review of resident intake records indicated this is a a custom and practice at the facility to inform new arrivals of their responsibilities regarding PREA related issues as well as the agencies responsibility to provide a safe environment for their stay at CINC II.

Standard 115.234 Specialized training: Investigations

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the

relevant review period)

☐ Does Not Meet Standard (requires corrective action)

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

The PREA Cordinator serves as the CINC II investigator in the event of an allegation of sexual assault or harassment. He has worked in a correctional setting for 40 years, has been trained in investigative techniques by the FBI and is Corrections Executive certified by the American Correctional Association.

Standard 115.235 Specialized training: Medical and mental health care

☐ Exceeds Standard (substantially exceeds requirement of standard)

☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

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N/A CINC II does not employ medical staff or mental health staff. Any medical or mental health concern for residents is taken care of by off site medical care or mental health professionals.

Standard 115.241 Screening for risk of victimization and abusiveness

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

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Upon arrival at the facility, the The Case Worker and Social Worker interview each resident, during this interview they perform routine classification and ask questions of the resident to ascertain if special considerations need to be made for the new resident. In the event a new arrival is to be considered as a special victim or abuser the CINC II Director is be notified. (ALL OF THE OFFENDERS WHO ARE ON SITE ARE CLASSIFIED AS MINIMUM CUSTODY) The facility utilizes form C-01-022-D which is a PREA Screening Checklist for each new arrival.

Standard 115.242 Use of screening information

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

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The facility uses information from the PREA Screening Checklist form to make an informed decision concerning resident housing assignements. The goal of the facility is to ensure residents who could be at risk of being sexually victimized are safe and their stay at CINC II is a productive one as they transition back into society. With that program in place the facility makes individualized determinations about how to ensure the safety of each resident.

In the event a resident identifies as transgender or intersex the facility would determine on a case-by-case basis what is best for the resident and the facility. The facility will also take into consideration a transgender or intersex resident's own views with respect to his or her own safety shall be given serious consideration.

Transgender and intersex residents shall be given the opportunity to shower separately from other residents as the facility has semi-private restrooms for each room similar to what you would see in a college dormitory.

The facility does not place lesbian, gay, bisexual, transgender, or intersex residents in dedicated units, or wings solely on the basis of such identification or status. CINC II is not subject to any legal settelement, consent decree or legal judgement which would effect housing assignements.

Standard 115.251 Resident reporting

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

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The facility has established procedures allowing for multiple internal ways for residents to report privately to facility officials about:
• Sexual abuse or sexual harassment;
• Retaliation by other residents or staff for reporting sexual abuse and sexual harassment; AND
• Staff neglect or violation of responsibilities that may have contributed to such incidents. Residents can report to staff, call the PREA Coordinator directly, or call an outside entity for assistance. Residnets who have been approved for a cell phone have them or they can utilize the telephones in the Laundry/Phone Room.

The facility has provided several avenues for residents to report abuse or harassment to a public or private entity or office that is not part of the facility. Residents can call ODRC (toll free PREA hotline), call the local rape crisis center, the Lake Charles Police Department or the Calcasieu Parish Sheriffs office and they also have a hotline to contact the Federal Bureau of Prisons.

The facility has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties. Staff are required to document verbal reports immediately.

The facility has established procedures for staff to privately report sexual abuse and sexual harassment of residents: report to any supervisory staff and staff have been informed of these procedures in training and at staff meetings.

Standard 115.252 Exhaustion of administrative remedies

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

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The facility has an administrative procedure for dealing with resident grievances regarding sexual abuse commonly referred to as an ARP.

Facility policy or procedure allows a resident to submit a grievance regarding an allegation of sexual abuse at any time regardless of when the incident is alleged to have occurred.

CINC II does not recommend an informal attempt to resolve a concern of sexual abuse. The facility considers such an act to be a violation of the law and prefers to handle the matter formally.

Facility policy and procedure allows a resident to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint. CINC II suggests the grievence be given to the Director and that a resident grievance alleging sexual abuse not be referred to the staff member who is the subject of the complaint.

Facility policy and procedure requires that a decision on the merits of any grievance or portion of a grievance alleging sexual abuse be made within 90 days of the filing of the grievance.

Facility policy and procedure permits third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse and to file such requests on behalf of residents.

The facility has a policy and established procedures for filing an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse. Facility policy and procedure for emergency grievances alleging substantial risk of imminent sexual abuse. The agency will normally reply to an emergency grievanve immediately but always within five days.

