

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

Interim Final

Date of Interim Audit Report: Click or tap here to enter text. N/A

If no Interim Audit Report, select N/A

Date of Final Audit Report: 19 December 2020

Auditor Information

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Company Name: American Alliance Auditing	
Mailing Address: 5630 Paradise Drive	City, State, Zip: Midlothian, Texas 76065
Telephone: 910-750-9005	Date of Facility Visit: 7 – 8 December 2020

Agency Information

Name of Agency: ABODE Treatment, Inc.			
Governing Authority or Parent Agency (If Applicable): N/A			
Physical Address: 5601 Bridge Street, Suite 490		City, State, Zip: Fort Worth, Texas 76112	
Mailing Address: Same as Above		City, State, Zip: Same as Above	
The Agency Is:	<input type="checkbox"/> Military	<input checked="" 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 Website with PREA Information: www.abodetreatment.com			

Agency Chief Executive Officer

Name: McKinley Knox	
Email: Mckinley.knox@abodetreatment.com	Telephone: 817-246-8677

Agency-Wide PREA Coordinator

Name: Mark Gibson	
Email: mark.gibson@abodetreatment.com	Telephone: 817-652-4034
PREA Coordinator Reports to: McKinley Knox, President/Chief Executive Officer	Number of Compliance Managers who report to the PREA Coordinator: 0

Facility Information

Name of Facility: ABODE - White Settlement Residential Treatment Facility

Physical Address: 701 South Cherry Lane **City, State, Zip:** White Settlement, Texas 76108

Mailing Address (if different from above):
5601 Bridge Street, Suite 490 **City, State, Zip:** Fort Worth, Texas 76112

The Facility Is:	<input type="checkbox"/> Military	<input checked="" 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

Facility Website with PREA Information: www.abodetreatment.com

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

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

- ACA
- NCCHC
- CALEA
- Other (please name or describe: [Click or tap here to enter text.](#))
- N/A

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:
Internal Reviews of Treatment Program Requirements, Facility Operation and Physical Plant.

Facility Director

Name: Talisha Roach

Email: talisha.roach@abodetreatment.com **Telephone:** 817-246-8677

Facility PREA Compliance Manager

Name: Talisha Roach

Email: talisha.roach@abodetreatment.com **Telephone:** 817-246-8677

Facility Health Service Administrator N/A

Name: [Click or tap here to enter text.](#)

Email: [Click or tap here to enter text.](#) **Telephone:** [Click or tap here to enter text.](#)

Facility Characteristics

Designated Facility Capacity: 200

Current Population of Facility: 161

Average daily population for the past 12 months:	172	
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input checked="" type="checkbox"/> Males <input type="checkbox"/> Both Females and Males	
Age range of population:	18-87	
Average length of stay or time under supervision	60 Days	
Facility security levels/resident custody levels	Non-Secure Facility	
Number of residents admitted to facility during the past 12 months	1264	
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	1264	
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	1264	
Does the audited facility hold residents for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Select all other agencies for which the audited facility holds residents: Select all that apply (N/A if the audited facility does not hold residents for any other agency or agencies):	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input checked="" type="checkbox"/> State or Territorial correctional agency <input checked="" type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: Click or tap here to enter text. <input type="checkbox"/> N/A	
Number of staff currently employed by the facility who may have contact with residents:	43	
Number of staff hired by the facility during the past 12 months who may have contact with residents:	7	
Number of contracts in the past 12 months for services with contractors who may have contact with residents:	0	
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	0	
Number of volunteers who have contact with residents, currently authorized to enter the facility:	0	

Physical Plant

<p>Number of buildings:</p> <p>Auditors should count all buildings that are part of the facility, whether residents are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house residents, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</p>	<p>Two (2) Building are located on the facility grounds. (1) building houses residents and (1) building is an unoccupied shed.</p>
<p>Number of resident housing units:</p> <p>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house residents of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows residents to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	49
<p>Number of single resident cells, rooms, or other enclosures:</p>	1
<p>Number of multiple occupancy cells, rooms, or other enclosures:</p>	45
<p>Number of open bay/dorm housing units:</p>	3
<p>Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Medical and Mental Health Services and Forensic Medical Exams

<p>Are medical services provided on-site?</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p>Are mental health services provided on-site?</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Where are sexual assault forensic medical exams provided? Select all that apply.	<input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input checked="" type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.)
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Investigations

Criminal Investigations

Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:	0
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When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.	<input type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity
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Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)	<input checked="" type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input type="checkbox"/> N/A
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Administrative Investigations

Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?	3
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When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply	<input checked="" type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity
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Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input checked="" type="checkbox"/> Other (please name or describe: Texas Department of Criminal Justice) <input type="checkbox"/> N/A
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Audit Findings

Audit Narrative

The Prison Rape Elimination Act (PREA) onsite audit of the ABODE-White Settlement Residential Treatment Facility in White Settlement, Texas, was conducted on December 7 - 8, 2020, by Marc L. Coudriet, Auditor # P4770, American Alliance Auditing. The facility is under the jurisdiction of ABODE Treatment, Inc. The purpose of the onsite audit is to assess and verify the implementation of all PREA policies and procedures. The onsite audit reflected the proper policies and procedures has been implemented. During the onsite audit, Mr. Coudriet walked through the entire facility reviewing the facility structure, resident monitoring, resident housing, and operational areas, including common areas shared with multiple residents.

The pre-audit preparation phase included a review of all documentation, materials, and data submitted by the agency in the completed Pre-Audit Questionnaire (PAQ). The documentation reviewed included agency policies and procedures; forms; organizational charts; PREA related posters, brochures; training documentation for staff and interagency collaborative agreements. In preparation for the onsite audit, the facility posted the required PREA Audit Notices, the facility provided documentation in accordance with PREA Audit requirements.

During the onsite audit, the Auditor observed the notices were posted throughout the facility. The notices were printed in contrasting colors (black print on white background). The agency agreed to maintain the posted notices a minimum of six weeks after the onsite audit. The Auditor did not receive correspondence from residents as a result of the posted notices. The entrance interview was conducted with key staff from the ABODE- White Settlement Treatment Facility. The entrance interview with key staff included Talisha Roach, Facility Director; Mark Gibson, agency PREA Compliance Manager and Ethel Smith, Texas Department of Criminal Justice, Contract Representative. The audit process was explained with the staff, briefs were conducted with the Facility Director and key staff during the onsite review process. An exit interview was conducted with key staff from the ABODE-White Settlement Residential Treatment Facility which included Talisha Roach, Facility Director; Mark Gibson, agency PREA Compliance Manager and Ethel Smith, Texas Department of Criminal Justice, Contract Representative.

During the onsite audit phase, the Auditor was provided meeting spaces to conduct confidential interviews with staff and residents. Formal interviews were conducted with facility staff, residents, contractors, and onsite and offsite medical/mental health staff. All COVID-19 safety precautions were utilized and all personnel inside the facility were wearing appropriate COVID-19 Personal Protective Equipment (PPE), as required by the agency and the State of Texas.

The Auditor conducted the following Resident interviews for the combined complex:

Random Resident Interviews: 20
Youthful Resident Interviews: 0 – No Youthful Residents are housed at this facility.
Residents with a Physical Disability: 0
Residents who are Blind, Deaf, or Hard of Hearing: 1
Residents who are limited in English Proficiency: 0
Residents with a Cognitive Disability: 0
Residents who identify as Gay, Lesbian or Bisexual: 0
Residents who identify as Transgender, Gender non-conforming or Intersex: 0
Residents in Restrictive Housing for High Risk of Sexual Victimization: 0
Residents who reported Sexual Abuse: 0
Residents who reported Sexual Abuse during Risk Screening: 0

The Auditor conducted the following staff/agency/contractor interviews for the combined complex:

Random Security Staff: 12
Agency Contract Administrator: 1
Intermediate or higher-level facility staff: 1
Line Staff who supervise youthful Residents: 0 – No Youthful Residents are housed at this facility.
Education and Program Staff who work with youthful Residents: 0 – No Youthful Residents are housed at this facility.
Medical and Mental Health Staff: 0
Volunteers and Contractors who have contact with Residents: 0
Administrative/Human Resources staff: 1
SAFE/SANE Staff: 1
Investigative Staff: 1
Staff who performs screening for risk of victimization and abusiveness: 1
Staff who supervises Residents in Restrictive Housing: 0
Staff on the Incident Review Team: 1
Designated Staff charged with monitoring retaliation: 1
First Responders, both security and non-security: 0
Intake Staff: 1

Residents were selected from all the occupied housing units in this facility. The Auditor utilized the PREA Resource Center Interview Protocols while formally interviewing staff and residents. Staff interviews included, but were not limited to, the following topics: their knowledge of the PREA zero tolerance policy on sexual abuse and sexual harassment; PREA related training received; reporting requirements, including reporting mechanisms available to residents and staff; their general knowledge of detection and protective measures related to sexual abuse and sexual harassment; and response/first responder protocols.

Resident interviews included, but were not limited to, the following topics: their knowledge of the PREA zero tolerance policy on sexual abuse and sexual harassment; their rights not to be sexually abused or sexually harassed, prohibited conduct and discipline; PREA related education received; their knowledge on reporting options available to them; proper protection and response to allegations of sexual abuse or sexual harassment; not fearing retaliation for reporting; access to an outside reporting agency and access to services.

The Auditor reviewed all areas within this facility and observed the following: the facility's configuration; staff to resident ratios; housing unit layout including the shower areas; placement of PREA related information; resident receiving/intake, search procedures; resident programming; and areas designated for staff support/operational activities.

The Auditor noted that each dormitory housing unit is equipped with at least one central shower/restroom area with privacy curtains or doors, each area has a shower stall with privacy shower curtains. Residents are only allowed to shower one at a time per available shower stall.

Facility Characteristics

ABODE- White Settlement Residential Treatment Facility is located at 701 South Cherry Street, White Settlement, Texas. The facility is under ABODE Treatment, Inc. jurisdiction. The facility provides non-secure housing and treatment programs for male adults and does not house female or youthful residents. The facility reported it contains 2 buildings within its area of responsibility. The focus of this facility is a substance abuse treatment program for adult residents who will transition into society once their treatment program has been completed. The housing areas for this program consists of double bunked multiple occupancy rooms. This facility has an area separate from the housing areas for the administrative offices, the 24-hour central security/safety control, visiting room and cafeteria. Each housing area has 24-hour staff supervision and a multi-purpose room that can be used to separate residents, if needed.

ABODE-White Settlement Residential Treatment Facility uses John Peter Smith Hospital for its medical treatment services. The residents interviewed indicated that they felt safe in the residential environment provided by ABODE-White Settlement Residential Treatment Facility staff.

The facility has a zero-tolerance policy regarding sexual abuse of any resident. The PREA information is provided to all residents upon arrival at the facility. Posters and signs are available in all housing areas reminding them of how to report incidents of sexual abuse. This information is also included in each of the resident handbooks and there is a secure letter box, which allows the residents privacy and anonymity when reporting a sexual abuse or sexual harassment incident.

