

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

Interim Final

Date of Report April 8, 2018

Auditor Information

Name: Noelda Martinez	Email: noelda@preaauditing.com
Company Name: PREA Auditors of America, LLC	
Mailing Address: 14506 Lakeside View Way	City, State, Zip: Cypress, TX 77429
Telephone: (713) 818-9098	Date of Facility Visit: January 23, 2018

Agency Information

Name of Agency: Air Force Security Forces Center		Governing Authority or Parent Agency (If Applicable): Air Force	
Physical Address: 1517 Billy Mitchell, BLDG 954		City, State, Zip: JBSA Lackland, TX 78236-0119	
Mailing Address: -		City, State, Zip: -	
Telephone: (210)925-0845		Is Agency accredited by any organization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
The Agency Is:	<input checked="" type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
Agency mission: Provide quality confinement and rehabilitation services			
Agency Website with PREA Information: http://www.af.mil/LinkClick.aspx?fileticket=XpJnMkcmoho%3d&portalid=1			

Agency Chief Executive Officer

Name: Joseph Wegner	Title: Director, Confinement & Corrections Directorate
Email: joseph.wegner@us.af.mil	Telephone: (210) 925-7733

Agency-Wide PREA Coordinator

Name: Marcus Sidney	Title: PREA Coordinator
Email: marcus.sidney.1@us.af.mil	Telephone: (210) 925-0845

PREA Coordinator Reports to: Air Force Security Forces Center	Number of Compliance Managers who report to the PREA Coordinator (210) 925-0845
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Facility Information

Name of Facility: JBSA-Lackland Confinement Facility (LCF)

Physical Address: 1151 Eagle Drive, JBSA Lackland-Medina Annex, TX 78236

Mailing Address (if different than above): -

Telephone Number: (210) 671-2214

The Facility Is:	<input checked="" type="checkbox"/> Military	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Private not for profit
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<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
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Facility Type:	<input type="checkbox"/> Jail	<input checked="" type="checkbox"/> Prison
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Facility Mission: Provide quality confinement and rehabilitation services

Facility Website with PREA Information: <https://afsfmil.lackland.af.mil/sfc.prea.html>

Warden/Superintendent

Name: Captain Shaun O'Dell	Title: Confinement Officer
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Email: shaun.odell.1@us.af.mil	Telephone: (210) 671-1272
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Facility PREA Compliance Manager

Name: TSgt. Keli Foxx	Title: PREA Compliance Manager
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Email: keli.foxx@us.af.mil	Telephone: (210) 671-9489
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Facility Health Service Administrator

Name: 59th Medical Wing	Title: WHMC Ambulatory Surgical Center
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Email: www.59mdw.af.mil	Telephone: (210)292-7412
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Facility Characteristics

Designated Facility Capacity: 31	Current Population of Facility: 3
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Number of inmates admitted to facility during the past 12 months	27
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Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	12
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Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	27
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Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:		0	
Age Range of Population:	Youthful Inmates Under 18: 0	Adults: 18-50	
Are youthful inmates housed separately from the adult population?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input checked="" type="checkbox"/> NA	
Number of youthful inmates housed at this facility during the past 12 months:		0	
Average length of stay or time under supervision:		6 months	
Facility security level/inmate custody levels:		Level 1 Facility/Minimum- Maximum	
Number of staff currently employed by the facility who may have contact with inmates:		28	
Number of staff hired by the facility during the past 12 months who may have contact with inmates:		28	
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:		0	
Physical Plant			
Number of Buildings: 1		Number of Single Cell Housing Units: 6	
Number of Multiple Occupancy Cell Housing Units:		2 open bays	
Number of Open Bay/Dorm Housing Units:		2 pen bays	
Number of Segregation Cells (Administrative and Disciplinary):		6	
Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):			
<p>The CCTV plan is utilized with a total of thirty-two surveillance cameras installed throughout the facility. The control surveillance room is located in the conference room with limited access to those authorized. The facility has monitors set up in the main control office where assigned staff observe and document (blotter) all movement. The on-duty officer will blotter every confinee movement and a record is maintained.</p>			
Medical			
Type of Medical Facility:		Urgent Care Center	
Forensic sexual assault medical exams are conducted at:		Wilford Hall Ambulatory Surgical Center 59th Medical wing	
Other			
Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:		0	
Number of investigators the agency currently employs to investigate allegations of sexual abuse:		Air Force Office Special Investigations	

Audit Findings

Audit Narrative

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-onsite audit, onsite audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.

The Prison Rape Elimination Act Audit for the Joint-Base San Antonio Lackland Confinement Facility (LCF) was conducted on January 23, 2018. The purpose of the audit was to make determinations of compliance for each standard based on the review of all related evidence, evaluation of policies, procedures, practice and observation of the audited facility. Noelda Martinez, served as the lead Certified PREA Auditor which conducted the PREA pre-onsite audit phase, a review of the pre-audit questionnaire, onsite audit, auditor compliance tool, site review instructions, process map and post-audit phase. The PREA Notice was posted in both English and Spanish; reviewed facility supporting documentation, files, interviewed staff, inmates and contacted Advocacy Organizations.

The introduction meeting was held on January 23, 2018 with the following Air Force administrative staff: Marcus A. Sidney, GS-12, DAF, AF Confinement & Corrections Directorate, AF PREA Coordinator, Air Force Security Forces Center/Joint Base San Antonio-Lackland; Keli J. Foxx, TSgt, USAF, NCOIC, Standardizations and Evaluations 802d Security Forces Squadron, Joint Base San Antonio-Lackland; Non-Commissioned Officer in Charge/Technical Sergeant Scott D. Aberle & Captain Shaun Odell. The PREA Auditor wishes to extend its gratitude to Marcus A. Sidney, Agency Wide PREA Coordinator and his staff for the level of professionalism demonstrated throughout the audit and their ongoing cooperation to comply with all recommendations and requirements made by the auditor during the onsite visit. The auditor would also like to recognize the JBSA PREA Coordinator Keli J. Foxx, TSgt, for his proficiency and obligation of gaining compliance with each PREA standard.

The Lackland Confinement Facility tour was initiated and the following areas were observed: Intake/screening process, all housing units, including dormitories, segregated housing units, Central Control, Recreation area, to include renovated, modified, or expanded areas. During the Facility tour, random informal interviews were conducted with confinees and staff.

The auditor interviewed 10 employees who included the Agency head, AF PREA Coordinator, AF PREA Manager, Warden/designee, Random sample of staff, specialized staff: Intermediate/higher level staff, Medical/Mental health, SANE/SAFE staff, volunteers/contractors, investigative staff, Incident team review, designated staff members charged with monitoring retaliation, and confinee interviews.

The auditor interviewed all confinees to include segregation. A telephonic interview was conducted with the 59th Medical Wing-WHMC Ambulatory Surgical Center Military Hospital in San Antonio who is responsible for conducting JBSA Lackland Confinement Facility Sexual Assault Forensic Examinations.

The Joint Base San Antonio Lackland Confinement Facility count on the first day of the onsite visit was 3. The facility count remained the same for the on-site audit on 1/23/18. The JBSA Lackland Confinement Facility established a rapport with the auditor displaying the upmost professionalism, dignity and respect.

The auditor was able to present all concerns and recommended requirements with the Air Force PREA Coordinator, Marcus A. Sidney and LCP PREA Coordinator Keli J. Foxx TSgt, USAF; their diligence and cooperation resolved issues addressed by the auditor during the onsite visit.

The exit briefing was conducted on January 23, 2018. The facility entered into Phase 4: Corrective Action and Final Report. According to Standard 115.404 (b)(c)(d). The auditor and agency developed a corrective action plan to achieve compliance. On or before the 180-day corrective action period ends, the auditor is responsible for the final determination as to whether the facility has achieved compliance with those standards requiring corrective action. The facility provided evidence to the auditor as required which verified the facility full addressed all deficiencies identified in the interim report and is in compliance with all the PREA Standards.

Facility Characteristics

The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate, resident or detainee population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.