The facility has a written policy that limits its ability to discipline a resident for filing a grievance alleging sexual abuse to occasions where the facility demonstrates that the resident filed the grievance in bad faith.

Standard 115.253 Resident access to outside confidential support services

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

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

The facility provides 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) for local, state, or national victim

advocacy or rape crisis organizations; and enabling reasonable communication between residents and these organizations in as confidential a manner as possible.

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

The facility does not have a memoranda of understanding (MOU) or other written agreement with community service providers that are able to provide residents with emotional support services related to sexual abuse. The agenciy has submitted a request for an MOU and is currently for approval from the legal services for Calcasieu Parish. The Auditor did meet with the Sheriffs Office representative who stated they would assist but the MOU was still under legal review.

Standard 115.254 Third-party reporting

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

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

The facility provides a method to receive third--party reports of resident sexual abuse or sexual harassment: either through email, a phone call to facility PREA Coordinator, or by contacting local Rape Crisis Center.

Standard 115.261 Staff and agency reporting duties

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

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

CINC II requires all staff to report immediately any instance of sexual abuse or harassment and this includes knowledge of suspicion of such an act including any acts which may have taken place away from the facility when a resident was at work, etc.

Staff are required to report any retaliation against residents or staff who have reported such an incident. Required reporting also includes any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Apart from reporting to designated supervisors or officials and designated state or local service agencies, facility policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to provide treatment, conduct an investigation, or make any other security related management decisions.

CINC II does not house residents under the age of 18.

Staff at CINC II shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigator.

Standard 115.262 Agency protection duties

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

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

CINC II has not been made aware of any resident report of a substaintial risk of immenent sexual assault during the tenure of the present Director/PREA Cordinator also during interviews with staff and the Chief Executive Officer the Auditor was not told of any such instance. In the event a resident is confirmed to be a sexual assault victim and there could be a risk of harm at CINC II the resident would be returned to the sending agency and not processed as a resident for the safety of the resident per CINC II policy: Screening and Assessing Offenders during the Intake Process.

Standard 115.263 Reporting to other confinement facilities

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

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

CINC II houses Federal Bureau of Prisons inmates as residents. In the event a resident were to report an allegation of sexual abuse at a facility prior to arriving at CINC II, their policy is to notify the contract oversight officer for the FBOP who would notify the sending facility in order for proper steps to be taken to investigate the allegation.

Standard 115.264 Staff first responder duties

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

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

corrective actions taken by the facility.

CINC II policy has the following direction for staff who would be the first responder to an allegation of sexual assault: At such time as a facility staff member becomes aware of sexual abuse or sexual harassment, the staff member is obligated to separate the victim and the alleged abuser, protect the crime scene by locking the area and removing other residents from the area. The staff will request the alleged victim not brush their teeth, take a bath, destroy any evidence , urinate, deficate, smoke, eat or drink anything. It is important to follow these directions as evidence could still be attainable.

Standard 115.265 Coordinated response

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

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

CINC II policy Prison Rape Elimination Act (subject) Prevention/Investigation outlines in written format directions for staff to take a coordinated response to an incident involving sexual abuse. The policy directs staff who to notify and what actions to take as a first responder. The policy outlines investigative and reporting requirements for CINC II staff and the use of outside law enforcement agencies to assist in the investigation. The policy also identifies medical and mental health care requirements associated with the alleged sexual abuse.

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

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

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

CINC II has not entered into a collective bargaining agreement or other agreement since August 20, 2012.

Standard 115.267 Agency protection against retaliation

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion

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

CINC II has included in their policy they have an obligation 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. The facility has designated Director/PREA Coordinator Robert Henderson with the responsibility of monitoring for possible retaliation.

The facility shall 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.

The facility monitors the conduct or treatment of residents or staff who may report sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by residents or staff for at least 90 days. The facility will act promptly to remedy any such retaliation. The facility will continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need.

In the case of residents, such monitoring shall also include periodic status checks.

The facility's obligation to monitor shall terminate if the facility determines that the allegation is unfounded.

Standard 115.271 Criminal and administrative agency investigations

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

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

CINC II policy excerpt is below.
A. Investigation of recent sexual assault or sexual misconduct occurring within 72 hours - if the alleged sexual assault or sexual misconduct is reported or discovered within 72 hours of the incident, the following steps will be taken by the Security Supervisor or Designee:

1. The Security Supervisor will he notified and an investigation will be initiated as directed. Based upon the initial inquiry and/or evidence that the allegation represents possible criminal activity, the Security Supervisor or Designee will notify local law enforcement. At the initiation of the investigation, alleged Victim(s) and alleged Aggressor(s) will be immediately separated.