During the onsite audit, the program population was at 161 residents. The agency reported 1264 residents had been admitted to the facility in the past 12 months, with 1264 residents whose length of stay in the facility was for 30 or more days, and 1264 residents admitted to the facility whose length of stay in the facility was for 72 or more hours.

The agency reported 0 residents at the facility where admitted prior to August 20, 2012. The agency reported hiring 7 staff at the facility during the past 12 months. The agency reported 0 contracts were made/renewed in the past 12 months.

Summary of Audit Findings

During the past 12 months, ABODE-White Settlement Residential Treatment Facility reported one allegation of sexual harassment, this allegation resulted in an investigation by the agency PREA Compliance Manager, in accordance with agency policy. All criminal allegations are referred to the White Settlement Police Department, in accordance with current policies. An incident review is conducted for PREA related cases as well as with all serious incidents. The agency is policy driven and has developed and implemented a policy for nearly every provision of each standard. The Auditor made an effort to accurately reflect the applicable agency policies for each provision of each standard. In reviewing each provision and the applicable policy, the Auditor reviewed applicable documentation and/or interviewed staff to confirm the policy had been implemented. Based on staff and resident interviews, there was a strong indication the PREA standards are implemented as required and in accordance with the agency's policies. The interviews of residents reflected they were aware of PREA and acknowledged familiarity with how they could report allegations of sexual abuse and sexual harassment.

All residents interviewed reported feeling safe at the facility. The Auditor noted that residents receive the PREA information verbally and in written format (Resident Handbook, PREA brochures) during intake. The residents interviewed indicated that they were aware of and understood the agency's Zero Tolerance Policy and what it meant for their protection. The residents stated they understood the multiple ways to report sexual abuse and harassment and how to protect themselves. The residents were able to describe how to report and what they would do if they were abused or threatened with abuse. They indicated that they felt safe and there was an open communication line between themselves and the facility staff. All staff, including specialized and contract staff interviewed indicated they were knowledgeable of PREA and of their roles and responsibilities related to reporting requirements as well as awareness of the procedures to follow if they are the first responders to any PREA related allegation.

Documentation reviewed, reflected the agency's implementation of policies and procedures to meet the PREA standards. The Auditor interviewed the SAFE/SANE nurse telephonically to confirm the service agreement as it correlates to services rendered for the ABODE-White Settlement Residential Treatment Facility and to verify that the service would be available if needed.

In summary, after review of all documentation, the results of the interview process and the observations during the onsite facility review, the Auditor believes ABODE-White Settlement Residential Treatment Facility Director and her staff have a strong commitment to the PREA process.

Standards Exceeded

Number of Standards Exceeded: 0

List of Standards Exceeded: N/A

Standards Met

Number of Standards Met: 41

Standards Not Met

Number of Standards Not Met: 0

List of Standards Not Met: N/A

PREVENTION PLANNING

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

115.211 (a)

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

115.211 (b)

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

Auditor Overall Compliance Determination

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

115.211(a)

POLICY AND DOCUMENT REVIEW:

PREA Policy

Pre-Audit Questionnaire.

Agency Zero Tolerance statement.

Organizational charts, interviews, and memos.

FINDINGS:

Agency PREA Policy addresses the requirements of this provision. The agency mandates a zero-tolerance policy towards all forms of sexual abuse and sexual harassment and outlines the agency's strategies on preventing, detecting, and responding to such conduct.

Agency policies addressed "Preventing" sexual abuse and sexual harassment through the designation of a PREA Coordinator and PREA Compliance Manager, Criminal History Background Checks (Staff, Contractors, and Volunteers, as applicable), Training (Staff, Volunteers, and Contractors), Staffing, Intake Screening, Resident Education/Programming, Posting of Signage (PREA Posters, etc....), and Contract Monitoring. The policies addressed "Detecting" sexual abuse and sexual harassment through Training (Staff, Volunteers, and Contractors), and Intake Screening.

The PREA Policy, addressed "Responding" to allegations of sexual abuse and sexual harassment through Reporting, Investigations, Victim Services, Medical and Mental Health Services, Disciplinary Sanctions for Staff (including notification of licensing agencies), Incident Review Teams, and Data Collections and Analysis. The Auditor noted the Resident Handbook, PREA Posters, and PREA Brochure do address sexual abuse by another resident, and the resident Handbook does address sanctions for residents when involved in such conduct. Based on staff interviews and a review of practices, it was noted staff closely monitor for resident-on-resident sexual misconduct in accordance with PREA, allegations are reported and investigated, and residents are held accountable.

115.211(b)

POLICY AND DOCUMENT REVIEW:

PREA Policy and PREA Plan.

Agency's organizational chart.

INTERVIEWS:

PREA Coordinator.

ONSITE REVIEW:

No on-site observations were required for this provision.

FINDINGS:

Agency Policies and PREA Plan, addresses the position of the PREA Coordinator, which outlines the roles and responsibilities of the position and calls for the position being allowed enough time and authority to develop, implement, and oversee Agency efforts to comply with the PREA standards in each facility. The agency's organizational chart reflects that the PREA Coordinator position is an upper-level position and is agency-wide. The PREA Coordinator position reports to the agency's Program Manager. The PREA Coordinator was interviewed and reported having enough time to focus on the PREA standards from and the freedom to divert responsibilities to other staff as needed to focus on the audit. A review of the agency policy, agency's organization chart, and based on the interview, the designated agency's PREA Coordinator, the Auditor determined the agency demonstrates it meets the requirements of this provision of this standard.

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

115.212 (a)

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

115.212 (b)

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

115.212 (c)

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

Auditor Overall Compliance Determination

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

115.212(a)(b)(c)

POLICY AND DOCUMENT REVIEW:

Agency Policies and PREA Plan.

FINDINGS:

The agency reported they do not enter contracts for the confinement of residents with private entities or other government agencies.

Standard 115.213: Supervision and monitoring

115.213 (a)

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

115.213 (b)

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

115.213 (c)

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

Auditor Overall Compliance Determination

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

115.213(a)

POLICY AND DOCUMENT REVIEW:

INTERVIEWS:

Director, PREA Coordinator and PREA Compliance Manager.

FINDINGS:

The facility has developed a staffing plan to safely meet the PREA and security needs, the facility fills the mandatory positions to meet the necessary post staffing requirements when vacancies occur. The facility uses overtime/comp time or collapsing non-custody positions to meet a safe staffing mandate required as written on their annual staffing plan.

The facility reported no deviations from the custody staffing plan for the past 12 months. The average daily population since and to which the staffing plan is based is 200 residents.

Unannounced rounds are conducted for all shifts and are recorded by senior management staff. Post logbooks were reviewed by the Auditor for verification.

Staff reported the resident to staff ratios are followed and sometimes mandatory overtime/comp time is implemented. Staff reported blind spots have been identified and mitigated and a staffing plan is in place.

Staff reported they follow the agency policies and PREA standards, take into consideration the composition of the resident population and their needs, scheduled programming, and staff placement. Additionally, staff reported other relevant factors considered include the needs of the LGBTI residents and incidents of substantiated and unsubstantiated sexual abuse. Staff reported, to ensure compliance with the staffing plan, they monitor during shifts, review folders, check-in sheets, documentation, resident files, thoroughly review serious incident reports, and audit sheets, as applicable. During the onsite audit, a review of the agency policy, staff interviews, and the agency's staffing plan indicated all the elements are addressed.

115.213(b)

POLICY AND DOCUMENT REVIEW:

The agency reported no deviations with the staffing plan in place, therefore there was no documentation provided to review.

INTERVIEWS:

Director

FINDINGS:

The auditor interviewed the Facility Director, who reported an ongoing challenge is keeping all positions filled and that priority is given to the critical posts as listed in the staffing plan. Based on the staff interview, there was no indication there had been any deviation from the staffing plan.

115.213(c)

POLICY AND DOCUMENT REVIEW:

Facility staffing ratios.

INTERVIEWS:

Director

FINDINGS:

Overall, this facility has multiple layer monitoring in the forms of 1) video surveillance, 2) direct supervision, 3) structural design allows for sound to flow into the common areas from the housing areas for staff awareness to potential issues and 4) Staff presence in all of the occupied areas who can view and hear residents through open doorways from other rooms.

Standard 115.215: Limits to cross-gender viewing and searches

115.215 (a)

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

115.215 (b)

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

115.215 (c)

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

115.215 (d)

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

115.215 (e)

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

115.215 (f)

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

Auditor Overall Compliance Determination

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

115.215(a)

INTERVIEWS:

PREA Coordinator.

FINDINGS:

Agency policies addresses this provision. Agency does not conduct strip searches of residents. The agency reported there have been no incidents of cross-gender strip or cross-gender visual body cavity searches of residents. An informal interview with the PREA Coordinator confirmed this practice.

A review of the agency policy and staff interviews indicate no cross-gender strip searches or cross-gender visual body cavity searches are conducted.

115.215(b)

INTERVIEWS:

Random Selection of Staff, and Random Selection of Residents.

FINDINGS:

Agency policy prohibits strip searches by staff. The agency reported there have been no incidents of cross-gender strip or cross-gender visual body cavity searches of residents. The Auditor interviewed a random selection of staff and random selection of residence. Strip searches are not conducted at this facility.

All staff reported they had not conducted a cross-gender search or heard of one taking place since their employment with the agency. All residents interviewed reported they have not been searched. A review of the agency policy and staff interviews indicates no cross-gender pat-down searches are conducted. Resident interviews confirmed no cross-gender searches are conducted.

115.215(c)

FINDINGS:

Agency policy prohibits strip searches by staff. The agency reported there have been no incidents of cross-gender strip cross-gender visual body cavity searches of residents, therefore, there was no documentation to review.

115.215(d)

INTERVIEWS:

Random Selection of Staff, and Random Selection of Residents.

ONSITE REVIEW:

During the onsite review of the facility, the auditor noted every time visitors or staff of the opposite gender entered a housing unit, the staff would announce their presence and escort them accordingly.

FINDINGS:

During the onsite audit, the Auditor observed there is no opportunity for visitors or staff of the opposite gender to view residents while performing bodily functions.

Staff interviews reflected staff are aware of this standard and are required to announce and escort visitors or staff of the opposite gender when entering a housing unit with residents of the opposite gender and resident interviews reflected this practice is adhered to.

Residents interviewed reported visitors and staff of the opposite gender would be escorted and announce by staff assigned to that location and that they would never be in a state of undress in front of opposite gender visitors or staff.

A review of the agency policy, staff and resident interviews, and observations of staff announcing visitors/staff when entering a housing unit with residents of the opposite gender has demonstrated every precaution is made to ensure residents are afforded privacy when using the toilet, showering, and changing clothes.

115.215(e)

INTERVIEWS:

Random Sample of Staff.

Resident interviews.

FINDINGS:

Staff interviews reflected staff are prohibited from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status. Staff also reported the determination of the resident's genital status would be made by medical staff.