The Air Force Corrections Systems (AFCS) is committed to zero-tolerance of any form of sexual abuse and sexual harassment in the facilities it operates. The AFCS strives to ensure strict enforcement of the Prison Rape Elimination Act (PREA). The primary system residents are pre-trial detainees pending a court-martial and post-trial inmate serving a court-martial sentence of confinement. The Air Force (AF) operates Department of Defense Level 1 Confinement Facilities (CF):

- Level 1 Facilities typically house inmates with less than six months (maximum 1 year)
- Currently there are (21) twenty-one AF Level 1 Operational facilities across the United States
- Facility bed space ranges from (4) four up to its largest facility containing (29) twenty-nine beds
- AF Level 1 facilities average 3.26 inmates per month.

The Air Force Confinement Staff is uniquely structured and utilizes military terms and titles to describe confinement staff and leadership. AF CF operations are led by Noncommissioned Officers who hold the title Noncommissioned Officer-in-Charge (NCOIC) of Confinement and report to the Confinement Officer (Warden). The Base Defense Force Commander (DFC) is ultimately responsible for the facility but, is not primarily involved in the day to day operations. The staff consist of junior enlisted members who are AF Security Force Members (cops) trained to perform guard duties. The staff averages (2) two years in their position and rotate out for a variety of reasons (military orders, contingency deployments, promotions, separations, separation from the service, etc.) The AF PREA Coordinator (Mr. Sidney) centrally manages the agency's program from Lackland, TX.

The Joint-Base San Antonio Lackland Confinement Facility (LCF) is located at 1511 Eagle Drive, JBSA Lackland-Medina Annex, TX 78236. The facility is a level 1 (Minimum-Maximum) designed capacity of 31 inmates with total of 27 inmates housed in the past 12 months and a current population of three. The physical plant is composed of 1 building, 6 single housing units, 2 open bays and 6 segregation cells. The facility has a female bay, male bay, conference room, storage area, and recreation yard/segregation cells. The Prison Rape Elimination Act (PREA) was passed by Congress and signed into law by President George W. Bush in 2003 to prevent, detect and respond to sexual abuse and sexual harassment that occurs in confinement settings. The law was expanded by President Barack Obama in 2012 via executive order to include all federal and Department of Defense correctional facilities.

The National Prison Rape Elimination Commission developed national standards which apply to adult prisons and jails, juvenile facilities, lockups and community confinement facilities. The Air Force Corrections System has zero-tolerance towards all forms of sexual abuse and sexual harassment within its confinement

facilities and is committed to preventing, detecting, and responding to such activity. Unit Commanders will immediately respond to allegations and refer sexual abuse or sexual harassment allegations for criminal investigation to the Air Force Office of Special Investigations (AFOSI). Disciplinary action will be pursued based upon the outcome of the investigations. Substantiated allegations will be referred for prosecution. The Air Force has a designated agency-wide PREA Coordinator based at the Air Force Security Forces Center. All confinement facilities have a PREA Compliance Manager who follows the administrative lead of the PREA Coordinator in order to share information and efforts to ensure satisfactory inspection compliance. Air Force confinement facilities have established policy and guidance in accordance with the PREA standards.

Third Party Reporting for Air Force Confinement Facilities: Email afsfcsfcv.1@us.af.mil; Mailing address: Air Force Security Forces Center/FC (PREA Coordinator) 1517 Billy Mitchell Blvd, bldg. 954, JBSA Lackland, TX 78236. Department of Defense Safe Helpline: 1-877-995-5247; Security Forces Center Operation Center: 1-877-273-3098.

The Air Force Security Forces Center has four divisions: Corrections, Innovation, Operations, and Plans and Programs. Corrections Division Mission: The Corrections Division is responsible for the transfer and management of Air Force courts-martialed members from worldwide confinement facilities for continued confinement in Regional Correctional Facilities (RCFs) operated by the Department of Air Force, Army, Navy, and Marine Corps. The division maintains courts-martial, personnel, and financial data of inmates confined in the Air Force Corrections System and members released on parole or appellate leave. The Division is composed of three branches: Inmate Management, Policy and Return to duty. Innovation Division Mission: Identify and deliver emergent and future force protection and force application solutions for the Air Force and the warfighter by rapidly measuring their potential through research, operational demonstrations, and remodeling and simulations.

The Division is composed of four branches: Concepts, Health, Modeling and Simulation, and Non-Lethal. Operation Division Mission: The Operations Division provides policy, resource advocacy, and guidance across the force protection spectrum in the areas of doctrine, antiterrorism, training and conducts vulnerability assessments. The Division is composed of eight branches: AF Vulnerability Assessment, Aggressor, Current Operations, DOD MWD Program Management, Force Protection, NORTHAF Force Protection, Policy Services, and Security and Base Defense. Plans and Programs Division Mission: Manages current and future requirements, facilitates development of USAF Security Forces operational concepts and doctrines. (Helps Security Forces organizations provide quality, cost-effective training). Implements policies and procedures for the Air Force Combat Arms training program. The Division is composed of five branches: Requirements, Doctrine & Concept Development, Training, Combat Arms, and Force Protection Commodity Council.

Sexual Assault Prevention and Response (SAPR) is a program that serves the entire military community at JBSA. JBSA SAPR is part of the 502 Air Base Wing and collaborates with all service branch SAPR/SHARP programs that reside on JBSA. Each service branch's programs are dedicated to serving and supporting victims of sexual assault. JBSA maintains a Crisis Hotline for all Service branch personnel 24 hours a day, 7 days a week. How to report Sexual Assault: Call Sexual Assault Crisis hotline @ 210.808.7272. SAPR Advocacy Center list of locations: Air Force SAPR at JBSA-Lackland 1880 Carswell Ave Ste 3, Bldg R212, Rm 1 & 2. The SAPR or a Victim Advocate can provide support and information regarding reporting options. Mental and Behavioral Health Services: Open to all qualified individuals associated with Joint Base San Antonio, the San Antonio Military Medical Health System offers a wide range of mental and behavioral health services through the Brooke Army Medical Center and Wilford Hall Ambulatory Surgical Center.

The Inspector General of and the Air Force (SAF/IG) independently assesses the readiness, discipline, and efficiency of the Air Force. SAF/IG is responsible to the Secretary and Chief of Staff for AF inspection policy; intelligence oversight; criminal investigations; counter intelligence operations; complaints programs; fraud,

waste, and abuse program; the Air Force Inspection Agency; and the Air Force office of Special Investigations.

The Mission: Establish and provide guidance and excellence in protocol, decorum while maintaining working relationships with Offices of the Secretary of Defense, Secretaries of the Armed Forces, Major commands, and other armed services on all aspects pertaining to official ceremonies, conferences, events, socials, and congressional, DOD, international distinguished visits hosted by Joint Base San Antonio Commander/Vice Commander.

Summary of Audit Findings

*The summary should include the number of standards exceeded, number of standards met, and number of standards not met, **along with a list of each of the standards in each category**. If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance.*

115.51 Inmate Reporting (f) In addition to providing such education, the agency shall ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats.

Corrective Action: The PREA Zero-Tolerance, Inmate Reporting information was not posted in the Segregation Units at the time of the onsite audit. The facility immediately posted the required information in the confinee male/female housing unit corrected onsite. No further action is required.

115.42 Use of Screening Information. Document of risk-assessment of programming. The facility is currently conducting the 30-day reassessment. However, the form currently being utilized did not differentiate the initial interview from the 30-day reassessment.

Corrective Action: The facility immediately updated the form and the issue was corrected onsite. No further action is required.

115.15 Limits to Cross-Gender Viewing and Searches. (d) The facility shall implement policies and procedures that enable inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Such policies and procedures shall require staff of the opposite gender to announce their presence when entering an inmate housing unit.

Corrective Action Plan: The facility has a male/female open bay housing unit with shower stalls and toilets. The area is open for view of the opposite gender; the facility requires all staff of the opposite gender to announce their presence prior to entering. The rule book requires confinees to request permission prior to entering the shower/toilet area. In order to satisfy the standard; The auditor required the facility to install PREA certified shower curtains along with the privacy curtains allowing the confinees to use the shower/toilet without view of the opposite gender. Verification was made by the auditor and no further action is required.