2. In preparation for transporting the alleged Victim to the Hospital Emergency Room, the Victim will be instructed to undress over a clean sheet in order to collect any potential forensic evidence that may fall from their person. The sheet, along with the Victim's clothing, will be collected as evidence and placed in a paper bag with an appropriate chain of evidence form attached. Appropriate substitute clothing will be provided to the Victim.

3. The alleged Victim will be promptly escorted under appropriate security provisions to the Hospital for evaluation.

4. When the alleged Victim is an Offender and is released from the Hospital Emergency Room, the alleged victim will be segregated from the alleged aggressor and housed in a single-cell until screened by a Mental Health Professional. The Offender will be returned to DOC as an Administrative Transfer.
5. A determination will be made based upon the amount of time that has passed since the alleged incident occurred and the possibility of evidence still existing, as to whether the alleged Aggressor, if known to be an Inmate/Offender, should be placed in an empty cell; with the water turned off to preserve forensic evidence. An Offender who is placed in an empty cell for purposes of preserving forensic evidence will be strip-searched, issued a paper gown and will have all possessions removed. No Offender placed in an empty cell

will remain in such status any longer than is necessary to determine if any forensic or other evidence can be obtained. Offender would be placed under controlled watch by Monitor in the Urinalysis Room until Local Law Enforcement Arrived.

6. A determination will be made based upon the amount of time that has passed since the alleged incident and other factors, whether there is a possibility of evidence still existing at the crime scene. If fit is determined evidence may still exist, the alleged crime scene will be secured and any potential evidence will remain in place for the investigation. If the alleged crime scene cannot be secured, it will be photographed and/or videotaped and proper evidence protocols followed.

7. The only persons allowed to enter a secured crime scene will be:
a. Security Supervisor.
b. Assigned Investigator(s).
c. Local law enforcement officers and medical personnel, as needed.

8. A log sheet will be maintained to record the following:
a. Name of each person entering the crime scene.
b. The time of entry and time of departure.

9. The crime scene will remain secured until released by the Investigator(s).

IO. Alleged Aggressors who are Offenders will be placed on room confinement pending an investigation and will remain there until the investigation is complete, unless other circumstances require the transfer of the alleged Aggressor.

Note: All PREA investigations will result in a formal CINC II Incident Report being written including a Risk Assessment.

B. CINC II will work with the Calcasieu Sherriff's Department and Calcasieu Parish District Attorney's Office to ensure appropriate criminal prosecution in cases of sexual assaults.

Standard 115.272 Evidentiary standard for administrative investigations

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

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

CINC II policy states: The facility has the responsibility to ensure that allegations of sexual abuse and or sexual harassment are investigated. After initial investigation, the PREA coordinator will refer as needed to local law enforcement. The PREA coordinator will follow up to ensure that a proper conclusion is reached. The local Calcasieu Parish Sheriffs Office and or the Lake Charles Police Department have the legal authority to be involved and act as an investigative arm however if there is a determination that no criminal activity was involved then the PREA Cordinator will conclude the matter as an agency matter. Documentation of all alleged incidents and referrals would be maintained.

Standard 115.273 Reporting to residents

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

☐ Does Not Meet Standard (requires corrective action)

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

CINC II has a policy requiring that any resident who makes an allegation that he or she suffered sexual abuse in the facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated or unfounded following an investigation by the facility. In the past 12 months, the facility conducted two administrative investigations of alleged resident sexual misconduct that were completed by the facility; and in both cases the residents were notified, verbally or in writing, of the results of the investigation. Both investigations were unfounded.

Standard 115.276 Disciplinary sanctions for staff

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

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

Staff are subject to disciplinary sanctions up to and including termination for violating facility sexual abuse or sexual harassment policies.

Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse. In the past 12 months: CINC II has had no reported instances of staff members being involved in any sexual abuse or sexual harassment incidents. A review of a sampling of employee files confirmed this information.

Disciplinary sanctions for violations of facility policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. This is outlined in the CINC II Employee Handbook.

Any terminations for violations of facility sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.

Standard 115.277 Corrective action for contractors and volunteers

☐ Exceeds Standard (substantially exceeds requirement of standard)

☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

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

N/A CINC II does not utilize contractors or volunteers.