115.215(f)

POLICY AND DOCUMENT REVIEW:

Training Curricula.

INTERVIEWS:

Random Sample of Staff.

FINDINGS:

Staff interviewed reported they are not permitted to conduct cross gender pat-down searches at this facility. A review of the agency policy, training documentation, and staff interviews indicate staff are prohibited from conducting cross-gender pat-down searches, however, they are trained to conduct pat down searches with all residents regardless of their gender or identity selection, in a professional and respectful manner, which exceeds the requirements of this provision.

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

115.216 (a)

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect,

and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities? Yes No

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

115.216 (b)

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

115.216 (c)

- Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of

first-response duties under §115.264, or the investigation of the resident's allegations?

Yes No

Auditor Overall Compliance Determination

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

115.216(a)

INTERVIEWS:

Random Staff

FINDINGS:

A review of posters, resident handbooks, training certificates, address this provision. The PREA Brochure, PREA Posters, and Resident's Handbook are also available in Spanish. At the time of the audit, there were no LEP residents to be interviewed.

115.216(b)

POLICY AND DOCUMENT REVIEW:

A review of posters, resident handbooks, training certificates. Multiple agency staff have been identified as bilingual and are available as needed.

INTERVIEWS:

PREA Manager

FINDINGS:

A review of posters, resident handbooks, training certificates. Multiple agency staff have been identified as bilingual and are available as needed.

115.216(c)

POLICY AND DOCUMENT REVIEW:

A review of posters, resident handbooks, training certificates,

INTERVIEWS:

Random Sample of Staff. At the time of the audit, there were no LEP residents to be interviewed.

FINDINGS:

Multiple agency staff have been identified and can translate in Spanish, if needed. Staff interviewed reported they would refrain from using residents to interpret for another resident.

Standard 115.217: Hiring and promotion decisions

115.217 (a)

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

115.217 (b)

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

115.217 (c)

- Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check? Yes No

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

115.217 (d)

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

115.217 (e)

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

115.217 (f)

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

115.217 (g)

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

115.217 (h)

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

Auditor Overall Compliance Determination

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

115.217(a)

POLICY AND DOCUMENT REVIEW:

List of background checks on current employees.

FINDINGS:

A list of background checks on current employees, address this provision. Agency policy defines staff to include interns, volunteer, or contracted program services staff. The agency contractors and volunteers are all subjected to a criminal background check through the Texas Department of Criminal Justice. Interviews of 12 randomly selected staff indicated timely criminal background checks. All files reflected the three required questions in this provision are included and staff affirmed by signing the form.

The audited facility has centralized HR position at the main office that manages the recruitment files and hiring process. The agency policies require job applicants to have background checks completed looking at any issue of prior sexual misconduct. All contractors and volunteers are screened by using the same process.

The facility reported 7 (100%) new employees/applicants background checks were made, and zero contractor/volunteer background checks were completed in the past 12 months. Documentation and files were reviewed by the auditor to confirm the process. The agency policy does indicate that any employee/contractor misconduct or false reporting is subject to the possibility of termination of employment. The HR Manager also indicated that the agency would respond to any request for information from an institutional employer seeking information on a former employee.

115.217(b)

INTERVIEWS:

Administrative (Human Resources) Staff.

FINDINGS:

The auditor interviewed the Administrative (Human Resources) Staff. Staff reported, the agency has incorporated and implemented the "Affirmative Duty to Disclose," which all staff were required to affirm and sign.

The form provides for a "material omissions" clause.

115.217(c)

INTERVIEWS:

Administrative (Human Resources) Staff.

FINDINGS:

The agency policy requires job applicants to have background checks completed looking at any issue of prior sexual misconduct. The background checks are completed prior to any resident contact. All contractors/volunteers are screened by using the same process. The auditor interviewed the Administrative (Human Resources) Staff. Staff reported criminal background records checks are conducted on all new hires. Additionally, reference checks are conducted by contacting prior institutional employers.

115.217(d)

POLICY AND DOCUMENT REVIEW:

Agency Policy LSC 3-3049.

INTERVIEWS:

The auditor interviewed the Administrative (Human Resources) Staff. Staff reported criminal background records checks are conducted on all new hires and contractors/volunteers.

FINDINGS:

Agency policy defines staff to include interns, volunteer, or contracted program services staff. All staff are also subjected to a criminal history background check.

All contract staff are subjected to a criminal background check. Staff reported criminal background records checks are conducted on all new hires and contractors/volunteers.

115.217(e)

INTERVIEWS:

Administrative (Human Resources) Staff.

FINDINGS:

Agency Policy addresses this provision. Agency policy requires criminal history checks will be conducted at least annually for staff, contractors, interns, and volunteers.

All staff are provided the opportunity to self-disclose their arrest or history prior to the agency completing the background check. The auditor interviewed the Administrative (Human Resources) Staff.

Staff reported, criminal background records checks are subsequently conducted on all new hires and continuously for staff (utilizing the Texas flash reporting system), contract employees, volunteers, and interns. A review of the agency policy and HR files, and staff interview indicate the agency has conducted criminal background records checks on all staff s required by this provision of this standard.

115.217(f)

POLICY AND DOCUMENT REVIEW:

HR Files.

INTERVIEWS:

Administrative (Human Resources) Staff.

FINDINGS:

The application process includes the "Affirmative Duty to Disclose" form, for new hires, volunteers and contractors, and a review of the HR files indicated this process was being implemented. All staff HR files reviewed indicated the forms had been signed in accordance with policy. A review of agency policy and HR files, and staff interview, indicate the practice is in place and meets the requirements of this provision.

115.217(g)

FINDINGS:

Agency policy defines staff to include interns, volunteer, or contracted program services staff.

115.217(h)

INTERVIEWS:

Administrative (Human Resources) Staff.

FINDINGS:

The auditor interviewed the Administrative (Human Resources) Staff.

Staff reported if the new potential employer secures a release form from the former employee, then the information will be released. Staff reported without the release form, HR will not disclose the information.

Standard 115.218: Upgrades to facilities and technologies

115.218 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse?

(N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)

Yes No NA

115.218 (b)

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

Yes No NA

Auditor Overall Compliance Determination

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

115.218(a)

POLICY AND DOCUMENT REVIEW:

Video Surveillance Schematic.

INTERVIEWS:

Director

FINDINGS:

The audited facility has not upgraded its video technology since the last audit. Interviews revealed the agency and Facility Director would consider how such technology/renovations may enhance the agency's ability to protect residents from sexual abuse prior to implementing the video enhancements/upgrades, prior to August 20, 2012.

115.218(b)

POLICY AND DOCUMENT REVIEW:

Video Surveillance Schematic.

INTERVIEWS:

Director

FINDINGS:

Interviews revealed the agency and Facility Director did consider how such technology may enhance the agency's ability to protect residents from sexual abuse prior to implementing the video enhancements/upgrades, prior to August 20, 2012.

RESPONSIVE PLANNING

Standard 115.221: Evidence protocol and forensic medical examinations

115.221 (a)

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

115.221 (b)

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

115.221 (c)

- Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where 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

115.221 (d)

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

115.221 (e)

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

115.221 (f)

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

115.221 (g)

- Auditor is not required to audit this provision.

115.221 (h)

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

Auditor Overall Compliance Determination

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

115.221(a)

POLICY AND DOCUMENT REVIEW:

Memos, employee certificate.

INTERVIEWS:

Random Sample of Staff.

Interviews of the Agency Head and Director confirm that the standard is being met.

FINDINGS:

Staff interviewed indicated a clear knowledge of their responsibilities as potential first responders and knowledge of agency policy and staff roles and responsibilities pertaining to investigations of allegations of sexual abuse. This facility always uses the White Settlement Police Department.

115.221(b)

POLICY AND DOCUMENT REVIEW:

Pre-audit questionnaire.

Memos, employee certificate.

FINDINGS:

The audited facility offers all residents a forensic examination if sexually abused.

The facility has an agreement with SAFE and SANE examiners using an outside health care provider (John Peter Smith Hospital). The facility conducted zero SAFE/SANE examinations during the last 12 months. These exams are at no cost to the resident and are available at any time. Victim advocates to provide outside services are under an arrangement with John Peter Smith Hospital, Rape Crisis Women's Center who provides this service to all residents in Tarrant County.

A review of the agency policy and supporting documentation indicated the agency coordinates and ensures the protocol implemented is appropriate and in compliance with this provision.

115.221(c)

POLICY AND DOCUMENT REVIEW:

The agency reported there has been zero forensic examinations conducted within the past 12 months.

INTERVIEWS:

SAFE/SANE Staff

FINDINGS:

The agency entered an arrangement with the John Peter Smith Hospital, Rape Crisis Women's Center, to provide confidential victim advocacy services. A licensed Department counselor (LPC, LMSW, etc.) would be made available to accompany the resident through the forensic exam and investigative interviews only upon request from the resident. The SANE/SAFE nurse interviewed, reported forensic exam nurses are available 24/7 and would triage a case and respond accordingly. A review of the agency policy and an interview with SANE/SAFE staff indicate the facility has secured local confidential victim advocacy resources needed in response to this provision.

115.221(d)

POLICY AND DOCUMENT REVIEW:

Agency Policy.

INTERVIEWS:

PREA Compliance Manager.

FINDINGS:

The ABODE-White Settlement Treatment Facility makes available to the victim a victim advocate from the State of Texas Mental Health Services who also provide mental/emotional services.

A licensed Department counselor (LPC, LMSW, etc.) would be made available to accompany the resident through the forensic exam and investigative interviews only upon request from the resident. The SANE/SAFE nurse interviewed, reported forensic exam nurses are available 24/7 and would triage a case and respond accordingly. A review of the agency policy, agreement and an interview with John Peter Smith Hospital SANE/SAFE staff indicate the facility has secured local confidential victim advocacy resources needed in response to this provision.

A review of the agency policy and staff interviews indicated an established collaborative effort to ensure victim advocacy services are available for the residents if needed.

115.221(e)(h)

POLICY AND DOCUMENT REVIEW:

Agreement

The agency reported there has been zero forensic examinations conducted within the past 12 months.

INTERVIEWS:

PREA Compliance Manager.

FINDINGS:

The ABODE-White Settlement Treatment Facility makes available to the victim a victim advocate from the State of Texas Mental Health Services who also provide mental/emotional services. A licensed Department counselor (LPC, LMSW, etc.) would be made available to accompany the resident through the forensic exam and investigative interviews only upon request from the resident.

The SANE/SAFE nurse interviewed, reported forensic exam nurses are available 24/7 and would triage a case and respond accordingly. A review of the agency policy, agreement and an interview with SANE/SAFE staff indicate the facility has secured local confidential victim advocacy resources needed in response to this provision. The agreement includes the responsibilities the agency and provider are to follow, and the contract is monitored once a year. A review of the agency policy, agreement, and staff interview indicated an established collaborative effort to ensure victim advocacy services are available for the residents, if needed.