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

Number of Standards Exceeded: 4

115.13, 115.17, 115.21, 115.51

Number of Standards Met: 39

Number of Standards Not Met: 0

Summary of Corrective Action (if any)

115.51 Inmate Reporting (f) In addition to providing such education, the agency shall ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats.

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PREVENTION PLANNING

Standard 115.11: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

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

115.11 (a)

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

115.11 (b)

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

115.11 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The Lackland Confinement Facility (LCF) has a written policy mandating zero tolerance towards all forms of sexual abuse and sexual harassment and outlines the agency's approach to preventing, detecting, and responding to such conduct. The LCF has a designated upper-level, agency-wide PREA coordinator with sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA Standards.

The IAW 802nd SFS PREA Guidance, Zero Tolerance policy. The 802D SFS has a zero-tolerance policy towards all forms of sexual abuse and sexual harassment. This policy is directed by 28 Code of Federal Regulations (C.F.R) Part 115, Air Force Instruction (AFI) 31-105, and reaffirmed in this guidance for the enforcement prevention, detection, and response to such conduct. IAW 802D SFS PREA Guidance, Preventing and Detecting Sexual Abuse and Harassment. The 802D SFS PREA Guidance p. 7-14 The PREA Guidance template was provided to all Air Force Confinement Facilities by the agency via SMARTnet.

The 802D SFS adopts and implements the following measures to prevent and detect sexual abuse and sexual harassment in its confinement facility to include: Staffing Plan/Video Monitoring; Unannounced Rounds; Youthful Confinees; Transgender Intake, Cross-Gender Viewing and Searches; Confinees with Limited English Proficiency or Disabilities; Screening of Confinees; and Protection of Confinees facing substantial risk. The policy includes sanctions for those found to be participated in prohibited behaviors. IAW 802D SFS PREA Guidance p. 21-22.1 5. H.

The Air Force Security Forces Center (AFSFC) designates a PREA Coordinator with sufficient time and authority to develop, implement, and oversee its efforts to comply with the PREA Standards. The PREA Coordinator works with the Department of Justice sanctioned PREA Non-Governmental Organizations, PREA Offices assigned to Federal, State, or Local agencies, DoD's PREA offices, and PREA Compliance managers at the facilities under the Air Force Corrections System to ensure service wide PREA compliance. The Defense Force Commander (DFC) designates a facility PREA Compliance Manager with sufficient time and authority to coordinate the facilities efforts to comply under PREA.

Standard 115.12: Contracting with other entities for the confinement of inmates

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

115.12 (a)

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

115.12 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates OR the response to 115.12(a)-1 is "NO".) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Lackland Confinement Facility is not a public agency that contracts for the confinement of its inmates with private agencies.

Standard 115.13: Supervision and monitoring

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

115.13 (a)

- Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? Yes No
- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the generally accepted detention and correctional practices in calculating adequate staffing levels and determining the need for video monitoring? Yes No

- Does the agency ensure that each facility’s staffing plan takes into consideration any judicial findings of inadequacy in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility’s staffing plan takes into consideration any findings of inadequacy from Federal investigative agencies in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility’s staffing plan takes into consideration any findings of inadequacy from internal or external oversight bodies in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility’s staffing plan takes into consideration all components of the facility’s physical plant (including “blind-spots” or areas where staff or inmates may be isolated) in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility’s staffing plan takes into consideration the composition of the inmate population in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility’s staffing plan takes into consideration the number and placement of supervisory staff in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility’s staffing plan takes into consideration the institution programs occurring on a particular shift in calculating adequate staffing levels and determining the need for video monitoring? Yes No NA
- Does the agency ensure that each facility’s staffing plan takes into consideration any applicable State or local laws, regulations, or standards in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility’s staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility’s staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring? Yes No

115.13 (b)

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

115.13 (c)

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

115.13 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Lackland Confinement Facility develops, documents, and makes its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing, video monitoring, to protect confinees against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring. 802D SFS PREA Guidance, p. 7-8 4.A Staffing Plan/Video Monitoring. The 802D SFS adopts and implement the following measures to prevent and detect sexual abuse and sexual harassment in its confinement facility. The CF develops, documents, and makes its best effort to comply on a regular basis with staffing plan (template located on the SF SM SMARTnet). The 802D SFS makes its best efforts to comply with the staffing and video monitoring plan. The facility currently has a total of 32 cameras in all areas throughout the facility to include blind-spots. Under PREA, DFC conducts an annual review of the staffing plan (manpower) CCTV plan, and policy of documented (blotter) on-duty/off-duty higher level unannounced supervisory visits. The staffing plan along with the Annual PREA Report is sent to AFSFC/FC at afsfc.sfcv.1@us.af.mil NLT 16.

The facility averages four inmates per day over the last 12 months. The current staffing plan was built off maximum capacity of inmates and current structure of Security Forces Manning documents. The staffing plan could change with worldwide deployments or other tasking. There most common reasons for deviation from a staffing plan would be deployments and or duty assignments. Upper level squadron leadership conduct and document unannounced rounds covering all shifts, and all areas of the facility, to identify and deter staff sexual abuse or harassment. 802D SFS policy prohibits staff members who are aware of these rounds from alerting other staff as to when or where these rounds are occurring, unless related to the legitimate operational needs of the facility.

The PREA Compliance Manager consults with upper level leadership on the process of unannounced rounds and reviews all documentation. The Key Implementation Considerations: Unannounced rounds are conducted to identify staff sexual abuse and harassment by Confinement Officers, Operations Superintendent, Flight Chiefs, and First Sergeants. Rounds are conducted on a regular basis at least once a week during day and night shifts. The rounds are documented in the Air Force Form 53 (Blotter) and the CF blotters which are maintained for a minimum of a year. In many cases, Air Force 1 Facilities have direct supervision layouts or staffing ratios that allow for frequent staff and confinee contact.

Standard 115.14: Youthful inmates

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

115.14 (a)

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

115.14 (b)

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

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

115.14 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The Lackland Confinement Facility does not house youthful confinees. IAW 802D SFS PREA Guidance p. 9., 4.C Youth Confinees. In these rare cases, the layout of the facility youthful confinees will be separated in a segregation bay by sight and sound or physical contact with adult confinees.

Standard 115.15: Limits to cross-gender viewing and searches

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

115.15 (a)

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

115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates in non-exigent circumstances? (N/A here for facilities with less than 50 inmates before August 20,2017.) Yes No NA
- Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A here for facilities with less than 50 inmates before August 20, 2017.) Yes No NA

115.15 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? Yes No
- Does the facility document all cross-gender pat-down searches of female inmates?
 Yes No

115.15 (d)

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

115.15 (e)

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

115.15 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Lackland Confinement Facility PREA Policy 802D SFS PREA Guidance which prohibits cross-gender strip searches or cross-gender visual body cavity searches except in exigent circumstances or when performed by medical practitioners. The facilities rated capacity is 31 confinees; the facility shall not permit cross-gender pat-down searches of female inmates, absent exigent circumstances. The facility does not restrict confinees access to regularly available programming or other out-of-cell opportunities in order to comply with this provision. IAW AFI 31-105, Air Force Corrections System.

Transgender/Intersex searches and inspections, CFs staff will not search or physically examine a transgender or intersex confinee for the sole purpose of determining the confinees genital status. If the confinees genital status is unknown, it may be determined during conversations with the confinee, by reviewing medical records, if necessary.

IAW 802D SFS PREA Guidance p.10-11 R.D Viewing. The facility has red lines delineating hygiene areas not covered by CCTV. When using Closed Circuit Televisions (CCTV), all blind spots will be eliminated where staff or confinees may be isolated. The CCTV digital recordings are maintained for a minimum of 30 days and retained longer if the material is the subject to an investigation. The CCTV do not invade confinee privacy to include the toilets or shower areas. The CCTV monitors from public view, ensures opposite gender staff cannot view monitors, and adhere to all PREA policies. A notice is posted on the confinee bulletin board within the common area of the facility stating: "Notice to Confinees", male and female staff routinely work and visit in confinee housing areas. Cross-gender viewing of transgender confinees is also prohibited. The policy requires regular verbal notification. Opposite-gender staff must announce their presence to allow confinees sufficient time to adjust their clothing or cover their bodies. 100% of the staff received the Cross-gender pat down search and PREA

training to include quarterly staff training. In the past 12 months, the LCF did not have any cross-gender strip or visual body cavity searches.

