

# PREA Facility Audit Report: Final

Name of Facility: Denton County Juvenile Detention and Post Adjudication Correctional Facility

Facility Type: Juvenile

Date Interim Report Submitted: 07/27/2019

Date Final Report Submitted: 09/04/2019

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
Auditor Full Name as Signed: Elaine Brideschge	Date of Signature: 09/04/2019

AUDITOR INFORMATION	
Auditor name:	Brideschge, Elaine
Address:	
Email:	ebridsch@courts.az.gov
Telephone number:	
Start Date of On-Site Audit:	2019-07-01
End Date of On-Site Audit:	2019-07-02

<b>FACILITY INFORMATION</b>	
<b>Facility name:</b>	<b>Denton County Juvenile Detention and Post Adjudication Correctional Facility</b>
<b>Facility physical address:</b>	<b>210 South Woodrow Lane, Denton, Texas - 76205</b>
<b>Facility Phone</b>	
<b>Facility mailing address:</b>	

<b>Primary Contact</b>	
<b>Name:</b>	<b>David Lenington</b>
<b>Email Address:</b>	<b>dave.lenington@dentoncounty.com</b>
<b>Telephone Number:</b>	<b>9403492437</b>

<b>Superintendent/Director/Administrator</b>	
<b>Name:</b>	<b>Tracy Oliphant</b>
<b>Email Address:</b>	<b>tracy.oliphant@dentoncounty.com</b>
<b>Telephone Number:</b>	<b>9403492419</b>

<b>Facility PREA Compliance Manager</b>	
<b>Name:</b>	<b>Mindi Malcom</b>
<b>Email Address:</b>	<b>mindim.malcom@dentoncounty.com</b>
<b>Telephone Number:</b>	<b>M: 940-349-2481</b>

<b>Facility Health Service Administrator On-Site</b>	
<b>Name:</b>	<b>Caren Sanders</b>
<b>Email Address:</b>	<b>carensanders@dentoncounty.com</b>
<b>Telephone Number:</b>	<b>9403492453</b>

<b>Facility Characteristics</b>	
<b>Designed facility capacity:</b>	<b>128</b>
<b>Current population of facility:</b>	<b>52</b>
<b>Average daily population for the past 12 months:</b>	
<b>Has the facility been over capacity at any point in the past 12 months?</b>	<b>No</b>
<b>Which population(s) does the facility hold?</b>	
<b>Age range of population:</b>	<b>10-18 yoa</b>
<b>Facility security levels/resident custody levels:</b>	
<b>Number of staff currently employed at the facility who may have contact with residents:</b>	<b>124</b>
<b>Number of individual contractors who have contact with residents, currently authorized to enter the facility:</b>	
<b>Number of volunteers who have contact with residents, currently authorized to enter the facility:</b>	

<b>AGENCY INFORMATION</b>	
<b>Name of agency:</b>	<b>Denton County Juvenile Probation Department</b>
<b>Governing authority or parent agency (if applicable):</b>	
<b>Physical Address:</b>	<b>210 S. Woodrow Lane, Denton, Texas - 76205</b>
<b>Mailing Address:</b>	
<b>Telephone number:</b>	<b>9403492400</b>

<b>Agency Chief Executive Officer Information:</b>	
<b>Name:</b>	<b>Ken Metcalf</b>
<b>Email Address:</b>	<b>ken.metcalf@dentoncounty.com</b>
<b>Telephone Number:</b>	<b>9403492439</b>

<b>Agency-Wide PREA Coordinator Information</b>			
<b>Name:</b>	<b>David Lenington</b>	<b>Email Address:</b>	<b>dave.lenington@dentoncounty.com</b>

## AUDIT FINDINGS

### **Narrative:**

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

The PREA onsite audit of the Denton County Juvenile Probation Department/ Denton County Juvenile Detention and Post Adjudication Correctional Facility in Denton Texas was conducted on July 1- 2, 2019 by Elaine Brideschge, from Valley Farms, Arizona, a U.S. Department of Justice Certified PREA Auditor for Juvenile Facilities. The purpose of the audit was to determine the degree of compliance with the Federal Rape Elimination Act (PREA) standards.

Six weeks in advance of the onsite audit, the Auditor provided the PREA Coordinator with a flyer to be posted throughout the facility announcing the upcoming audit. The flyer explained the purpose of the audit and provided residents and staff with the Auditors contact information. The flyer was written in English and in Spanish. The facility dated the flyer May 13, 2019 and submitted photos to the Auditor for verification of placement.