115.221(f)

FINDINGS:

Per Agency Policy, the facility will contact the local law enforcement agency to conduct all criminal PREA related allegations.

In accordance with agency policy, any criminal allegation involving sexual abuse or criminal activity requires that the local law enforcement agency is to be notified immediately to assume control of the investigation. The investigator interviewed, and the agency policy indicated they follow a uniform evidence protocol.

Standard 115.222: Policies to ensure referrals of allegations for investigations

115.222 (a)

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

115.222 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to

conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? Yes No

- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? Yes No
- Does the agency document all such referrals? Yes No

115.222 (c)

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

115.222 (d)

- Auditor is not required to audit this provision.

115.222 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

115.222(a)

INTERVIEWS:

Interviews of the Agency Head, investigative staff (external agency), the PREA Coordinator, and the PREA Compliance Manager.

FINDINGS:

Per agency policy, the local law enforcement agency will conduct all investigations. In accordance with agency policy, any allegation involving sexual abuse or criminal activity requires that the local law enforcement agency is to be notified immediately to assume control of the investigation.

The investigator interviewed, and the agency policy indicated they follow a uniform evidence protocol. A review of the agency policies, investigative files, and staff interviews indicated investigations are completed for all allegations of sexual abuse and sexual harassment.

115.222(b)

POLICY AND DOCUMENT REVIEW:

Agency Policy

INTERVIEWS:

Investigative staff.

Random staff.

FINDINGS:

A review of the agency policies, files, and staff interviews indicated criminal investigations are conducted by the local law enforcement agency. In accordance with agency policy, any allegation involving sexual abuse or criminal activity requires that the local law enforcement agency is notified immediately to assume control of the investigation. The agency's policy in response to this provision are posted on the agency's website. A data base for tracking investigations is maintained. Any allegations reported activates an alert for the PREA Coordinator and senior staff.

During the 12-month period, one (1) allegation of sexual harassment was received and investigated. This allegation was administrative, no allegations have been criminally investigated. The statistical data of this report was documented and made available.

115.222(c)

POLICY AND DOCUMENT REVIEW:

The six reports required an administrative investigation.

FINDINGS:

The one (1) allegation of sexual harassment was received and investigated. This allegation was administrative, no allegations have been criminally investigated. The statistical data of this report was documented and made available.

115.222(d)(e)

POLICY AND DOCUMENT REVIEW:

The agency is not required to respond to this provision.

FINDINGS:

This provision is not applicable as the agency is not required to respond to this provision.

TRAINING AND EDUCATION

Standard 115.231: Employee training

115.231 (a)

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

115.231 (b)

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

115.231 (c)

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

115.231 (d)

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

Auditor Overall Compliance Determination

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

115.231(a)

POLICY AND DOCUMENT REVIEW:

Agency curriculum. Randomly selected staff training documents.

INTERVIEWS:

Random Sample of Staff.

FINDINGS:

A review of the agency policy, training curriculum, various training documents, and staff interviews demonstrate PREA related training is conducted and staff attend, participate, and complete the training. The agency policy and curriculum address all the required topics. The auditor interviewed a total of 12 randomly selected staff.

Staff interviewed acknowledged attending and participating in the PREA training and confirmed the required topics were covered during the training. The staff interviewed reported receiving training in all the required topics within the past year. The facility uses Blue Basin online training, this portal is interactive and reminds the employee and Training Office when the training needs to be completed, the issues a certificate of completion, when complete.

115.231(b)

POLICY AND DOCUMENT REVIEW:

Pre-service and In-service curriculum.

Pre-audit questionnaire.

FINDINGS:

All agency employees, contractors, and volunteers are trained to meet the PREA standards. In the past 12 months, 43 (100%) staff were trained or retrained. The agency does not allow cross gender staffing at this facility; thus the second provision of this standard does not apply for this facility. The agency has a comprehensive training program which includes pre-service and annual in-service training and is tailored to meet the gender needs of the facility. The training documentation includes a signature roster that indicates the trainees understand the training presented. The interview process also documented that employees understood the materials presented. Refresher information is available in the employee handbook and on posters throughout the facility. Staff reported everyone gets the exact same training regardless of working with males or females in the agency. The facility uses Blue Basin online training, this portal is interactive and reminds the employee and Training Office when the training needs to be completed, then it issues a certificate of completion, when training is complete, this exceeds this standard.

115.231(c)

POLICY AND DOCUMENT REVIEW:

Pre-service and In-service curriculum.

Pre-audit questionnaire.

FINDINGS:

Agency policy requires staff receive PREA related training during orientation and on an annual basis. The auditor reviewed randomly selected employee/contractor/volunteer training documents. A review of the randomly selected training documents reflected all had participated and completed the required PREA training.

Training documentation reviewed supported the participation of security staff, as well as participation by management and administrative support staff, in the PREA training.

115.231(d)

POLICY AND DOCUMENT REVIEW:

Pre-service and In-service curriculum.

Pre-audit questionnaire.

Training Acknowledgement Form.

FINDINGS:

The agency maintains the signed acknowledgement forms which affirm the trainees understand the training they have received. Through staff interviews, it was made clear to the auditor that the staff understood the PREA training.

Standard 115.232: Volunteer and contractor training

115.232 (a)

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

115.232 (b)

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

115.232 (c)

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

Auditor Overall Compliance Determination

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

115.232(a)

POLICY AND DOCUMENT REVIEW:

Volunteer/Contractor Training Plan.

Pre-audit questionnaire.

INTERVIEWS:

Director

FINDINGS:

All volunteers and contractors who have contact with residents at this facility have been trained to understand the requirements of PREA and the zero-tolerance policy. The training is based on the service level and resident contact they provide.

115.232(b)

POLICY AND DOCUMENT REVIEW:

Volunteer/Contractor Training Plan.

Volunteer sign-in roster & application forms.

Pre-audit questionnaire.

Randomly selected training files, sign-in sheets, signed acknowledgement forms, and Certificates of Completion.

INTERVIEWS:

Director.

FINDINGS:

The agency's PREA training addresses the zero-tolerance policy. Training documentation reflected training events held specifically for contract staff and volunteers.

The staff interviewed reported being trained on the agency's zero tolerance policy regarding sexual abuse and sexual harassment and of the reporting requirements. The Director stated contractors are trained by the facility.

115.232(c)

POLICY AND DOCUMENT REVIEW:

Agency PREA Policy

FINDINGS:

The acknowledgment forms contained the proper affirmation statement. No contractors were onsite to be interviewed.

Standard 115.233: Resident education

115.233 (a)

- During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment? Yes No

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

115.233 (b)

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

115.233 (c)

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

115.233 (d)

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

115.233 (e)

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

Auditor Overall Compliance Determination

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

115.233(a)

POLICY AND DOCUMENT REVIEW:

Resident assessment forms.

Training rosters.

Pre-audit questionnaire.

Bilingual Posters.

Resident Handbook (English and Spanish).

Brochures (English and Spanish).

INTERVIEWS:

The auditor interviewed one randomly selected staff assigned to intake duties and randomly selected residents.

FINDINGS:

A review of case files reflected all residents were provided the initial education required on the same day during intake. The intake staff reported the orientation packet contains all the PREA related information which is provided to all the residents during the intake process.

Staff reported the information may be provided to the resident in Spanish or it could be read out loud to the resident to ensure they understand it and that residents are asked if they have any questions before they are assigned to a housing unit. Staff reported information on the zero-tolerance policy and how to report allegations are also contained on posters, which are posted throughout the facility, and that the PREA information is presented again on weekends to the groups in the housing units. All the residents interviewed reported being provided the PREA information during intake.

115.233(b)

POLICY AND DOCUMENT REVIEW:

Resident assessment forms.

Training rosters.

Pre-audit questionnaire.

Resident Handbook (English and Spanish).

Brochures (English and Spanish).

INTERVIEWS:

The auditor interviewed one randomly selected staff assigned to intake duties and randomly selected residents.

FINDINGS:

In the past 12 months, 1264 (100%) residents were admitted to the audited facility that were trained on the principals of PREA. Provisions are made to assist those residents with disabilities or those not proficient in English to ensure their understanding of PREA. PREA posters, resident handbooks, and PREA Brochures are readily available to the population and are available in English and Spanish. Completed acknowledgement sheets reflecting the name of the resident are maintained for documentation purposes, and a staff person was assigned to oversee this specific task to ensure compliance is always maintained.

115.233(c)

POLICY AND DOCUMENT REVIEW:

Files.

INTERVIEWS:

The auditor interviewed one randomly selected staff assigned to intake duties.

FINDINGS:

A review of random files reflected all residents had been provided the required PREA related information and education. Staff interviewed reported the information is provided during intake.

115.233(d)

POLICY AND DOCUMENT REVIEW:

Resident Handbook, PREA brochures, and PREA posters.

FINDINGS:

PREA related information and education materials provided in English and Spanish include the Resident Handbook, PREA brochures, and PREA posters.

The Resident Handbook is available to the residents in each housing unit. PREA posters both English and Spanish, are posted throughout the facility and in each housing unit.

Staff are equipped with information on how to secure interpretation services for non-English speaking, deaf and hard of hearing residents.

115.233(e)

POLICY AND DOCUMENT REVIEW:

Case files.

Acknowledgement Statement

FINDINGS:

A review of files reflected all residents had been provided the required PREA related information and education.

The completed Acknowledgement Statement is used to document when residents are provided the PREA information at intake. Residents that participate in the subsequent PREA education has their participation entered into the resident's record.

Standard 115.234: Specialized training: Investigations

115.234 (a)

- In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)
 Yes No NA

115.234 (b)

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

115.234 (c)

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

115.234 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

115.234(a) (b) (c) (d)

POLICY AND DOCUMENT REVIEW:

Agency PREA Policy Page 7.

Administrative investigations.

FINDINGS:

The agency has trained staff to fulfill the duties and responsibilities for conducting administrative investigations. All criminal investigations are turned over to the local law enforcement agency.

Standard 115.235: Specialized training: Medical and mental health care

115.235 (a)

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

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

115.235 (b)

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

115.235 (c)

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

115.235 (d)

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

Auditor Overall Compliance Determination

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

115.235(a)

FINDINGS:

The Agency does not have any full-time or part-time medical or mental health care practitioners contracted by or volunteering for the facility. This provision is not applicable to this facility. All medical and mental health services are provided by John Peter Smith Hospital.

115.35(b)

FINDINGS:

The agency reported the facility staff do not conduct forensic exams; therefore, this provision is not applicable. Staff interviewed confirmed they do not conduct forensic exams onsite and that John Peter Smith Hospital in Fort Worth, Texas, provides that service if needed.

115.235(c)

POLICY AND DOCUMENT REVIEW:

Training records.

Certificates of Completion.

FINDINGS:

Training documentation reviewed indicated facility staff, including contract staff, participated in the general and specialized PREA training. Training documentation reflected the training was secured in-house.