Standard 115.16: Inmates with disabilities and inmates who are limited English proficient

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

115.16 (a)

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

- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Are blind or have low vision? Yes No

115.16 (b)

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

115.16 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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The Lackland Confinement Facility 802D SFS PREA Guidance p. 12 4. E Disabled Confinees. The PREA Guidance template was provided to all Air Force Confinement Facilities by the agency via

SMARTnet. Discrimination based on a confinees disability limiting access to the PREA programs and services is prohibited. This includes any physical disabilities which could lead other confinees to believe a confinee would be vulnerable to sexual abuse and sexual harassment.

Any necessary accommodations will be identified during intake and reviewed as necessary providing all required steps for confinees who are deaf, hard of hearing, blind, low vision, psychiatric care, speech disabilities, to have an equal opportunity to participate or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

Lackland Confinement Facility takes 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 confinees who are limited English proficient, including steps to provide interpreters. IAW 802D SFS PREA Guidance, p.12 4. E Confinees with Limited English Proficiency. Military recruits are required to process through Military Entrance Processing Stations (MEPS) which require all military services components to be English proficient prior to acceptance of enlistment, commission, or appointment. The confinement facility does not rely on confinee interpreters, readers, or other assistance from confinees except in limited circumstances affecting safety or first-responder duties. Discrimination based on a confinees disability limiting access to the PREA programs and services is prohibited. Any necessary accommodation will be identified during intake and reviewed as necessary.

Standard 115.17: Hiring and promotion decisions

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

115.17 (a)

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

- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No

115.17 (b)

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

115.17 (c)

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

115.17 (d)

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

115.17 (e)

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

115.17 (f)

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

115.17 (g)

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

115.17 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The Lackland Confinement Facility does not hire or promote anyone who may have contact with inmates, and shall not enlist the services of any contractor who may have contact with inmates who 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.

IAW 802D SFS PREA Guidance p.14 4. H. Military hiring and promotion practices are unique and unlike any other agency. Military recruits and military members cannot join or remain in the military with a record of engaging in sexual abuse in any form or fashion. All 802 SFS CF Staff applicants who have contact with inmates directly will be asked about previous sexual misconduct as part of their interviews for hiring or promotions and will have a NCIC and Security Forces Management Information System (SFMIS) check conducted. All 802 SFS SF staff will be asked about previous sexual misconduct as part of their annual Airman Comprehensive Assessment (ACA) conducted utilizing the Air Force PREA disclosure. All staff are required to disclose any sexual misconduct that occurs prior to or during their employment at the 802 SFS CF. Any omissions regarding such misconduct or provision of materially false information is grounds for termination. The Confinement officer will provide information on substantiated allegations of sexual abuse or sexual harassment documented in Security Forces Management Information System (SFMIS) involving a former employee upon request. A National Agency Check, Local Agency Check, and Credit Check (NACLC) are prerequisite for military members when initially enlisting into military service.

These checks are conducted during Military Enlisted Processing (MEPS). Background Investigators 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. Security Clearances are granted to military members once their background checks (NACLC) are complete. Staff members without current security clearances or staff members whose security clearances have been revoked will result in the immediate removal from working in a confinement facility. The agency conducts annual criminal background checks of all current employees and contractors who may have contact with confinees. The Lackland Confinement Facility exceeds this standard.

Standard 115.18: Upgrades to facilities and technologies

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

115.18 (a)

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

115.18 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)
 Yes No NA

Auditor Overall Compliance Determination

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

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

The Lackland Confinement Facility has not acquired any new facilities or made any substantial expansions or modifications of the existing facility since August 20, 2012. The facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012.

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

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

115.21 (a)

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

115.21 (b)

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

115.21 (c)

- Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiary or medically appropriate? Yes No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? Yes No

- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? Yes No
- Has the agency documented its efforts to provide SAFEs or SANEs? Yes No

115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? Yes No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? Yes No
- Has the agency documented its efforts to secure services from rape crisis centers? Yes No

115.21 (e)

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

115.21 (f)

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

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? [N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.21(d) above.] Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
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The facility utilizes Urgent Care Center at the Wilford Hall Ambulatory Surgical Center 59th Medical Wing for all Forensic Examinations and Services. The Wilford Hall Ambulatory Surgical Center is a \$418 million, 682,000 square foot state-of-the-art facility that replaced the existing building at Joint Base San Antonio-Lackland. Wilford Hall is the U.S. Air Force's flagship medical facility for outpatient care. Serving more than 55,000 patients, it is the Department of Defense's largest outpatient ambulatory surgical center. The building features four wings, on four floors, housing more than 25 outpatient clinics and clinical services. The medical campus includes three story, 1,000-plus car parking garage and a central energy plant. The project is part of the San Antonio Military Health System's commitment to provide the best access to care for beneficiaries and their families.

This initiative was spurred by the 2005 Base Realignment and Closure Act, which mandated that San Antonio's military medical facilities integrate into an enhanced multi-service market to improve operational effectiveness and efficiency. As a result of the mandate, Wilford Hall's inpatient services were moved to the San Antonio Military Medical Center, at nearby JBSA-Fort Sam Houston. The Sexual Assault Prevention and Response (SAPR) program serves the entire military community at JBSA. JBSA SAPR is part of the 502 Air Base Wing and collaborates with all Service branch SAPR/SHARP programs that reside on JBSA. Each Service branch's program is dedicated to serving and supporting victims of sexual assault. JBSA maintains a Crisis Hotline for all Service branch personnel 24 hours a day, 7 days a week. JBSA SAPR Hotline (210) 808-7272 and DoD Safe Helpline 1-877-995-5247.

Unrestricted Reporting allows a sexual assault victim to disclose the details of his or her assault and receive medical treatment and counseling; Law enforcement will be notified. Unrestricted reporting is the same reporting option for any other crime reported in the military. The commander and first sergeant are notified to ensure the well-being of the service member and of a probable investigation. The SAPR office is still involved and provides all services requested. These services will continue through any legal process. Independent Reporting is an assault reported by someone other than the victim. Special Victims Counsel (SVC): As part of a larger Department of Defense (DoD) program to combat sexual assault, the JAG Corps has worked to find ways to support the goals of the DoD in combating sexual assault. The purpose of the SVC Program is to provide advice, provide advocacy, and empower victims through independent legal presentation.

The Air Force Special Victims' Counsel at JBSA provides a variety of options to request an SVC. The information is displayed and made available to all confinees in the housing unit with full names and contact information. Mental and Behavioral Health Services: Open to all qualified individuals associated with Joint Base San Antonio, the San Antonio Military Medical Health System offers a wide range of mental and behavioral health services through the Brooke Medical Center and Wilford Hall Ambulatory Surgical Center.

The AFOSI utilizes the evidence collection protocols in compliance with all DoD requirements and regulations. AFOSI utilizes the evidence collection protocol outlined in AFI 71-124 Crime Scene Manual and is in compliance with all DoD requirements and regulations. IAW 802D SFS PREA-Guidance., 5. E. Support Services for Victims of Sexual Abuse. IAW 802D SFS PREA-Guidance, 5.F., Investigation of Incidents. AFOSI is the primary point of contact for all victims of sexual abuse involving the confinement facility. The Air Force Office of Special Investigations (AFOSI) is designated as the investigative agency for sexual assault or sexual harassment allegations in the Air Force and the CF is not required to maintain documentation of their specialized training. The AFOSI is the investigating authority for Air Force Confinement Facilities.