Pre-audit preparation included a thorough evaluation of all documentation and materials submitted by the facility along with the data included in the pre-audit questionnaire. The pre audit documents were submitted using the PREA Resource Center's Online Automated System The documentation reviewed include agency policies, procedures, forms, education materials, training curriculum and rosters, organizational chart, posters, brochures, and other relevant materials that were provided to determine compliance with the PREA standards. This review prompted questions that were submitted to the PREA Coordinator for review and clarification. Responses were submitted to the Auditor in a timely manner and prior to the onsite audit. Additional documentation was also requested by the Auditor and submitted by the facility.

The onsite portion of the audit was conducted over a two-day period. An opening meeting was conducted with the PREA Coordinator, Director, PREA Compliance Manager, and the Facility Administrator. The agenda, audit expectations, and selection of interviews were reviewed during this meeting.

An extensive facility tour was conducted which included observation of facility configuration, staff supervision of residents, housing, intake, classrooms, medical unit, visitation area, central control, recreation areas, dining area, kitchen, and administration areas. The Auditor was able to view camera locations, showering areas, toilet facilities, and sleeping rooms. The Auditor was able to informally talk to the residents and staff. While on the tour, the Auditor was permitted full access to all areas of the facility. Notices of the PREA audit was observed posted in each housing unit, among several other areas that residents have access too. The Auditor was escorted by facility staff.

Following the tour, the Auditor conducted interviews with facility leadership, staff, and residents. The interviews were conducted consistent with Department of Justice PREA auditing expectations in content and approach utilizing the PREA Compliance Audit Instrument Interview Guides and DOJ approved interview tools. The Auditor was able to ask additional questions to personnel and residents to gain more

information about certain practices of the facility. In addition, the Auditor was able to verify through interviews specific protocols and clarify documentation submitted.

The residents were selected randomly to interview by the Auditor using a current roster of residents. The Auditor selected residents from the three occupied housing units in detention and three occupied housing units in post adjudication, to include interviews with twelve residents, seven male and five female residents. At the time of the onsite visit, there were forty-seven residents listed on the daily roster. There were no residents to interview that met the criteria for residents held in isolation. The Auditor was able to interview one resident that identified as transgender, three residents interviewed reported prior allegations of sexual abuse and one resident interviewed reported an allegation of sexual harassment. Residents were interviewed using the recommended DOJ PREA Compliance Audit Instrument Interview Guides that question their knowledge of a variety of PREA protections generally and specifically their knowledge of reporting mechanisms available to residents to report abuse and harassment. The Auditor was able to ask additional questions to residents to gain more information about certain practices of the facility. In addition, the Auditor was able to gather information through interviews regarding facility practices that occur in the environment.

Twelve random staff members, both male and female, were interviewed representing all shifts, including night shift staff, and assigned to both the detention and post adjudication housing units. The Auditor selected staff randomly and by specialty using a current staff roster. In addition to the random staff, the Auditor interviewed six security staff who has acted as first responders, two intake staff, two staff supervisors, and two staff who perform risk assessments. Staff was questioned using the recommended DOJ PREA Compliance Audit Instrument Interview Guides that question their PREA training and overall knowledge of the agency's zero tolerance policy, reporting mechanisms available to residents and staff, the response protocols when a resident alleges abuse, and first responder duties.

The Auditor also interviewed specialty staff to include medical and mental health staff, human resources staff, staff that oversees retaliation, and investigators. The Compliance Manager, PREA Coordinator, Superintendent, Agency Head, Contract Administrator, and Sexual Abuse Response Team members were also interviewed. Two contractors and two volunteers were interviewed by the Auditor telephonically. As isolation is not utilized within this facility, the Auditor was unable to interview staff members who supervise isolation. To obtain information about the rape crisis center, advocacy services, and SANE/SAFE providers, an online review of local services was conducted.

While at the facility, the Auditor reviewed twelve resident files that were randomly selected by the Auditor utilizing a resident roster provided to the Auditor by the facility to evaluate screening and intake procedures, resident education, and other general programmatic areas.

The Auditor randomly selected and reviewed six employee files and employee training logs to determine compliance with training mandates and background check procedures. All documents reviewed by the Auditor were within a one-year period from date of audit. The Auditor reviewed training and background files of two volunteers and two contractors.