115.235(d)

POLICY AND DOCUMENT REVIEW:

Training records.

FINDINGS:

Training documentation reviewed reflected facility staff, including contract staff, participated in the general PREA training.

<p style="text-align: center;">SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS</p>
--

Standard 115.241: Screening for risk of victimization and abusiveness

115.241 (a)

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

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

115.241 (b)

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

115.241 (c)

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

115.241 (d)

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

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability? Yes No

115.241 (e)

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

115.241 (f)

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

115.241 (g)

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

115.241 (h)

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

115.241 (i)

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

Auditor Overall Compliance Determination

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

115.241(a)

POLICY AND DOCUMENT REVIEW:

Randomly selected resident files.

INTERVIEWS:

Staff responsible for risk screening: Intake and randomly selected residents.

FINDINGS:

Staff interviewed reported residents are screened normally nearly immediately when entering the intake area and that they would continue to do follow-up with a resident periodically.

Staff reported if any risk factors were to be detected, the resident would be referred to the appropriate staff for proper follow-up and reclassification if needed.

Residents interviewed verified staff do conduct periodic follow-up questions after the intake process is completed. Based on staff interviews and the review of resident files, it was determined the initial risk screening process is completed well within the 72-hour requirement.

115.241(b)

POLICY AND DOCUMENT REVIEW:

PREA Screening Tool

FINDINGS:

The objective screening instrument is accomplished within the first hour of arrival. The screening document does ask questions to determine if any resident might have any prior history as a sexual abuser and the responses are scored.

Based on the responses, a decision is made to properly house the resident. Intake staff conduct the screening and the information is secured.

115.241(c)

POLICY AND DOCUMENT REVIEW:

PREA Screening Tool

INTERVIEWS:

Staff responsible for risk screening: Intake and external medical staff

FINDINGS:

The agency's PREA Screening Tool reflect all the required elements in this provision. Staff interviewed confirmed they use the agency's screening tool during intake.

Staff interviewed properly referenced the required elements residents are screened for during the risk screening process.

115.241(d)

INTERVIEWS:

Staff responsible for risk screening: Intake and external medical staff.

FINDINGS:

Staff reported the information is ascertained through resident interviews, and from information collected through the PREA Screening tool, medical screening, and resident file records.

115.241(e) (f) (g) (h) (i)

INTERVIEWS:

PREA Coordinator, PREA Compliance Manager, and staff responsible for risk screening: intake and medical staff

FINDINGS:

Intake staff interviewed reported they do not have access to the resident's medical or mental health information. Staff reported the treatment modality drives which staff need specific information about the resident.

Standard 115.242: Use of screening information

115.242 (a)

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

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

115.242 (b)

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

115.242 (c)

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

115.242 (d)

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

115.242 (e)

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

115.242 (f)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of

such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.) Yes No NA

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

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

Auditor Overall Compliance Determination

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

115.242(a)

POLICY AND DOCUMENT REVIEW:

Agency Policy and the PREA Screen Tool.

INTERVIEWS:

PREA Compliance Manager and staff responsible for risk screening.

FINDINGS:

The information obtained in the resident screening process is used to make individualized determinations to ensure the resident safety.

This information is used to make decisions to place each resident in appropriate housing, work, and program assignments. Staff interviewed reported information secured through the screening process is used to determine the need for additional medical or mental health follow-up, and to make classification decisions based on risk factors.

115.242(b)

POLICY AND DOCUMENT REVIEW:

Agency Policy

INTERVIEWS:

Staff.

Residents who reported sexual abuse at in processing.

ONSITE REVIEW:

During the onsite review, there are multi-purpose rooms that can be used to separate residents, if needed.

FINDINGS:

Staff interviewed reported separating residents is used as a last resort and staff look for other options, such as housing changes. Staff reported the welfare of the resident is always a high consideration. Staff reported they would conduct daily visits for any resident who was in need for treatment due to PREA risk factors.

115.242(c) (d) (e) (f)

POLICY AND DOCUMENT REVIEW:

Agency Policy.

INTERVIEWS:

PREA Coordinator, PREA Compliance Manager and Residents.

FINDINGS:

Staff interviewed reported the facility does not have special housing units designated for lesbian, gay, bisexual, transgender, or intersex residents. All housing, program and work assignments are made on a case by case basis.

REPORTING

Standard 115.251: Resident reporting

115.251 (a)

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

- Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment? Yes No

- Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents? Yes No

115.251 (b)

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

115.251 (c)

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

115.251 (d)

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

Auditor Overall Compliance Determination

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

115.251(a)

POLICY AND DOCUMENT REVIEW:

Agency Policy.

Resident Handbook.

Grievance Form.

Writing Instruments.

INTERVIEWS:

Random Sample of Staff and Random Sample of Residents.

ONSITE REVIEW:

During the onsite review, the auditor noted PREA Posters on the walls with the PREA numbers and how to report, this information is accessible to the residents in each housing unit and in common areas.

FINDINGS:

Staff interviewed reported residents have several options available to report an allegation: a letter; tell staff, and a third party, such as a family member. Residents interviewed reported they could make a report to staff (supervisor, counselor), or family.

Most of the residents indicated they would go directly to staff.

115.251(b)

POLICY AND DOCUMENT REVIEW:

Agency Policy.

PREA Posters.

INTERVIEWS:

PREA Compliance Manager, and Random Sample of Staff.

ONSITE REVIEW:

During the onsite review, the auditor noted PREA Posters are accessible to the residents in each housing unit.

FINDINGS:

Staff interviewed reported residents could make anonymous reports to anyone. Residents interviewed reported they could contact a family member, a Rape Crisis Center or write to the PREA Ombudsman if they needed to contact someone outside of the facility. The residents reported they were aware they could make reports anonymously.

115.251(c)

POLICY AND DOCUMENT REVIEW:

Agency Policy.

INTERVIEWS:

Random Sample of Staff and Random Sample of Residents.

FINDINGS:

Staff interviewed reported they would accept reports in writing, anonymously, verbally and through third parties, and that any reports received verbally would be documented immediately. Residents interviewed reported they could make reports anonymously, in writing, grievance, verbally, through a family member, or staff member.

115.251(d)

POLICY AND DOCUMENT REVIEW:

Agency Policy.

INTERVIEWS:

PREA Compliance Manager.

FINDINGS:

Staff interviewed reported residents can make reports by submitting them in writing, in person, or through a call to their family.

Staff are informed of how to report privately any sexual abuse or harassment. They can verbally discuss sexual abuse/harassment with chain of command/supervisors in a private setting. They can also report in writing, email, memo, etc. Staff are informed of these requirements with required PREA training and employee handbooks. The staff understanding of this process was verified in the interviews.

Standard 115.252: Exhaustion of administrative remedies

115.252 (a)

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

115.252 (b)

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

115.252 (c)

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

115.252 (d)

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

115.252 (e)

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

115.252 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA

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

115.252 (g)

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

Auditor Overall Compliance Determination

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

115.252(a)

POLICY AND DOCUMENT REVIEW:

Agency Policy.

Resident Handbook.

INTERVIEWS:

Random Sample of Staff and Residents.

FINDINGS:

In accordance with agency policy, the resident grievance process meets the requirements of PREA. The process allows the resident to file an oral or written complaint/grievance at any time about sexual abuse or on any correctional issue. The complaint can be filed with any staff and will be directed to the Facility Director or designee for response if necessary.

Residents interviewed reported they would go directly to a staff member.

115.252(b)

POLICY AND DOCUMENT REVIEW:

Agency Policy.

INTERVIEWS:

PREA Compliance Manager, and Random Sample of Staff.

FINDINGS:

By policy, the resident is not required to use an informal grievance process nor refer any grievance to the staff member who is the subject of the complaint.

The audited facility will not refer the grievance to the staff member who is the subject of the complaint. There is no time limit of the filing of a sexual abuse or sexual harassment grievance. The Resident Handbook clearly outlines the process required.

115.252(c)

POLICY AND DOCUMENT REVIEW:

Agency Policy.

INTERVIEWS:

Random Residents.

Random Staff.

FINDINGS:

Staff interviewed reported they would accept reports in writing, anonymously, verbally and through third parties, and that any reports received verbally would be documented immediately. By policy, the resident is not required to use an informal grievance process nor refer any grievance to the staff member who is the subject of the complaint.

115.252(d)

POLICY AND DOCUMENT REVIEW:

Agency Policy.

INTERVIEWS:

PREA Compliance Manager.

FINDINGS:

In the past 12 months, there was one (1) grievance filed concerning harassment.

The grievance was completed within 10 days and the resident was notified of the decision. Agency policy allows third party assistance to residents in the grievance process. If the resident declines assistance of a third party, that decision to decline assistance would be documented. No assistance has been requested.

Emergency grievances are permitted in reporting a grievance concerning sexual abuse/harassment. If received, the grievance is immediately addressed. Agency policy requires that a response to an emergency grievance must be completed as soon as possible, but no longer than within 72 hours and a final decision must be made within 5 calendar days. Policy does limit any sanctions to a resident who filed the grievance in bad faith.

115.252(e)

POLICY AND DOCUMENT REVIEW:

Agency Policy.

INTERVIEWS:

PREA Compliance Manager.

FINDINGS:

In the past 12 months, there was one (1) grievance filed concerning harassment. The grievance was completed within 10 days and the resident was notified of the decision.

Agency policy allows third party assistance to residents in the grievance process. If the resident declines assistance of a third party, that decision to decline assistance would be documented. No assistance has been requested.

115.252(f)

POLICY AND DOCUMENT REVIEW:

Agency Policy.

INTERVIEWS:

PREA Compliance Manager.

FINDINGS:

Emergency grievances are permitted in reporting a grievance concerning sexual abuse/harassment. If received, the grievance is immediately addressed.

Agency policy requires that a response to an emergency grievance must be completed as soon as possible, but no longer than within 72 hours and a final decision must be made within 5 calendar days. Policy does limit any sanctions to a resident who filed the grievance in bad faith.

115.252(g)

POLICY AND DOCUMENT REVIEW:

Agency Policy.

INTERVIEWS:

PREA Compliance Manager.

FINDINGS:

Agency Policy does limit any sanctions to a resident who filed the grievance in bad faith. In the past 12 months, there was one (1) grievance filed concerning sexual harassment. The process is well defined in the resident handbook and would be used by the resident if necessary.

Standard 115.253: Resident access to outside confidential support services

115.253 (a)

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

115.253 (b)

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

115.253 (c)

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

- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? Yes No

Auditor Overall Compliance Determination

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

115.253(a)

POLICY AND DOCUMENT REVIEW:

Agency Policy.

Resident Handbook.

INTERVIEWS:

Random Residents.

FINDINGS:

The audited facility provides to the residents, confidential access to outside victim advocates by providing the name of the organization, toll free telephone number, posters, and the information is in the resident handbook.

The victim advocate service includes in-person support services to the victim through the forensic medical exam process as well as the investigatory interview process and at no charge to the resident.