Standard 115.22: Policies to ensure referrals of allegations for investigations

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

115.22 (a)

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

115.22 (b)

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

115.22 (c)

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

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

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The Lackland Confinement Facility ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. The DFC reports all allegations of sexual abuse or sexual harassment associated with the confinement facility to AFOSI. In the past 12 months, there were no allegations of sexual abuse or sexual harassment. In the past 12 months, there were no allegations resulting in administrative investigation or referrals for criminal investigation.

The AFOSI utilizes the evidence collection protocols in compliance with all DoD requirements and regulations. AFOSI utilizes the evidence collection protocol outlined in AFI 71-124 Crime Scene Manual and is in compliance with all DoD requirements and regulations. IAW 802D SFS PREA-Guidance., 5. E. Support Services for Victims of Sexual Abuse. IAW 802D SFS PREA-Guidance, 5.F., Investigation of Incidents. AFOSI is the primary point of contact for all victims of sexual abuse involving the confinement facility. The Air Force Office of Special Investigations (AFOSI) is designated as the investigative agency for sexual assault or sexual harassment allegations in the Air Force and the CF is not required to maintain documentation of their specialized training. The AFOSI is the investigating authority for Air Force Confinement Facilities.

TRAINING AND EDUCATION

Standard 115.31: Employee training

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

115.31 (a)

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

115.31 (b)

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

115.31 (c)

- Have all current employees who may have contact with inmates received such training? Yes No

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

115.31 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The Lackland Confinement Facility trains all employees who have contact with inmates utilizing the SMARTNet and completed by confinement staff upon appointment and reviewed bi-annually. All updates concerning PREA information and trends is e-mailed to the PREA Compliance Monitors by the Agency PREA Coordinator. Lackland Confinement Facility training covers all areas to include (1) Zero-Tolerance policy for sexual abuse and sexual harassment; (2) How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; (3) The right of inmates to be free from sexual abuse and sexual harassment; (4) The right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment; (5) The dynamics of sexual abuse and sexual harassment in confinement; (6) The common reactions of sexual abuse and sexual harassment victims; (7) How to detect and respond to signs of threatened and actual sexual abuse; (8) How to avoid inappropriate relationship with inmates; (9) How to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender-nonconforming inmates & (10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

Standard 115.32: Volunteer and contractor training

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

115.32 (a)

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

115.32 (b)

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

115.32 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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The Lackland Confinement Facility does not have volunteers or contractors. In the past 12 months, LCF has not employed volunteers or contractors.

Standard 115.33: Inmate education

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

115.33 (a)

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

115.33 (b)

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

115.33 (c)

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

115.33 (d)

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

- Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills? Yes No

115.33 (e)

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

115.33 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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IAW 802D SFS PREA Guidance, p. 24 6.B Confiner Orientation and Education. All inmates watch the same PREA Training video PREA: What you need to know within 72 hours of intake and complete the Confinement Acknowledgement letter. The completed acknowledgements are placed in the CTFs and PREA Binder. During the intake process, confinees receive information explaining the facility's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents of suspicions of sexual abuse or sexual harassment.

Within 72 hours of intake, the unit provides comprehensive education to confinees either in person or through video regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and the CF's policies and procedures for responding to such incidents. The current confinees are to receive education upon transfer from a different facility to the extent that the policies and procedures of the confinee's new facility differ from those of the previous facility. The CF documents and tracks the training through signature on the PREA Confiner Training Acknowledgement and Receipt document located on the SF Smartnet under the Correction and Confinement PREA tab. In addition to providing such education, the CF ensures that key information is continuously and readily available or visible to confinees through posters, confinee handbooks, or other written formats.

Standard 115.34: Specialized training: Investigations

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

115.34 (a)

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

115.34 (b)

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

115.34 (c)

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

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

Instructions for Overall Compliance Determination Narrative

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

The Air Force Office of Special Investigations (AFOSI) is designated as the investigative agency for sexual assault or sexual harassment allegations in the Air Force and has the required specialized training. Interviews were conducted with the Air Force Office of Special Investigations validating the initial process.

Standard 115.35: Specialized training: Medical and mental health care

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

115.35 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? Yes No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? Yes No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? Yes No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? Yes No

115.35 (b)

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

115.35 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere?
 Yes No

115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? Yes No
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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The Air Force level 1 facilities do not have full or part-time medical and mental health care practitioners who work regularly in its facilities. These services are conducted by the local military treatment facility Wilford Hall Ambulatory Surgical Center.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

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

115.41 (a)

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

115.41 (b)

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

115.41 (c)

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

115.41 (d)

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

determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? Yes No

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

115.41 (e)

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

115.41 (f)

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

115.41 (g)

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

115.41 (h)

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

115.41 (i)

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

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
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IAW 802D SFS PREA Guidance 4.F. Screening of Confinees. The facility within 72 hours of in-processing, screen the confinee using the "Risk Survey for Confinnee Victimization and Abusiveness" which is located on the secure SF SMARTnet under the Air Force Confinement and Corrections Directorate tab. The survey is meant to assist in determining potential risk "to become" a victim or "to become" an abuser. The facility does not take disciplinary action for failure to cooperate with the assessment, specifically questions involving; sexual orientation, self-identified gender, previous sexual victim, on their own perception of vulnerability. When necessary for staff assessment, obtain other screening answers by researching personnel records and/or criminal records, and by mere observation (e.g., size, body build, etc). Thirty-day risk survey screenings are conducted prior to the 30-day mark. The LCF policy requires that the inmates risk level be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness. The LCF policy prohibits disciplining confinees for refusing to answer (or for not disclosing complete information related to) the following questions: whether the confinee is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming; Whether the inmate has previously experienced sexual victimization. The confinees own perception of vulnerability.

Standard 115.42: Use of screening information

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

115.42 (a)

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

115.42 (b)

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

115.42 (c)

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

115.42 (d)

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

115.42 (e)

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

115.42 (f)

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

115.42 (g)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? Yes No
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? Yes No
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
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- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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IAW 802D SFS PREA Guidance, 4.F. (1) Screening of Confinees. The goal is to make decisions to keep potential victims from potential abusers. The Confinement NCOIC makes individual determinations on the best manner to ensure safety for those at risk concerning housing, work, outlets etc; and do not use this information to separate groups of individuals (where no risk of harm or abuse exists) based solely on sexual orientation or self-identified gender unless under legal order. LCF policy references housing and program assignments for transgender or intersex confinées in a facility on a case-by-case basis. In the past 12 months, the facility did not have a transgender or intersex population.

Standard 115.43: Protective Custody

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

115.43 (a)

- Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers? Yes No
- If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment? Yes No

115.43 (b)

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible? Yes No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The opportunities that have been limited? Yes No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The duration of the limitation? Yes No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The reasons for such limitations? Yes No

115.43 (c)

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

115.43 (d)

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

115.43 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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IAW 802D SFS PREA Guidance 4.G. Protective Custody. The LCF has a policy prohibiting the placing of confinees at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers. In the past 12 months, LCF did not have any confinees at risk of sexual victimization who were held in involuntary segregated housing.

REPORTING

Standard 115.51: Inmate reporting

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

115.51 (a)

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

115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? Yes No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? Yes No
- Does that private entity or office allow the inmate to remain anonymous upon request? Yes No
- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? Yes No

115.51 (c)

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

115.51 (d)

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

- 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*)

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IAW 802D SFS PREA Guidance 5. A. Procedures for Reporting Sexual Abuse and Sexual Harassment. The CF provides multiple internal ways for confinees to privately report sexual abuse and sexual harassment, retaliation by other confinees or staff for sexual abuse or sexual harassment, and staff neglect that may have contributed to such incidents. Confinees may report concerns by: Requesting to speak with their chains of command (i.e. First Sergeant, Commander, etc), Service component of DoD Inspector General, Chaplain, Mental Health or medical professional, through any 802D SFS confinement staff member or through the PREA hotline phone located in the recreational area. The CF also provides at least one way for confinees to report abuse, harassment, retaliation, and staff neglect to a public or private entity that is not part of the agency and that is able to receive and immediately forward confinee reports of sexual abuse and sexual harassment to agency officials, allowing the confinee to remain anonymous upon request. Confinees may report concerns by: Contacting any city, state or federal representative (i.e. Mayor, Senator, Governor, Congressman, etc) via written or telephone privileged communication, or by using the provided PREA hotline phone in the recreation area. LCF staff accepts reports made verbally, in writing, and anonymously.