On the final day of the onsite audit, a closing meeting was held with the PREA Coordinator, Training Officer, PREA Compliance Manager, Facility Administrator, and the Director. The purpose of the meeting was to summarize preliminary audit findings, next steps of the audit process, and to provide specific feedback to include strengths and areas of improvement as it relates to PREA standards.



## AUDIT FINDINGS

### Facility Characteristics:

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

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

Denton County Juvenile Probation Department/ Denton County Juvenile Detention and Post Adjudication Correctional Facility in Denton Texas is a county juvenile detention and post adjudication facility with a designed capacity of 128. There are a total of 11 units, of which six are currently being occupied, four for male residents and the other two are for female residents. In detention housing, there are 12 private/single level sleeping rooms in each unit, to include a toilet in each room. Private single use shower is located in each unit. A classroom is next to each housing unit. In post adjudication housing, two units have 12 private/single sleeping rooms, six upstairs and six downstairs. The units contain 4 single use bathrooms with showers, 2 upstairs and 2 downstairs. The female unit had 8 private/single sleeping rooms with 2 single use bathrooms with showers. All sleeping rooms are dry cells (no toilets in the sleeping rooms). The facility contains two segregation cells which were not utilized at time of onsite.

The facility is one building. The facility has a total of 11 housing units with large spaces where residents can program and eat. The facility contains a library, kitchen, inside gymnasium, dining room, medical office, 8 classrooms, visitation area, public lobby, and a large outdoor recreation space. The facility was renovated last in 2014. The medical departments contain an exam room and single use bathroom/shower.

Denton County Juvenile Probation Department/ Denton County Juvenile Detention and Post Adjudication Correctional Facility houses residents from 10 years of age to 18. The building contains an administration area which is accessible only to employees and controlled by locking doors. The facility implements direct podular supervision, where staff can visually supervise residents. Programming is conducted daily, and residents have access to onsite medical and mental health services. Visitation is available weekly and with special visits for parents and guardians as needed. Attorneys and counselors can visit residents at any time.

The average length of stay for a resident in the Denton County Juvenile Probation Department/ Denton County Juvenile Detention and Post Adjudication Correctional Facility is 19 days for detention and 236 for post adjudication. The facility currently has 124 staff employed that may have contact with residents. The facility is equipped with a video monitoring system internally which is monitored at all times. Meals are prepared onsite in an approved kitchen and residents eat meals in the dining room or in the day rooms.



## AUDIT FINDINGS

### Summary of Audit Findings:

The summary should include the number of standards exceeded, number of standards met, and number of standards not met, along with a list of each of the standards in each category. If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance. Auditor Note: No standard should be found to be "Not Applicable" or "NA". A compliance determination must be made for each standard.

<b>Number of standards exceeded:</b>	<b>5</b>
<b>Number of standards met:</b>	<b>38</b>
<b>Number of standards not met:</b>	<b>0</b>

In the interim report four standards were found to be non-compliant. Those standards were 115.313; 115.361; 115.364; and 115.388. A corrective action period began on July 27, 2019 and was completed on September 3, 2019. During the corrective action period, the Auditor remained in constant communication with the PREA Coordinator to review the interim report, discuss standards not met, and determine the corrective action needed for each standard to become compliant.

The PREA Coordinator submitted the appropriate documentation to the Auditor. The Auditor verified that all submitted documentation supported the corrective action required for the four standards and concluded that the facility is in compliance with all PREA standards.