115.253(b)

POLICY AND DOCUMENT REVIEW:

Agency Policy.

INTERVIEWS:

Random Sample of Residents.

FINDINGS:

Residents interviewed reported they had never requested support services from outside agencies.

Advocate services informs the residents of limits to confidentiality prior to receiving services, in accordance with their scope of services.

115.253(c)

POLICY AND DOCUMENT REVIEW:

Emails.

FINDINGS:

The audited facility maintains the agreement that provides advocate services and informs the residents of limits to confidentiality. These agreements were provided to the Auditor in the Pre-Audit document request.

Standard 115.254: Third-party reporting

115.254 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? Yes No

- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident? Yes No

Auditor Overall Compliance Determination

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

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

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

115.254(a)

POLICY AND DOCUMENT REVIEW:

Agency Policy.

INTERVIEWS:

PREA Coordinator

FINDINGS:

The public can report online using the DOJ PREA or TDCJ PREA Reporting on behalf of the resident for third party reporting of resident sexual abuse and harassment. Residents may also write to the OMBUDSMAN regarding any sexual abuse or harassment.

OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

Standard 115.261: Staff and agency reporting duties

115.261 (a)

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

115.261 (b)

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

115.261 (c)

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

115.261 (d)

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

115.261 (e)

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

Auditor Overall Compliance Determination

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

115.261(a)

POLICY AND DOCUMENT REVIEW:

Agency Policy.

Pre-audit questionnaire.

INTERVIEWS:

Interviews with Director, random staff, external medical staff, & PREA Coordinator.

FINDINGS:

All staff interviewed reported they would immediately report any knowledge, suspicion, or information regarding any allegation of sexual abuse or sexual harassment.

Staff also reported they would report any retaliation against staff or residents who reported an incident, or any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

115.261(b) (c) (d) (e)

POLICY AND DOCUMENT REVIEW:

Agency Policy.

Pre-audit questionnaire.

INTERVIEWS:

Interviews with Director, random staff, external medical staff, & PREA Coordinator.

FINDINGS:

All staff interviewed reported all staff including John Peter Smith Hospital medical staff are required to report all sexual abuse allegations. Medical staff does inform the resident of their duty to report.

The facility reports all criminal allegations to the local law enforcement agency. All staff are informed of the importance of confidentiality being maintained in the reporting process.

No resident was under the age of 18 at the audited facility, during the onsite review.

Standard 115.262: Agency protection duties

115.262 (a)

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

Auditor Overall Compliance Determination

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

115.262(a)

POLICY AND DOCUMENT REVIEW:

Agency Policy.

Pre-audit questionnaire.

INTERVIEWS:

Interviews with Director, random staff, external medical staff, & PREA Coordinator.

FINDINGS:

Staff interviewed reported immediate action would be taken if staff were to become aware of any resident being at substantial risk of imminent sexual abuse. Staff reported any allegation would be taken seriously and due diligence would be followed to ensure staff respond to residents immediately.

Management staff reported the key is creating a safe culture. Randomly selected staff reported in detail the immediate steps they would take to respond to any allegation of a resident reporting they are at a substantial risk of imminent sexual abuse.

Standard 115.263: Reporting to other confinement facilities

115.263 (a)

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

115.263 (b)

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

115.263 (c)

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

115.263 (d)

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

Auditor Overall Compliance Determination

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

115.263(a)

POLICY AND DOCUMENT REVIEW:

Agency Policy.

Pre-audit questionnaire.

INTERVIEWS:

Director.

FINDINGS:

The agency has a policy that requires notification of another facility when they learn of a resident that had been sexually abused at that other facility. In the past 12 months, the facility reported zero allegations of sexual abuse that a resident received at another facility.

115.263(b)

POLICY AND DOCUMENT REVIEW:

Agency Policy.

FINDINGS:

Notification of sexual abuse at another confinement facility is to be completed within the 72-hour time frame. Documentation is required that the report will be investigated and properly acted upon.

115.263(c)

POLICY AND DOCUMENT REVIEW:

Agency Policy.

FINDINGS:

In the past 12 months, the facility reported zero allegations of sexual abuse that a resident received at another facility. The notification process shows notifications and documentation of additional notifications/information would be made in accordance to this standard and agency policy.

115.263(d)

POLICY AND DOCUMENT REVIEW:

Agency Policy.

INTERVIEWS:

Director.

FINDINGS:

Staff interviewed reported they would initiate an investigation just like any other. They would make a request for cooperation from the other facility, and staff would go visit the resident at that facility. Staff reported the local law enforcement agency would oversee the investigative team and process.

Standard 115.264: Staff first responder duties

115.264 (a)

- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?
 Yes No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? Yes No

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

115.264 (b)

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

Auditor Overall Compliance Determination

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

115.264(a)

POLICY AND DOCUMENT REVIEW:

Agency Policy.

Pre-audit questionnaire.

INTERVIEWS:

Staff First Responders.

FINDINGS:

The practices to this policy was verified by the responses from the staff being questioned in the interview process. All staff are provided training on the staff responder actions required in the event of a sexual abuse.

This would include all security and non-security staff that might be a first responder. Agency policy also address the actions required if the responder is not a security staff member.

The non-security staff person would ensure that the alleged victim not take any action that might destroy physical evidence and then notify security staff. Staff interviewed outlined the response taken in response to an allegation. The agency protocol, which meets the standard requirements, was followed.

115.264(b)

POLICY AND DOCUMENT REVIEW:

Agency Policy.

Pre-audit questionnaire.

INTERVIEWS:

Staff First Responders.

FINDINGS:

In the past 12 months, one allegation of sexual harassment from residents was recorded. Report was reviewed by the auditor and the reports indicated that the staff followed the correct procedures required by PREA. All reports indicated that the proper response procedures occurred.

Standard 115.265: Coordinated response

115.265 (a)

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

Auditor Overall Compliance Determination

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

115.265(a)

POLICY AND DOCUMENT REVIEW:

Agency Policy.

INTERVIEWS:

Director.

FINDINGS:

Agency policy required a coordinated response by security/supervisory/management staff, medical, law enforcement, and SANE/SAFE services. The document clearly outlines the institutional plan to coordinate actions taken in response to an incident. Staff interviewed reiterated the protocols outlined in the agency's institutional plan.

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

115.266 (a)

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

115.266 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

115.266(a)

POLICY AND DOCUMENT REVIEW:

Agency Policy.

INTERVIEWS:

Director.

FINDINGS:

All agency employees do not participate in collective bargaining. Any allegations of sexual abuse or harassment involving an employee, this agency immediately removes the employee from all contact with the alleged resident victim and witnesses.

Standard 115.267: Agency protection against retaliation

115.267 (a)

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

115.267 (b)

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

115.267 (c)

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

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

115.267 (d)

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

115.267 (e)

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

115.267 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

115.267(a)

POLICY AND DOCUMENT REVIEW:

Agency Policy.

FINDINGS:

Policy requires the protection of residents and staff who report sexual abuse/harassment from retaliation. Senior management is assigned to supervise the monitoring and prevention of retaliation.

115.267(b)

POLICY AND DOCUMENT REVIEW:

Agency Policy.

INTERVIEWS:

Designated Staff Member Charged with Monitoring Retaliation.

PREA Coordinator.

FINDINGS:

Staff reported when an investigation is initiated, the individual making the report is told what the expected process will be and if anyone threatens or otherwise makes them feel uncomfortable, they are provided with the name of the person to notify. Staff and residents are informed that any retaliation will be taken seriously and acted upon. Staff reported the process followed and strategies used when monitoring for potential retaliation against both residents and staff. Staff and residents are offered emotional support services.

115.267(c)

POLICY AND DOCUMENT REVIEW:

Agency Policy.

INTERVIEWS:

Designated Staff Member Charged with Monitoring Retaliation.

PREA Coordinator.

FINDINGS:

Staff reported in detail what they look for when monitoring for retaliation for both residents and staff, and the duration of the monitoring, which meet the standard requirements.

115.267(d)

POLICY AND DOCUMENT REVIEW:

Agency Policy.

INTERVIEWS:

Designated Staff Member Charged with Monitoring Retaliation.

PREA Coordinator.

FINDINGS:

All required monitoring will be promptly conducted for a minimum of 90 days or longer if needed.

The facility would employ a variety of methods such as housing change, removal of abuser, or other means to protect the resident victim. This policy would also protect anyone who assisted

in the investigation. The policies also require periodic status checks designed to protect an individual from retaliation.

115.267(e)

POLICY AND DOCUMENT REVIEW:

Agency Policy.

INTERVIEWS:

Director.

FINDINGS:

Staff interviewed reported any type of retaliation is treated seriously and any allegations made would be reviewed and investigated.

If an allegation were to be found true, the appropriate necessary actions would be taken.

115.267(f)

POLICY AND DOCUMENT REVIEW:

The agency is not required to respond to this provision.

FINDINGS:

This provision is not applicable as the agency is not required to respond to this provision.

INVESTIGATIONS

Standard 115.271: Criminal and administrative agency investigations

115.271 (a)

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

115.271 (b)

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

115.271 (c)

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

115.271 (d)

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

115.271 (e)

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

115.271 (f)

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

115.271 (g)

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

115.271 (h)

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

115.271 (i)

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

115.271 (j)

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

115.271 (k)

- Auditor is not required to audit this provision.

115.271 (l)

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

Auditor Overall Compliance Determination

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

115.271(a)

POLICY AND DOCUMENT REVIEW:

Agency Policy.

Training Documentation.

INTERVIEWS:

Investigative Staff

FINDINGS:

A review of files reflected the one investigation was conducted promptly, thoroughly, and objectively. Staff interviewed reported investigations are initiated immediately and that third-party and anonymous reports are also considered, documented and the information included in the final report.

115.271(b)

POLICY AND DOCUMENT REVIEW:

Staff training records.

INTERVIEWS:

Investigative Staff

FINDINGS:

A review of the investigative staff training documents indicated all investigative staff are trained in the required staff training via Blue Basin. Staff interviewed reported receiving the required training.

115.271(c)

POLICY AND DOCUMENT REVIEW:

Agency Policy.

Training records.

INTERVIEWS:

Investigative Staff

FINDINGS:

A review of the investigative files reflected the required supporting documentation was maintained in the files. Staff interviewed reported in detail the steps followed and information collected and documented during the investigation and retained in the files in accordance with the standard.

115.271(d)

POLICY AND DOCUMENT REVIEW:

Agency Policy.

INTERVIEWS:

Investigative Staff

FINDINGS:

Staff interviewed reported investigations are not terminated solely because the victim recants the allegation and would move forward with the investigation.

115.271(e)

POLICY AND DOCUMENT REVIEW:

Agency Policy.

Resident files.

INTERVIEWS:

Investigative Staff

FINDINGS:

A review of the files reflected the criminal investigators (White Settlement Police Department) are sworn law enforcement officers and are always involved on all criminal investigations. Investigative staff reported the investigators will refer the case for prosecutorial review if evidence reveals a criminal act may have been committed.