Sexual Assault Prevention and Response (SAPR) program serves the entire military community at JBSA. JBSA SAPR is part of the 502 Air Base Wing and collaborates with all Service branch SAPR/SHARP programs that reside on JBSA. Each Service branch's program is dedicated to serving and supporting victims of sexual assault. JBSA maintains a Crisis Hotline for all Service branch personnel 24 hours a day, 7 days a week. JBSA SAPR Hotline (210) 808-7272 and DoD Safe Helpline 1-877-995-5247.

Unrestricted Reporting allows a sexual assault victim to disclose the details of his or her assault and receive medical treatment and counseling; Law enforcement will be notified. Unrestricted reporting is the same reporting option for any other crime reported in the military. The commander and first sergeant are notified to ensure the well-being of the service member and of a probable investigation. The SAPR office is still involved and provides all services requested. These services will continue through any legal process. Independent Reporting is an assault reported by someone other than the victim. Special Victims Counsel (SVC): As part of a larger Department of Defense (DoD) program to combat sexual assault, the JAG Corps has worked to find ways to support the goals of the DoD in combating sexual assault. The purpose of the SVC Program is to provide advice, provide advocacy, and empower victims through independent legal presentation.

The Air Force Special Victims' Counsel at JBSA provides a variety of options to request an SVC. The information is displayed and made available to all confinees in the housing unit with full names and contact information. Mental and Behavioral Health Services: Open to all qualified individuals associated with Joint Base San Antonio, the San Antonio Military Medical Health System offers a wide range of mental and behavioral health services through the Brooke Medical Center and Wilford Hall Ambulatory Surgical Center.

Standard 115.52: Exhaustion of administrative remedies

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

115.52 (a)

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

115.52 (b)

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

115.52 (c)

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

115.52 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the

90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) Yes No NA

- If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)
 Yes No NA
- At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (e)

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

115.52 (f)

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

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

115.52 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

IAW 802D SFS PREA Guidance 5. A. Confinee Grievances. The LCF has an administrative procedure for dealing with confinee grievances regarding sexual abuse. LCF policy allows confinees to submit a grievance regarding an allegation of sexual abuse at any time regardless of when the incident is alleged to have occurred. LCF policy allows a confinee to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint. In the past 12 months, LCF did not have grievances alleging sexual abuse. LCF has a policy established for filing an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse. In the past 12 months, the LCF did not have emergency grievances alleging substantial risk of imminent sexual abuse. In the past 12 months, there were no confinee grievances alleging sexual abuse that resulted in disciplinary action by the agency against the confinee for having filed the grievance in bad faith.

Standard 115.53: Inmate access to outside confidential support services

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

115.53 (a)

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

115.53 (b)

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

115.53 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's

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

The LCF policy provides confinees access to outside victim advocates for emotional support services related to sexual abuse. Sexual Assault Prevention and Response (SAPR) program serves the entire military community at JBSA. JBSA SAPR is part of the 502 Air Base Wing and collaborates with all Service branch SAPR/SHARP programs that reside on JBSA. Each Service branch's program is dedicated to serving and supporting victims of sexual assault. JBSA maintains a Crisis Hotline for all Service branch personnel 24 hours a day, 7 days a week. JBSA SAPR Hotline (210) 808-7272 and DoD Safe Helpline 1-877-995-5247.

Unrestricted Reporting allows a sexual assault victim to disclose the details of his or her assault and receive medical treatment and counseling; Law enforcement will be notified. Unrestricted reporting is the same reporting option for any other crime reported in the military. The commander and first sergeant are notified to ensure the well-being of the service member and of a probable investigation. The SAPR office is still involved and provides all services requested. These services will continue through any legal process. Independent Reporting is an assault reported by someone other than the victim. Special Victims Counsel (SVC): As part of a larger Department of Defense (DoD) program to combat sexual assault, the JAG Corps has worked to find ways to support the goals of the DoD in combating sexual assault. The purpose of the SVC Program is to provide advice, provide advocacy, and empower victims through independent legal presentation.

The Air Force Special Victims' Counsel at JBSA provides a variety of options to request an SVC. The information is displayed and made available to all confinees in the housing unit with full names and contact information. Mental and Behavioral Health Services: Open to all qualified individuals associated with Joint Base San Antonio, the San Antonio Military Medical Health System offers a wide range of mental and behavioral health services through the Brooke Medical Center and Wilford Hall Ambulatory Surgical Center. JBSA Domestic Abuse Victim Advocate 24/7 Hotline number (210) 367-1213. The Domestic Abuse Victim Advocate (DAVA) program provides comprehensive services that center on victim advocacy and overall system response.

Standard 115.54: Third-party reporting

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

115.54 (a)

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

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

IAW 802D SFS PREA Guidance 5. A., Rules for Third Party Reporting. CF establishes a method to receive third-party reports of sexual abuse and sexual harassment and shall distribute publicly information on how to report sexual abuse and sexual harassment on behalf of a confinee. Third Party Reporting for Air Force Confinement Facilities may submit sexual abuse incident information in any of the following ways: email: afafc.sfcv.1@us.af.mil; Mailing address: Air Force Security Forces Center/FC (PREA Coordinator) 1517 Billy Mitchell Blvd, Bldg. 954, JBSA Lackland, TX 78236; Department of Defense Safe Helpline 1-877-995-5247; Security Forces Center Operations Center 1-877-273-3098.

Staff shall accept reports made verbally, in writing, and anonymously from third parties and promptly document any verbal report. Confinees are notified during incoming brief that they may drop anonymous reports in the designated NCOIC/ANCOIC locker. Anonymous reports may be submitted. Third parties, including fellow confinees, staff members, family members, attorneys, and outside advocates, are permitted to assist confinees in filing requests for administrative remedies relating to allegations of sexual abuse, and are also permitted to file such requests on behalf of confinees.

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

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

115.61 (a)

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

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?
 Yes No

115.61 (b)

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

115.61 (c)

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

115.61 (d)

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

115.61 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

IAW 802D SFS PREA Guidance, 5. A. Staff Reporting Rules. Any staff member who has knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment; retaliation against confinees or staff who reported such an incident; and any staff neglect that may have contributed to such incident or retaliation, immediately reports such incidents or retaliation using the chain of command. Apart from reporting to designated supervisors or officials, staff cannot reveal any information related to a sexual abuse report to anyone except officials with the need to know to make treatment, investigation, and other security and management decisions.

Standard 115.62: Agency protection duties

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

115.62 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

IAW 802D SFS PREA Guidance, 4.G. Agency protection duties. When LCF staff learn a confinee is subject to substantial risk of imminent sexual abuse, immediate action to protect the confinee. In the past 12 months, there were no reports of imminent sexual abuse.

Standard 115.63: Reporting to other confinement facilities

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

115.63 (a)

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

115.63 (b)

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

115.63 (c)

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

115.63 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

LCF has a policy requiring that, upon receiving an allegation that a confinee was sexually abused while confined at another facility, the head of the facility must notify the head of facility or appropriate office of the agency/facility where sexual abuse is alleged to have occurred. In the past 12 months, there were no allegations received that a confinee was abused while confined at another facility. The CF receiving an allegation that a confinee was sexually abused while confined at another facility, within 72 hours, the DFC will either notify the head of the other facility of the allegation or notify the appropriate investigating agency.

Standard 115.64: Staff first responder duties

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

115.64 (a)

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

115.64 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

IAW 802D SFS PREA Guidance, 5. C. Staff first responder duties. The LCF has a first responder policy for allegations of sexual abuse. The policy includes: (1) Separate the alleged victim and abuser; (2) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; (3) If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; (4) If the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. In the past 12 months, there were no allegations that a confinee was sexually abused. Confinement staff first responders immediately notify AFOSI and the appropriate medical and mental health practitioners. The CF forwards a copy of the PREA Response Checklist promptly upon completion to the AFSFC PREA Coordinator at afsfc.sfcv.1@us.af.mil.