Standard 115.278 Disciplinary sanctions for residents

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

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

Residents are subject to a disciplinary process and sanctions which mirror that of the Federal Bureau of Prisons which CINC II has the contract with to house their inmates. Sanctions are pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident--on--resident sexual abuse.
In the past 12 months, there have been NO administrative or criminal findings of resident-on-resident sexual abuse that have occurred at CINC II.

Sanctions shall be 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.

The disciplinary process shall consider whether a resident's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.

The facility does not offer therapy, counseling, or other interventions as they have no in house mental health professionals. Residents would be referred to the Lake Charles Memorial Hospital.

The facility disciplines residents for sexual conduct with staff only upon finding that the staff member did not consent to such contact.

The facility prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation.

The facility prohibits all sexual activity between residents and deems such activity to constitute sexual abuse only if it determined that the activity is coerced. All disciplinary action is in accord with Federal Bureau of Prisons rules and all disciplinary hearings are reviewed by the FBOP.

Standard 115.282 Access to emergency medical and mental health services

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

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

Resident victims of sexual abuse will receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The nature and scope of such services are determined by medical and mental health practitioners. All such care will be provided by the Lake Charles Memorial Hospital.

Sexaul abusers will be referred to the Federal Bureau of Prisons who will make appropriate decisions about mental health evaluations.

The cost of the services will not be the responsibility of the resident.

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

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

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

All mental and medical health services for residents will be provided by the Lake Charles Memorial Hospital for any resident who would require their services. During interviews with residents the Auditor confirmed ongoing medical treatment is being provided to the residents for reasons other than sexual abuse or assault.

The facility's policy Prevention and Investigation outlines procedures which would provide for residents to meet this standard. This includes medical and mental health evaluation and, as appropriate, treatment to all residents who have been a victim of sexual abuse in any prison, jail, lockup, or juvenile facility.

Standard 115.286 Sexual abuse incident reviews

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

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

The facility has policy which covers the review of sexual abuse incidents. The facility will conduct an immediate incident review to determine causative factors about the incident being reviewed to counclude if the incident is substantiated. The review team will include the CINC II Director/PREA Cordinator, Social Worker, Case Worker and Senior Monitors from the facility.

There have been no allegations of sexual abuse or sexual harassment which were founded in the past 12 months at CINC II.

In the event CINC II were to have an allegation which was founded the Director/PREA Cordinator would be responsible to provide a report with recommendations to prevent future sexual abuse incidents to his superiors as well as the Federal Bureau of Prisons utilizing his skills and experience as an investigator who has been trained by the FBI along with his 40 years of correctional experience.

Standard 115.287 Data collection

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

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

CINC II policy states: The facility will maintain documentation on all incidents involving abuse and harassment. The information will be provided to the Federal Bureau of Prisons for standardized data reporting including the Survey of Sexual Violence for Department of Justice incidents as the happen. Data from any incident will be reviewed to determine how to avoid such instances and any corrective action necessary will be taken. Incidents will be accumulated for reporting to the American Correctioanl Association to determine if incidents are increasing. Any data will only be released to the Federal Bureau of Prisons and the American Correctional Association in a report approved by the CINC II Director.

This facility is not associated with other facilities .

Standard 115.288 Data review for corrective action

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

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

CINC II has had no reportable incidents to review however, their policy in section 33 provides for the review of 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, and training, including:
• Identifying problem areas;
• Taking corrective action on an ongoing basis; and
• Preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as the facility as a whole.

CINC II's annual reporting requirements includes a comparison of the current year's data and corrective actions with those from prior years. The annual report provides an assessment of the facility's progress in addressing sexual abuse, which is provided to the Federal Bureau of Prisons.

The facility does not have a public website however, the information is provided to the American Correctional Association and the Federal Bureau of Prisons for data collection. All PREA related facility reports are generated from the Directors Office.

Standard 115.289 Data storage, publication, and destruction

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

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

The facility ensures that incident--based and aggregate data are securely retained.

Facility policy requires that aggregated sexual abuse data be made readily available to the public, at least annually, through distribution to the American Correctional Association and the Federal Bureau of Prisons for standardized data reporting.

Before making aggregated sexual abuse data publicly available, the facility would remove all personal identifiers.

The facility will maintain sexual abuse data collected pursuant to §115.287 for at least 10 years after the date of initial collection, unless federal, state, or local law requires otherwise.

AUDITOR CERTIFICATION

I certify that:

☒ The contents of this report are accurate to the best of my knowledge.

☒ No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and

☒ I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Tim Gravette _____ July 22, 2016 _____

Auditor Signature Date