115.271(f)

POLICY AND DOCUMENT REVIEW:

Agency Policy.

INTERVIEWS:

Investigative Staff.

FINDINGS:

Investigator interviewed, reported all information would be considered, documented, and assessed as part of the investigation. Investigator also reported a polygraph is not a part of the investigative process.

115.271(g)

POLICY AND DOCUMENT REVIEW:

Agency Policy.

INTERVIEWS:

Investigative Staff.

FINDINGS:

Staff interviewed reported everything is considered as part of the investigation including whether staff actions or failures to act contributed to the abuse.

A review of the files indicated the administrative investigation was thorough and complete. The incident review process, which addresses this provision, was completed. There were no criminal investigations reported.

115.271(h)

POLICY AND DOCUMENT REVIEW:

Agency Policy.

INTERVIEWS:

Investigative Staff

FINDINGS:

Local law enforcement will conduct all criminal investigations. In accordance with agency policy, any allegation involving sexual abuse or criminal activity requires that the local law enforcement agency be notified immediately to assume control of the investigation. The local law enforcement investigators have been trained to meet PREA standards. They are State Approved Law Enforcement Officers and will promptly and thoroughly investigate each criminal allegation. Should an allegation be substantiated, the case will be referred for prosecution.

The Investigator interviewed was professional and deeply knowledgeable. He indicated their investigative process was very thorough by collecting all evidence, interviewing witnesses, perpetrators, victims, etc. Reports are documented, and cases are referred for prosecution if necessary. Polygraph tests for PREA cases are not authorized.

115.271(i)

POLICY AND DOCUMENT REVIEW:

Agency Policy.

INTERVIEWS:

Investigative Staff

FINDINGS:

Agency Policies require written reports be developed and retained per PREA standards, for as long as the alleged abuser is incarcerated or employed by the agency, plus five years and per local state retention requirements.

Should a victim or abuser (staff or resident) resign or be transferred to another facility, the case will continue to be investigated.

115.271(j)

POLICY AND DOCUMENT REVIEW:

Agency Policy.

FINDINGS:

Agency policy addresses this provision and requires investigation reports will be kept in perpetuity. The auditor reviewed investigative file.

115.271(k)

POLICY AND DOCUMENT REVIEW:

Agency Policy.

INTERVIEWS:

Investigative Staff

FINDINGS:

Staff interviewed reported an investigation would continue regardless of whether the alleged abuser or alleged victim left the facility.

115.271(l)

POLICY AND DOCUMENT REVIEW:

The agency is not required to respond to this provision.

FINDINGS:

This provision is not applicable as the agency is not required to respond to this provision.

Standard 115.272: Evidentiary standard for administrative investigations

115.272 (a)

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

Auditor Overall Compliance Determination

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

115.272(a)

POLICY AND DOCUMENT REVIEW:

Agency Policy.

INTERVIEWS:

Investigative Staff.

FINDINGS:

A review of the files indicated the proper standard was used in determining if the allegation was founded/substantiated. Staff reported the standard of evidence used to substantiate allegations is the preponderance of the evidence.

Standard 115.273: Reporting to residents

115.273 (a)

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

115.273 (b)

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

115.273 (c)

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

115.273 (d)

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

115.273 (e)

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

115.273 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

115.273(a)

POLICY AND DOCUMENT REVIEW:

Agency Policy.

INTERVIEWS:

Director.

Investigative staff.

FINDINGS:

Agency policy addresses this provision and requires notification for both sexual abuse and sexual harassment investigations. Staff interviewed reported the resident would be notified in writing. The agency policy requirements to notify the resident on the outcome of sexual harassment investigations meets the standard requirements.

115.273(b)

POLICY AND DOCUMENT REVIEW:

Agency Policy.

FINDINGS:

The agency contacts the local law enforcement agency to conduct criminal investigations on all PREA related allegations.

115.273(c)

POLICY AND DOCUMENT REVIEW:

Staff reported there has been zero substantiated or unsubstantiated complaints of sexual abuse committed by a staff member, contractor, intern, or volunteer against a resident in the past 12 months.

INTERVIEWS:

Random Residents.

FINDINGS:

All staff to resident case files would be reviewed and thoroughly investigated in accordance with PREA protocols and proper action would be completed. All accused staff would be immediately removed from all resident contact.

115.273(d)

POLICY AND DOCUMENT REVIEW:

Agency Policy.

INTERVIEWS:

Random Residents.

FINDINGS:

Agency policy that requires that the resident be informed of the outcome of the investigation of all sexual abuse/harassment complaints that the resident has filed. In the past 12 months, one (1) allegation from residents was investigated. The investigation was completed, and residents were informed in writing of the result of the investigation.

For complaints directed towards staff, the resident would be advised as to staff relocation, no longer employed, whether staff member has been indicted or convicted.

115.273(e)

POLICY AND DOCUMENT REVIEW:

Agency Policy.

FINDINGS:

A review of the investigative files reflected local law enforcement conducts all criminal investigations in the past 12 months, zero criminal investigated reported.

DISCIPLINE

Standard 115.276: Disciplinary sanctions for staff

115.276 (a)

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

115.276 (b)

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

115.276 (c)

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

115.276 (d)

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

Auditor Overall Compliance Determination

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

115.276(a)

POLICY AND DOCUMENT REVIEW:

Agency Policy.

FINDINGS:

The audited agency has disciplinary sanctions for staff up to and including termination for violating sexual abuse and sexual harassment policies.

The facility reported (0) cases where an employee was terminated for sexual abuse of a resident and (1) cases where a staff member was reported to law enforcement for violating sexual abuse or harassment policies.

115.276(b)

POLICY AND DOCUMENT REVIEW:

Agency Policy. The agency reported there was (1) staff that have violated agency sexual abuse or sexual harassment policies in the past 12 months.

FINDINGS:

(1) staff member was investigated for possible PREA violations, documentation for violating agency sexual abuse or sexual harassment policies and final outcome are in compliance with this provision.

115.276(c)

POLICY AND DOCUMENT REVIEW:

Agency Policy. The agency reported there was (1) staff that have violated agency sexual abuse or sexual harassment policies in the past 12 months.

FINDINGS:

(1) staff member was investigated for possible PREA violations, documentation for violating agency sexual abuse or sexual harassment policies and final outcome are in compliance with this provision.

115.276(d)

POLICY AND DOCUMENT REVIEW:

Agency Policy. The agency reported there was (1) staff that have violated agency sexual abuse or sexual harassment policies in the past 12 months.

FINDINGS:

(1) staff member was investigated for possible PREA violations, documentation for violating agency sexual abuse or sexual harassment policies and final outcome are in compliance with this provision.

Standard 115.277: Corrective action for contractors and volunteers

115.277 (a)

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

115.277 (b)

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

Auditor Overall Compliance Determination

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

115.277(a)

POLICY AND DOCUMENT REVIEW:

The agency reported there had been (0) contractors or volunteers reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of residents in the past 12 months.

FINDINGS:

The agency reported there had been (0) contractors or volunteers reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of residents in the past 12 months, therefore there was no documentation to review specific to this provision.

15.277(b)

POLICY AND DOCUMENT REVIEW:

Agency Policy.

INTERVIEWS:

Director.

Random Staff

FINDINGS:

The agency reported there had been (0) contractors or volunteers reported for engaging in sexual abuse of residents in the past 12 months, therefore there was no documentation to review specific to this provision. Staff interviewed reported any allegations of sexual abuse of residents by contractors or volunteers would be treated the same as if they were regular staff.

Agency personnel with the need to know would be notified, who would then contact the contractor's point of contact and cease the contract with the contractor. Both volunteers and contractors would be prohibited from having further contact with residents.

Standard 115.278: Interventions and disciplinary sanctions for residents

115.278 (a)

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

115.278 (b)

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

115.278 (c)

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

115.278 (d)

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

115.278 (e)

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

115.278 (f)

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

115.278 (g)

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

Auditor Overall Compliance Determination

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

115.278(a)

POLICY AND DOCUMENT REVIEW:

Agency Policy.

Resident Handbook

FINDINGS:

The Resident Handbook, provide information related to the Code of Conduct and Progressive Disciplinary Sanctions, including sanctions pertaining to sexual abuse and sexual harassment.

115.278(b)

POLICY AND DOCUMENT REVIEW:

The agency reported there were (0) incidents of Resident on Resident abusive sexual contact allegation with a finding of guilt. The agency reported there have been no residents placed in restrictive housing for Resident-on-Resident sexual abuse as a disciplinary sanction in the past 12 months.

INTERVIEWS:

Director

Staff

FINDINGS:

The agency reported there were (0) incidents of resident-on-resident abusive sexual contact with a finding of guilt, therefore there was no documentation to review specific to this provision.

Staff interviewed reported a resident-on-resident sexual abuse incident would be considered a major rule violation and could result in an arrest from local law enforcement.

115.278(c)

POLICY AND DOCUMENT REVIEW:

Agency Policy.

INTERVIEWS:

Director.

Medical and Mental Health Staff

FINDINGS:

The agency reported there were (0) incidents of resident-on-resident abusive sexual contact with a finding of guilt, therefore there was no documentation to review specific to this provision. Staff interviewed reported a resident-on-resident sexual abuse incident would be considered a major rule violation and could result in an arrest of the resident.

115.278(d)

POLICY AND DOCUMENT REVIEW:

Agency Policy.

INTERVIEWS:

Medical and Mental Health Staff

FINDINGS:

Staff interviewed reported the offending resident is offered therapy, counseling, or other intervention services, but would not require the resident's participation as a condition of access to any rewards-based behavior management system or programming or education.

115.78(e) (f) (g)

POLICY AND DOCUMENT REVIEW:

Agency Policy.

FINDINGS:

The agency reported there were (0) reported incidents involving sexual contact of residents with staff with a finding of guilt, therefore there was no documentation to review specific to this provision.

MEDICAL AND MENTAL CARE

Standard 115.282: Access to emergency medical and mental health services

115.282 (a)

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

115.282 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262? Yes No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? Yes No

115.282 (c)

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

115.282 (d)

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

Auditor Overall Compliance Determination

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

115.282(a)

POLICY AND DOCUMENT REVIEW:

Agency Policy.

INTERVIEWS:

External Medical Staff

FINDINGS:

Staff interviewed reported residents would be provided emergency medical treatment immediately and that the nature and scope of the services are determined according to their professional judgement.

115.282(b)

POLICY AND DOCUMENT REVIEW:

Agency Policy.

INTERVIEWS:

Staff First Responders.

FINDINGS:

Agency policy requires staff to notify medical staff if they believe a resident is actively experiencing a mental health crisis. Staff who were interviewed reported protective measures were taken for the alleged victim, and the victim was referred for counseling.

115.282(c)

POLICY AND DOCUMENT REVIEW:

Agency Policy.

INTERVIEWS:

External Medical Staff

FINDINGS:

Staff interviewed reported the required information and services would be provided immediately and unimpeded.