Standard 115.65: Coordinated response

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

115.65 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

IAW 802D SFS PREA Guidance, 5.B. Coordinated Response. LCF has a developed written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership. The staff interviewed and documentation reviewed validated the knowledge and understanding of the process in place.

Standard 115.66: Preservation of ability to protect inmates from contact with abusers

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

115.66 (a)

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

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The JBSA Lackland Confinement Facility does not have any collective bargaining agreements.

Standard 115.67: Agency protection against retaliation

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

115.67 (a)

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

115.67 (b)

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

115.67 (c)

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

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

115.67 (d)

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

115.67 (e)

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

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

IAW 802D SFS PREA Guidance 5.G. Agency Protection against retaliation. LCF has a policy to protect all confinees and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other confinees or staff. The CF employs multiple protection measures, such as housing changes or transfers for confinee victims or abusers, removal of alleged staff or confinee abusers from contact with victims, and emotional support services for confinees or staff that fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. For at least 90 days following a report of sexual abuse, the Confinement NCOIC monitors the conduct and treatment of confinees or staff who reported sexual abuse, and of confinees who were reported to have suffered sexual abuse to see if there are changes

that may suggest possible retaliation by confinees or staff, and acts promptly to remedy any such retaliation. Monitoring may go beyond 90 days if needed. Monitoring includes: (a) periodic in-person conversations with confinees and/or staff; (b) Review of disciplinary incidents involving confinees; (c) Review of housing or program changes; (d) Review of negative performance reviews or reassignments of staff; [e] Periodic in-person conversations with confinees and/or staff; (f) Review of disciplinary incidents involving confinees; (g) Review of housing or program changes. In the past 12 months, there were no cases of retaliation monitored at the facility.

Standard 115.68: Post-allegation protective custody

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

115.68 (a)

- Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The LCF has a policy for Post-Allegation Protective Custody. In the past 12 months, there were no instances when segregated housing was used to protect a confinee who alleged to have suffered sexual abuse.

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

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

115.71 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] Yes No NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] Yes No NA

115.71 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34? Yes No

115.71 (c)

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

115.71 (d)

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

115.71 (e)

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

115.71 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? Yes No

- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? Yes No

115.71 (g)

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

115.71 (h)

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

115.71 (i)

- Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? Yes No

115.71 (j)

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

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (l)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

802D SFS PREA Guidance, 5. F. Criminal and Investigative Agency Investigations. Air Force Security Forces Center (AFSFC) is the investigating authority for Air Force Confinement Facilities and follows the evidence standards set forth by the Air Force Security Forces Center (AFSFC). The AFSFC retains all written reports pertaining to administrative or criminal investigation of alleged sexual assault or sexual harassment for as long as the alleged abuser is incarcerated or employed by the facility, plus five years. In the past 12 months, there were no substantiated allegations reported.

Standard 115.72: Evidentiary standard for administrative investigations

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

115.72 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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IAW 802D SFS PRA Guidance, 5. F. Evidentiary standards for administrative investigations. LCF imposes a standard of a preponderance of the evidence or a lower standard of proof for determining whether allegations of sexual abuse or sexual harassment are substantiated.

Standard 115.73: Reporting to inmates

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

115.73 (a)

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

115.73 (b)

- If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) Yes No NA

115.73 (c)

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

115.73 (d)

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

115.73 (e)

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

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

IAW 802D SFS PREA Guidance, Reporting of Inmates. If a staff member is accused (unless the allegation is unfounded) the facility informs the accuser when; the staff member is no longer posted in the confinement facility and/or a change is made against the staff member relative to this sexual abuse allegation and documents all notifications in the CTF. If another confinee is the accused, the facility informs the accuser when the accused has been charged and results of the trial relative to this sexual abuse allegation. The facility’s obligation to report this information under PREA terminates if the accused is transferred/released from the facility. AFOSI is the investigating authority for Air Force Confinement facilities. In the past 12 months, there were no sexual abuse allegations. All PREA data is collected from all available incident based documents, including reports, investigation files, response checklist, and sexual abuse incident reviews are promptly sent to the AFSFC PREA Coordinator. The data will be maintained at the unit level as long as the abuser is incarcerated plus five years. In the past 12 months, there were no sexual abuse allegations reported. The agency policy requires notification to all confinees described under the standard are documented. In the past 12 months, there were no notifications reported.

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

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

115.76 (a)

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

115.76 (b)

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

115.76 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? Yes No

115.76 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

IAW 802D SFS PREA Guidance, Disciplinary Sanctions for staff. Staff is subject to disciplinary actions for violating Air Force sexual abuse or sexual harassment policies and or laws. Disciplinary actions taken for any staff member are IAW Air Force policy, DoD policy, Military Law, the Uniform Code of Military Justice (UCMJ), and Federal Law. In the past 12 months, there was no staff from the facility that violated agency sexual abuse or sexual harassment policies. In the past 12 months, no staff from the facility has been terminated for violating agency sexual abuse or sexual harassment policy. In the past 12 months, no staff from the facility has been disciplined, short of termination for violating agency sexual abuse or sexual harassment policy.

Standard 115.77: Corrective action for contractors and volunteers

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

115.77 (a)

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

115.77 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The LCF policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. JBSA Lackland Confinement Facility does not have volunteers or contractors.

Standard 115.78: Disciplinary sanctions for inmates

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

115.78 (a)

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

115.78 (b)

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

115.78 (c)

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

115.78 (d)

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

115.78 (e)

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

115.78 (f)

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

115.78 (g)

- Does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)
 Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

IAW 802D SFS PREA Guidance, Disciplinary Sanctions for Confinees. Confinees are subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the confinee engaged in confinee-to-confinee sexual abuse. In the past 12 months, there were no confinee criminal findings of guilt for confinee-on-confinee sexual abuse that occurred at the facility. The agency prohibits all sexual activity between confinees. Confinees shall not be charged for reports of sexual abuse made in good faith, based upon a reasonable belief the alleged conduct occurred. Such a report shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation. However, confinees may be subject to administrative disciplinary action where an investigation can demonstrate the confinee has made repeated reports of sexual abuse or sexual harassment in bad faith. Confinees may be subject to disciplinary or subject to criminal prosecution for sexual misconduct with staff upon a finding the staff member did not consent to such contact. Disciplinary actions taken for any confinee are IAW Air Force policy, DoD policy, military law and the Uniform Code of Military Justice (UCMJ). The NCOIC, Confinement handles administrative discipline through formative process with the Confinement Officer and DFC unless a crime is committed, AFOSI will handle the investigation.

MEDICAL AND MENTAL CARE

Standard 115.81: Medical and mental health screenings; history of sexual abuse

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

115.81 (a)

- If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)
 Yes No NA

115.81 (b)

- If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.) Yes No NA

115.81 (c)

- If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? Yes No

115.81 (d)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?
 Yes No

115.81 (e)

- Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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IAW 802D SFS PREA Guidance, 4. F. Medical and Mental Health Screenings; History of Sexual Abuse. All confinees at the facility who have disclosed any prior sexual victimization during a screening pursuant to 115.41 are offered a follow-up meeting with a medical or mental health practitioner. In the past 12 months, there were no confinees who disclosed prior victimization during screening who required follow up meeting with a medical or mental health practitioner. All information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners. All referrals will be made to the 59th Medical Wing Mental Health Office.