## Standards

### Auditor Overall Determination Definitions

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

### Auditor Discussion Instructions

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

115.311	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>
<b>Auditor Overall Determination: Exceeds Standard</b>	
<b>Auditor Discussion</b>	
<p>The facility has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment in facilities it operates. The policy outlines how it will implement the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. The policy includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment. The policy includes sanctions for those found to have participated in prohibited behaviors. The policy also includes a description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of residents.</p> <p>The agency employs an upper-level, agency-wide PREA Coordinator. The PREA Coordinator has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities. The position of the PREA Coordinator is in the agency's organizational structure.</p> <p>The facility has designated a PREA Compliance Manager, although not required. The PREA Compliance Manager has sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards. The position of the PREA Compliance Manager is in the agency's organizational structure. The PREA Compliance Manager reports to the Regional Improvement Imbedded PREA Coordinator and the Site Director. Facility reports that the Therapeutic Programs Coordinator serves as the Compliance Manager, even though it is not required.</p> <p>Observations made by the auditor during the tour of the facility revealed that multiple "right to be free" posters were located throughout the facility to include each housing unit, lobby, and the visitation area.</p> <p>Interviews were conducted with the Compliance Manager and the PREA Coordinator. The Compliance Manager stated that PREA compliance is an everyday function. She monitors the day-to-day activities PREA complaints, conducts investigations, tracks ratio and compliance for policy and procedures, and oversees staff, volunteer, and contractor training for compliance. The PREA Coordinator stated that he brings issues and concerns to the Compliance Manager and Department Director. He also develops, and revises forms and policies, and meets with training officers to ensure compliance with training standards.</p> <p>The facility submitted the following policy and/or documentation to the auditor for review:</p> <ul style="list-style-type: none"> <li>Policy 2.04.00 Zero Tolerance for Sexual Abuse and Sexual Harassment</li> <li>Policy 2.04.01 PREA Coordinator</li> <li>Policy 2.04.02 Prevention of Sexual Abuse and Sexual Harassment</li> <li>Policy 2.04.04 Investigation of Sexual Abuse and Sexual Harassment</li> <li>Policy 2.04.03 Detection of and Response to Sexual Abuse and Sexual Harassment</li> <li>Policy 2.04.06 Unannounced Rounds</li> <li>Policy 2.04.07 PREA Education for Residents</li> <li>Organizational Chart</li> <li>3.05.01 Criminal Investigations of Sexual Abuse and Sexual Harassment</li> </ul>	

### 3.05 Internal Investigations

Based on the evidence discussed, the facility has exceeded compliance with this standard.

115.312	<p data-bbox="247 91 1133 125"><b>Contracting with other entities for the confinement of residents</b></p> <p data-bbox="247 170 909 203"><b>Auditor Overall Determination: Meets Standard</b></p> <p data-bbox="247 248 523 282"><b>Auditor Discussion</b></p> <p data-bbox="247 327 1476 450">The agency has entered into contracts or renewed a contract for the confinement of residents on or after August 20, 2012, or since the last PREA audit, whichever is later with multiple entities. Each contract is for a term of one year.</p> <p data-bbox="247 495 1412 618">Facility reports that except for Grayson County, contracts are entered into for each individual resident placed. Sample of contract for each confinement facility is attached since individual contracts are numerous.</p> <p data-bbox="247 663 1500 831">The facility has entered into fifty-six contracts with six entities since October 2015 (FY 16). All but one entity has language included for contract monitoring. Denton County expects to have revisions to the 2019 contract (or an addendum where appropriate) approved by the entity and in place prior to the 30th day after onsite phase of this audit.</p> <p data-bbox="247 875 1492 1178">An interview was conducted with the Contract Administrator. The State of Texas uses a contract monitoring tool. PREA language is included the contract. Texas Juvenile Justice Division (TJJD) monitors each facility on a regular basis. The Contract Administrator reviews data reports from State, keeps a log on A&amp;E reports, and follows up with agencies to assure compliance. A&amp;E reports are kept up with until investigation is closed. The facility places about one hundred residents a year in contractual facilities. PREA compliance reports are requested during contract monitoring periods - about every six months per TJJD requirements.</p> <p data-bbox="247 1223 1396 1301">The facility submitted the following policy and/or documentation to the auditor for review: 10 Samples of contracts dating 2017, 2018, and 2019</p> <p data-bbox="247 1346 1444 1379">Based on the evidence discussed, the facility has demonstrated compliance with this standard.</p>
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115.313	<b>Supervision and monitoring</b>
<b>Auditor Overall Determination: Meets Standard</b>	
<b>Auditor Discussion</b>	
<p>The agency requires each facility it operates to develop, document, and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect residents against abuse.</p> <p>The facility states that since August 20, 2012, the average daily number of residents is sixty. The facility also stated that since August 20, 2012, the average daily number of residents on which the staffing plan was predicated is 80.</p> <p>Each time the facility the staffing plan is not complied with, the facility documents and justifies all deviations from the staffing plan. The facility states that Shift vacancies (multiple at one time), unexpected absences, scheduled absences coupled with unexpected absences, population spikes in April/May 2018 and November 2018 are the most common reasons for deviating from the staffing plan in the past 12 months. Prior to May 11, 2019 deviations were not being recorded. Each deviation is reviewed during the Staffing Plan/Safe Housing review.</p> <p>The facility is obligated by law, regulation, or judicial consent decree to maintain staffing ratios of a minimum of 1:8 during resident waking hours and 1:16 during resident sleeping hours.</p> <p>At least once every year the facility, in collaboration with the agency's PREA Coordinator, reviews the staffing plan to see whether adjustments are needed to the staffing plan; prevailing staffing patterns; the deployment of monitoring technology; or the allocation of agency or facility resources to commit to the staffing plan to ensure compliance with the staffing plan. Facility states that the first Staffing Plan was completed June 2018.</p> <p>The facility requires that intermediate level or higher-level staff conduct unannounced rounds to identity and deter staff sexual abuse and sexual harassment. The facility documents unannounced rounds across all shifts, however documentation reveals that unannounced rounds are not consistent or regular. The facility prohibits staff from alerting other staff of the conduct of such rounds. The facility has conducted unannounced rounds periodically on all shifts, but less than monthly.</p> <p>Facility submitted 2018 Safe Housing Staffing Plan and deviations in staffing plan documentation.</p> <p>Interviews were conducted with intermediate or higher-level staff that conduct unannounced rounds, Superintendent, Compliance Manager, and the PREA Coordinator. Intermediate or higher-level staff stated that other supervisors conduct unannounced rounds on other shifts and document it on a checklist form. Supervisors stated that such rounds are not completed monthly on a regular basis. The PREA Coordinator stated that unannounced rounds are not completed as often as they should and at times shifts may be missed. Central Control does not notify staff. Unannounced rounds are conducted at random and by surprise. Supervisors listen in on conversations and remain alert.</p>	