115.282(d)

POLICY AND DOCUMENT REVIEW:

Agency Policy.

FINDINGS:

Agency policy addresses this provision.

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

115.283 (a)

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

115.283 (b)

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

115.283 (c)

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

115.283 (d)

- Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all-male" facility. *Note: in "all-male" facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) Yes No NA

115.283 (e)

- If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if "all-male" facility. *Note: in "all-male" facilities, there may be*

residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.) Yes No NA

115.283 (f)

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

115.283 (g)

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

115.283 (h)

- Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? Yes No

Auditor Overall Compliance Determination

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

115.283(a)

POLICY AND DOCUMENT REVIEW:

Agency Policy.

ONSITE REVIEW:

Medical services are available 24/7 at the facility or at the John Peter Smith Hospital in Fort Worth, Texas, if needed. Mental health counselors provide treatment and counseling to residents.

FINDINGS:

Agency Policy addresses this provision.

115.283(b)

POLICY AND DOCUMENT REVIEW:

The agency reported there were no allegations of resident sexual abuse requiring medical treatment, follow-up services or referrals for continued care.

INTERVIEWS:

Medical and Mental Health Staff. At the time of the onsite audit, there were no residents who reported a sexual abuse at the facility, therefore no resident was interviewed specific to this provision.

FINDINGS:

Staff interviewed reported follow-up services would be matched with appropriate intervention services.

115.283(c)

POLICY AND DOCUMENT REVIEW:

The agency reported there were no allegations of resident sexual abuse requiring medical or mental health services.

INTERVIEWS:

External Medical Staff

FINDINGS:

Staff interviewed reported the services provided are consistent with the community level of care.

115.283(d)

POLICY AND DOCUMENT REVIEW:

Agency Policy.

FINDINGS:

This is an all-male facility; this provision does not apply to this facility.

115.283(e)

POLICY AND DOCUMENT REVIEW:

Agency Policy.

FINDINGS:

This is an all-male facility; this provision does not apply to this facility.

115.283(f)

POLICY AND DOCUMENT REVIEW:

The agency reported there were no allegations of resident sexual abuse requiring medical services.

INTERVIEWS:

At the time of the onsite audit, there were no residents who reported a sexual abuse at the facility who required medical services, therefore no resident was interviewed specific to this provision.

FINDINGS:

Agency policy addresses this provision.

115.283(g)

POLICY AND DOCUMENT REVIEW:

The agency reported there were no allegations of resident sexual abuse requiring treatment services.

INTERVIEWS:

At the time of the onsite audit, there were no residents who reported a sexual abuse at the facility who required treatment services, therefore no resident was interviewed specific to this provision.

FINDINGS:

Agency policy addresses this provision.

115.283(h)

POLICY AND DOCUMENT REVIEW:

The agency reported there were no allegations of resident sexual abuse requiring treatment services.

INTERVIEWS:

External Medical Staff

FINDINGS:

Staff interviewed reported the resident would be referred, and the treatment provider would respond immediately.

DATA COLLECTION AND REVIEW

Standard 115.286: Sexual abuse incident reviews

115.286 (a)

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

115.286 (b)

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

115.286 (c)

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

115.286 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? Yes No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? Yes No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? Yes No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? Yes No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? Yes No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? Yes No

115.286 (e)

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

Auditor Overall Compliance Determination

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

115.286(a)

POLICY AND DOCUMENT REVIEW:

Agency Policy.

The agency reported there was one (1) administrative investigation of alleged sexual harassment completed within the past 12 months.

Investigative files.

FINDINGS:

A review of the investigative files reflected the agency had completed a PREA incident review at the conclusion of the investigation. The Incident Review Team meets monthly, unless an incident requires an immediate session to be conducted

115.286(b)

POLICY AND DOCUMENT REVIEW:

Agency Policy.

Investigative files.

FINDINGS:

A review of the files reflected the agency has completed a PREA incident review, as required.

115.286(c)

POLICY AND DOCUMENT REVIEW:

Agency Policy.

INTERVIEWS:

Director

PREA Compliance Manager

Members of the Incident Review Team

FINDINGS:

Staff interviewed reported the incident review team includes the PREA Compliance Manager and employees of the senior staff. Once the Incident Review is completed, it is reviewed by the Director and the Agency Senior Staff. A review of the Incident Review Report indicated the PREA Coordinator also participates. Staff reported an incident review is conducted for all serious incidents.

115.286(d)

POLICY AND DOCUMENT REVIEW:

Agency Policy.

Incident Review Report

INTERVIEWS:

PREA Compliance Manager

Incident Review Team

FINDINGS:

Staff interviewed referenced all the elements needing to be considered, examined, and assessed. The Incident Review Team member provided detailed information of all the elements addressed by the team. Staff interviewed acknowledged a report is completed and includes any recommendations for improvement. Staff reported the Incident Review Report is submitted to the Director, Agency Senior Staff and PREA Compliance Manager.

115.286(e)

POLICY AND DOCUMENT REVIEW:

Agency Policy.

FINDINGS:

Agency policy addresses this provision.

Standard 115.287: Data collection

115.287 (a)

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

115.287 (b)

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

115.287 (c)

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

115.287 (d)

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

115.287 (e)

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

115.287 (f)

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

Auditor Overall Compliance Determination

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

115.287(a and c)

POLICY AND DOCUMENT REVIEW:

Agency Policy.

FINDINGS:

A review of the reporting documentation reflected a comprehensive tracking system designed to maintain various elements for the required data for sexual abuse allegations as well as sexual harassment allegations.

One of the functions of the PREA Compliance Manager is to maintain this information. The tracking system contains information on all allegations of abuse, neglect and exploitation, and all serious incidents.

115.287(b)

POLICY AND DOCUMENT REVIEW:

Agency Policy.

FINDINGS:

A review of the facility tracking information reflected a comprehensive system designed to maintain various elements for the required data for sexual abuse and sexual harassment allegations.

115.287(d)

Agency Policy.

FINDINGS:

A review of the agency website reflects the comprehensive report will be published and available to the public for all serious incidents to include sexual abuse and sexual harassment allegations.

115.287(e)

POLICY AND DOCUMENT REVIEW:

Agency Policy.

FINDINGS:

Agency policy addresses this provision.

115.287(f)

POLICY AND DOCUMENT REVIEW:

Agency Policy.

FINDINGS:

Agency policy addresses this provision.

Standard 115.288: Data review for corrective action

115.288 (a)

- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? Yes No

115.288 (b)

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

115.288 (c)

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

115.288 (d)

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

Auditor Overall Compliance Determination

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

115.288(a)

POLICY AND DOCUMENT REVIEW:

Agency Policy.

Annual report.

INTERVIEWS:

PREA Coordinator

PREA Compliance Manager.

FINDINGS:

A review of the annual report reflects all the elements required by this provision.

Staff interviewed reported in detail the process followed when reviewing the data, identifying problem areas and corrective action, and preparing the annual report.

115.288(b)

POLICY AND DOCUMENT REVIEW:

Agency Policy.

FINDINGS:

Agency policy addresses this provision.

115.288(c)

POLICY AND DOCUMENT REVIEW:

Agency Policy.

Annual report.

INTERVIEWS:

PREA Coordinator

PREA Compliance Manager.

FINDINGS:

Staff interviewed reported the annual report will be reviewed and approved by the Agency Senior Staff and posted on the agency website.

115.288(d)

POLICY AND DOCUMENT REVIEW:

Agency Policy.

INTERVIEWS:

PREA Coordinator

FINDINGS:

Staff interviewed reported all personal identifying information and personal health information will be redacted. The reports would reflect only basic demographic information.

Standard 115.289: Data storage, publication, and destruction

115.289 (a)

- Does the agency ensure that data collected pursuant to § 115.287 are securely retained?
 Yes No

115.289 (b)

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

115.289 (c)

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

115.289 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? Yes No

Auditor Overall Compliance Determination

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

115.289(a)

POLICY AND DOCUMENT REVIEW:

Agency Policy.

INTERVIEWS:

PREA Coordinator

FINDINGS:

Staff interviewed reported access to any data is restricted to the Agency Senior Staff for operational use and is password protected.

115.289(b)

POLICY AND DOCUMENT REVIEW:

Agency Policy.

Aggregated data on website.

FINDINGS:

The data posted on the agency website includes agency data from previous years to present.

115.289(c)

POLICY AND DOCUMENT REVIEW:

Agency Policy.

Aggregated data on agency website.

FINDINGS:

The data posted on the agency website has all personal identifiers redacted.

115.289(d)

POLICY AND DOCUMENT REVIEW:

Agency Policy.

Aggregated data on agency website.

FINDINGS:

The data and records collected are to be retained in accordance to state and agency retention requirements.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

115.401 (a)

- During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (*Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.*) Yes No

115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a “no” response does not impact overall compliance with this standard.*) Yes No
- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.) Yes No NA
- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.) Yes No NA

115.401 (h)

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

115.401 (i)

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

115.401 (m)

- Was the auditor permitted to conduct private interviews with residents? Yes No

115.401 (n)

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

Auditor Overall Compliance Determination

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

115.401(a)(b)

POLICY AND DOCUMENT REVIEW:

Aggregated data on website.

FINDINGS:

Prior year PREA information for this facility can be found at:
https://www.tdcj.texas.gov/documents/prea_report/

Current and future PREA information will be added to the facility website at:
https://www.salvationarmydfw.org/p/services/addiction_recovery

115.401(h)

POLICY AND DOCUMENT REVIEW:

There is no agency policy for this provision.

FINDINGS:

The Auditor had full access to, and the ability to observe, all areas of the facility. The Auditor reviewed areas of this facility multiple times during the onsite review.

115.401(i)

POLICY AND DOCUMENT REVIEW:

There is no agency policy for this provision.

FINDINGS:

The auditor was permitted to request and did receive copies of any relevant documents needed for this audit.

115.401(m)

POLICY AND DOCUMENT REVIEW:

There is no agency policy for this provision.

FINDINGS:

The Auditor was permitted to conduct private interviews with residents. The staff at this facility were very professional and efficient with regards to this provision.

115.401(n)

POLICY AND DOCUMENT REVIEW:

There is no agency policy for this provision.

FINDINGS:

Residents were permitted to send confidential information or correspondence to the Auditor in the same manner as if they were communicating with legal counsel. The Auditor did not receive confidential and unimpeded letters from some of the residents residing at this facility.

Standard 115.403: Audit contents and findings

115.403 (f)

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

Auditor Overall Compliance Determination

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

115.403(f)

POLICY AND DOCUMENT REVIEW:

There is no agency policy for this provision.

FINDINGS:

Texas Department of Criminal Justice has published on its agency website all Final Audit Reports within 90 days of issuance by the Auditor. This information is made available to the public and is in accordance with 28 C.F.R. § 115.405. This facility has been added to their website.

AUDITOR CERTIFICATION

I certify that:

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

Marc Coudriet
Marc Coudriet

Auditor Signature

19 December 2020

Date