Standard 115.82: Access to emergency medical and mental health services

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

115.82 (a)

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

115.82 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62? Yes No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? Yes No

115.82 (c)

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

115.82 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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All Medical records are maintained by the 59th Medical Wing at Wilford Hall Ambulatory Surgical Center. IAW 802D SFS PREA Guidance, Medical and Mental Health Services. Medical and mental health staff maintain secondary materials documenting the timelessness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis. Treatment services are provided to the victim without financial cost to the victim regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

Standard 115.83: Ongoing medical and mental health care for sexual abuse victims and abusers

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

115.83 (a)

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? Yes No

115.83 (b)

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? Yes No

115.83 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? Yes No

115.83 (d)

- Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.) Yes No NA

115.83 (e)

- If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.) Yes No NA

115.83 (f)

- Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? Yes No

115.83 (g)

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

115.83 (h)

- If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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IAW 802D SFS PREA Guidance, Ongoing medical and mental health care for sexual abuse victims and abusers. The facility offers medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any confined facility. The facility utilizes Urgent Care Center at the Wilford Hall Ambulatory Surgical Center 59th Medical Wing for all Forensic Examinations and Services. The Wilford Hall Ambulatory Surgical Center is a \$418 million, 682,000 square foot state-of-the-art facility that replaced the existing building at Joint Base San Antonio-Lackland. Wilford Hall is the U.S. Air Force's flagship medical facility for outpatient care. Serving more than 55,000 patients, it is the Department of Defense's largest outpatient ambulatory surgical center. The building features four wings, on four floors, housing more than 25 outpatient clinics and clinical services. The medical campus includes three story, 1,000-plus car parking garage and a central energy plant. The project is part of the San Antonio Military Health System's commitment to provide the best access to care for beneficiaries and their families.

This initiative was spurred by the 2005 Base Realignment and Closure Act, which mandated that San Antonio's military medical facilities integrate into an enhanced multi-service market to improve operational effectiveness and efficiency. As a result of the mandate, Wilford Hall's inpatient services were moved to the San Antonio Military Medical Center, at nearby JBSA-Fort Sam Houston. The Sexual Assault Prevention and Response (SAPR) program serves the entire military community at JBSA. JBSA SAPR is part of the 502 Air Base Wing and collaborates with all Service branch SAPR/SHARP programs that reside on JBSA. Each Service branch's program is dedicated to serving and supporting victims of sexual assault. JBSA maintains a Crisis Hotline for all Service branch personnel 24 hours a day, 7 days a week. JBSA SAPR Hotline (210) 808-7272 and DoD Safe Helpline 1-877-995-5247.

Unrestricted Reporting allows a sexual assault victim to disclose the details of his or her assault and receive medical treatment and counseling; Law enforcement will be notified. Unrestricted reporting is the same reporting option for any other crime reported in the military. The commander and first sergeant are notified to ensure the well-being of the service member and of a probable investigation. The SAPR office is still involved and provides all services requested. These services will continue through any legal process. Independent Reporting is an assault reported by someone other than the victim. Special Victims Counsel (SVC): As part of a larger Department of Defense (DoD) program to combat sexual assault, the JAG Corps has worked to find ways to support the goals of the DoD in combating sexual assault. The purpose of the SVC Program is to provide advice, provide advocacy, and empower victims through independent legal presentation.

The Air Force Special Victims' Counsel at JBSA provides a variety of options to request an SVC. The information is displayed and made available to all confinees in the housing unit with full names and contact information. Mental and Behavioral Health Services: Open to all qualified individuals associated with Joint Base San Antonio, the San Antonio Military Medical Health System offers a wide range of mental and behavioral health services through the Brooke Medical Center and Wilford Hall Ambulatory Surgical Center.

The AFOSI utilizes the evidence collection protocols in compliance with all DoD requirements and regulations. AFOSI utilizes the evidence collection protocol outlined in AFI 71-124 Crime Scene Manual and is in compliance with all DoD requirements and regulations. IAW 802D SFS PREA-Guidance., 5. E. Support Services for Victims of Sexual Abuse. IAW 802D SFS PREA-Guidance, 5.F., Investigation of Incidents. AFOSI is the primary point of contact for all victims of sexual abuse involving the confinement facility. The Air Force Office of Special Investigations (AFOSI) is designated as the investigative agency for sexual assault or sexual harassment allegations in the Air Force and the CF is not required to maintain documentation of their specialized training. The AFOSI is the investigating authority for Air

Force Confinement Facilities. In the past 12 months, there were no victims or abusers reported in a sexual abuse charge.

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

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

115.86 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? Yes No

115.86 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation? Yes No

115.86 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? Yes No

115.86 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? Yes No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? Yes No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? Yes No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? Yes No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? Yes No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for

improvement and submit such report to the facility head and PREA compliance manager?

Yes No

115.86 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

IAW 802 SFS PREA Guidance, Sexual Abuse Incident Reviews. The LCF has a policy for sexual abuse incident reviews at the conclusion of every sexual abuse investigation, unless the allegation has been determined to be unfounded. In the past 12 months, there were no sexual abuse allegations reported at the facility. The Sexual Abuse Incident Review team includes upper level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners. The facility prepares a report of its findings from sexual abuse incident reviews and submits such report to the facility head and PREA Compliance Manager.

Standard 115.87: Data collection

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

115.87 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? Yes No

115.87 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually?
 Yes No

115.87 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? Yes No

115.87 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?
 Yes No

115.87 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.) Yes No NA

115.87 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)
 Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

IAW 802D SFS PREA Guidance 7.A. Data Collection. The unit PREA Compliance Manager collects accurate and uniform data for every allegation of sexual abuse at the facility under its direct control using the standardized instrument to answer all questions from the SSV conducted by the DOJ. The agency aggregates the incident-based sexual abuse data at least annually. The agency maintains, reviews, and collects data as needed from all available incident based documents, including reports, investigation files, and sexual abuse incident reviews. The annual report (template located on the SF

SMARTnet) contains the following statistics in order to answer the annual Survey of Sexual Violence conducted by the Department of Justice, (a) Confinee-on-confinee allegations of Nonconsensual Sexual Acts, (b) Confinee-on-Confinee allegations of Abusive Sexual Contact, (c) Staff-on-Confinee allegations of Staff Sexual Misconduct; (d) Staff-on-Confinee allegations of Sexual Harassment.

Standard 115.88: Data review for corrective action

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

115.88 (a)

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? Yes No

115.88 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse Yes No

115.88 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? Yes No

115.88 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? Yes No

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

Instructions for Overall Compliance Determination Narrative

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

Agency data is available to the public at

<http://www.af.mil/LinkClick.aspx?fileticket=XpJnMkcmoho%3d&portalid=1>

Standard 115.89: Data storage, publication, and destruction

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

115.89 (a)

- Does the agency ensure that data collected pursuant to § 115.87 are securely retained?
 Yes No

115.89 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? Yes No

115.89 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? Yes No

115.89 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? Yes No

Auditor Overall Compliance Determination

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

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

Instructions for Overall Compliance Determination Narrative

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

IAW 802D SFS PREA Guidance, 7.B. Data Storage, publication, and destruction. The AFSFC PREA Coordinator is the repository for all PREA data. Pursuant to 115.87, all PREA data will be maintained for at least 10 years after the date of the initial collection unless, Federal, State, or local law requires otherwise. The facility report is approved by the DFC and made readily available to the public. The unit removes all personal identifiers and may redact specific material from the report when publication would present a clear and specific threat to the safety and security of a facility, but indicates the nature of the material redacted.

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 three-year period starting on August 20, 2013, and during each three-year period thereafter, 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? (N/A before August 20, 2016.)
 Yes No NA

115.401 (b)

- During each one-year period starting on August 20, 2013, 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? Yes No

115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility?
 Yes No

115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? Yes No

115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees? Yes No

115.401 (n)

- Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The auditor reviewed all relevant agency wide policies, procedures, reports, internal and external audits for the facility to determine compliance. The auditor reviewed a sampling of relevant documents and other records and information for the most recent one-year period. The auditor had access to and observed all areas of the audited facility. The auditor requested and received copies of any relevant documentation. The auditor interviewed a representative sample of confinees, staff, supervisors, and administration. The auditor conducted private interviews with confinees and staff.

Standard 115.403: Audit contents and findings

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

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Agency data is available to the public at

<http://www.af.mil/LinkClick.aspx?fileticket=XpJnMkcmoho%3d&portalid=1>

AUDITOR CERTIFICATION

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.¹ Auditors are not permitted to submit audit reports that have been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Noelda Martinez

April 8, 2018

Auditor Signature

Date

¹ See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

² See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.