The Superintendent stated that unannounced rounds should be completed by policy and that staff conducting the unannounced rounds check for ratios. A contingency staffing plan is in place with on call employees and is reviewed annually.

The Compliance Manager stated that ratios are checked during the unannounced rounds. The PREA Coordinator stated that the completion of unannounced rounds is reviewed. Data, including ratios are analyzed and additional staff is requested if needed. Additional staff has been requested for 2020. The PREA Coordinator notes issues and brings forward during budget preparation. This data is reviewed annually.

Observations during tour revealed that a 1:8 ratio was maintained, and the Auditor did not observe any unannounced rounds taking place.

The facility submitted the following policy and/or documentation to the auditor for review:

Policy 2.04.06 Unannounced Rounds

18 Samples of Unannounced Rounds Logs

Staffing Plan Annual Review CY16

Staffing Plan Initial CY15

Based on the need for unannounced rounds to occur consistently and regularly, the Auditor recommended that corrective action be taken. The facility submitted to the Auditor as verification photos of unannounced rounds being conducted, a sample of completed unannounced rounds Log/Checklist, and an unannounced rounds adopted schedule and process.

Based on the evidence discussed, the facility has demonstrated compliance with this standard.

115.315	<b>Limits to cross-gender viewing and searches</b>
	<b>Auditor Overall Determination: Meets Standard</b>
	<b>Auditor Discussion</b>
	<p>The facility does not conduct cross gender strip or cross gender visual body cavity searches of residents. The facility does not permit cross gender pat down searches of residents, absent exigent circumstances.</p> <p>Texas State Standards prohibit cross-gender pat down searches. When coupled with the state standard that requires staff of both genders to be on duty across all shifts when the facility is housing both genders, the facility should not encounter any exigent circumstances wherein a cross-gender pat down search should occur.</p> <p>Facility policy requires that all cross-gender strip searches and cross gender visual body cavity searches be documented and justified. Cross-gender searches are prohibited; however, the policy addresses the required documentation when it becomes clear during the course of a search that the resident is not the same gender as the staff.</p> <p>The facility has implemented policies and procedures that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks (this includes viewing via video camera).</p> <p>Policies and procedures require staff of the opposite gender to announce their presence when entering a resident’s housing unit/areas where residents are likely to be showering, performing bodily functions, or changing clothing.</p> <p>The facility has a policy prohibiting staff from searching or physically examining a transgender or intersex resident for the sole purpose of determining the residents genital status. The facility reports that no searches of this type have occurred in the past 12 months.</p> <p>The facility reports that 100% of security staff received training on conducting cross gender pat down searches and searches of transgender and intersex residents in a professional and respectful manner, consistent with security needs.</p> <p>Facility submitted documentation of staff training on authorized searches/prohibitions that was held in 2019. Visual body search form and the State of Texas Standards were submitted to the Auditor for review.</p> <p>Interviews were conducted with random residents, residents who identify as LBGTI, and random staff. Random residents stated that staff of the opposite gender announce their presence when entering a housing unit in detention, but not in Post Adjudication. About half the residents stated that some staff announce themselves and some do not, and that it depends who the staff member is. Residents who identify as LBGTI stated that they were only searched during intake. Random staff said that cross-gender searches are prohibited and that the policy states that staff are not allowed to conduct them. Staff said they announce themselves when entering a unit or another staff will announce that they have entered. Staff</p>



state that the residents will inform them when they are using the toilet or showering. A staff did state that for residents showering longer than fifteen minutes, a staff will enter the shower just long enough to perform a visual cautionary check.

The facility submitted the following policy and/or documentation to the auditor for review:

Policy 20.02 Facility and Gender Specific Supervision

Policy 28.02 Facility and Gender Supervision

Policy 6.06 Authorized Searches

Based on the evidence discussed, the facility has demonstrated compliance with this standard.

115.316	<b>Residents with disabilities and residents who are limited English proficient</b>
	<p data-bbox="247 168 909 201"><b>Auditor Overall Determination: Meets Standard</b></p> <p data-bbox="247 246 526 280"><b>Auditor Discussion</b></p> <p data-bbox="247 324 1468 448">The agency has established procedures to provide disabled residents 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.</p> <p data-bbox="247 492 1492 616">The agency has established procedures to provide residents with limited English proficiency 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.</p> <p data-bbox="247 660 1428 828">Agency policy prohibits use of 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 115.364, or the investigation of the resident's allegations.</p> <p data-bbox="247 873 1492 1176">The agency or facility will document the limited circumstances in individual cases where resident interpreters, readers, or other types of resident assistants are used. The facility reports that in the past 12 months, there are has not been any instances where resident interpreters, readers, or other types of resident assistants have been used and it was not the case that an extended delay in obtaining another interpreter could compromise the resident's safety, the performance of first-response duties under 115.364, or the investigation of the resident's allegations.</p> <p data-bbox="247 1220 1452 1299">Observations during the tour revealed that a resident's language and disability is ascertained at time of intake and documented on the intake form.</p> <p data-bbox="247 1344 1460 1512">Interviews were conducted with the Agency Head and random staff. At time of audit, there were no residents that were limited English speaking or disabled to interview. The Agency Head and random staff stated that per policy 18.09 a language line service is utilized when staff are not able to translate, and that residents are not allowed to translate for other residents.</p> <p data-bbox="247 1556 1348 1590">The facility submitted the following policy and/or documentation to the auditor for review:</p> <p data-bbox="247 1601 566 1635">Policy 18.09 Orientation</p> <p data-bbox="247 1646 1029 1680">Policy 11.04 Translation, Interpretation and Assistive Services</p> <p data-bbox="247 1691 566 1724">Policy 26.05 Orientation</p> <p data-bbox="247 1769 1444 1803">Based on the evidence discussed, the facility has demonstrated compliance with this standard.</p>

115.317	<b>Hiring and promotion decisions</b>
<b>Auditor Overall Determination: Exceeds Standard</b>	
<b>Auditor Discussion</b>	
<p>Agency policy prohibits hiring or promoting anyone who may have contact with residents, and prohibits enlisting the services of any contractor who may have contact with residents, who (1) has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; (2) has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or (3) has been civilly or administratively adjudicated to have engaged in the activity described in this paragraph.</p> <p>Agency policy requires the consideration of any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents. Agency policy also requires that before it hires any new employees who may have contact with residents, it (a) conducts criminal background record checks, (b) consults any child abuse registry maintained by the state or locality in which the employee would work; and (c) consistent with Federal, State, and local law, makes 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.</p> <p>Agency policy requires that a criminal background records check be completed, and applicable child abuse registries consulted before enlisting the services of any contractor who may have contact with residents.</p> <p>Agency policy requires that either criminal background record checks be conducted at least every five years of current employees and contractors who may have contact with residents or that a system is in place for otherwise capturing such information for current employees. Agency policy states that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.</p> <p>The facility provides 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.</p> <p>Six employee files were reviewed. All files contained a criminal history records check through the State of Texas and the FBI. All files contained a child abuse registry check. All files contained an administrative adjudication check with questions on the employment application. The FBI Rap Back Electronic Notice System documentation was present in the files.</p> <p>Interviews were conducted with the Human Resource (HR) staff. The HR staff stated that PREA compliance questions are on all employment applications. A thorough DPS background records check and a Child Abuse Registry check are completed for staff, volunteers, and contractors. A Child Abuse Registry check is completed for all employee promotions. There is a form that staff complete annually during evaluations that is maintained in an HR PREA folder</p>	

that asks questions specific to current criminal history activity. All staff, volunteers, and contractors are fingerprinted. DPS provides the facility with a RAP report, which is an automatic notification should DPS get a hit on charges for an employee. All staff are mandatory reporters.

The facility submitted the following policy and/or documentation to the auditor for review:

Admin Policy 3.02 Required Background Checks

Based on the evidence discussed, the facility has exceeded compliance with this standard.

115.318	<b>Upgrades to facilities and technologies</b>
	<p data-bbox="247 190 1492 257"><b>Auditor Overall Determination: Exceeds Standard</b></p> <p data-bbox="247 268 1492 336"><b>Auditor Discussion</b></p> <p data-bbox="247 347 1492 470">The facility has not acquired a new facility or made a substantial expansion or modification to existing facilities since August 20, 2012.</p> <p data-bbox="247 481 1492 571">The facility has installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012.</p> <p data-bbox="247 593 1492 739">Observations during the tour revealed that there were several cameras recently installed throughout the entire facility. Central Control is staffed 24/7. There are no cameras in bathrooms, sleeping rooms, or showers. The auditor did not notice any visible blind spots.</p> <p data-bbox="247 761 1492 1041">Interviews were conducted with the Superintendent and the Agency Head. The Superintendent stated that cameras and blind spots are re-evaluated yearly, and that cameras are monitored 24/7 by Central Control. The Agency Head consults with staff regarding the need for extra monitoring, however cameras are never used to replace direct supervision. The Agency Head stated that additional cameras will be added, in addition to body cameras for transportation officers.</p> <p data-bbox="247 1064 1492 1176">The facility submitted the following policy and/or documentation to the auditor for review: Staffing Plan Annual Review CY2016</p> <p data-bbox="247 1198 1492 1254">Based on the evidence discussed, the facility has exceeded compliance with this standard.</p>

115.321	<b>Evidence protocol and forensic medical examinations</b>
	<b>Auditor Overall Determination: Meets Standard</b>
	<b>Auditor Discussion</b>
	<p>The agency/facility is responsible for conducting administrative sexual abuse investigations including resident on resident sexual abuse or staff sexual misconduct. Criminal investigations are completed by the Denton County Sheriff Office. When conducting a sexual abuse investigation, the local law enforcement agency investigators follow a uniform evidence protocol. The protocol is developmentally appropriate for youth. The protocol was adopted from or otherwise based on the most recent edition of the DOJ'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.</p> <p>The facility offers to all residents who experience sexual abuse access to forensic medical examinations. The facility offers all residents who experience sexual abuse access to forensic medical examinations at an outside facility. Forensic medical examinations are offered without financial cost to the victim. Where possible, examinations are conducted by Sexual Assault Forensic Examiners (SAFE's) or Sexual Assault Nurse Examiners (SANE's). The local hospital provides SAFE/SANE examiners.</p> <p>The facility attempts to make a victim advocate from a rape crisis center available to the victim, in person or by other means. These efforts are documented. If and when a rape crisis center is not available to provide victim advocate services, the facility provides a qualified staff member from a community-based organization or a qualified agency staff member.</p> <p>If requested by the victim, a victim advocate, or qualified agency staff member, or qualified community-based organization staff member accompanies and supports the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals.</p> <p>The facility is responsible for administrative investigations only. Local law enforcement will conduct the criminal investigations.</p> <p>Interviews were conducted with residents who reported sexual abuse and random staff. One resident who reported sexual abuse stated that the investigation did not begin right away, the other resident stated that it took place the same day. Random staff reported that medical will come in as soon as it is reported and that the Compliance Officer and PREA Coordinator will initiate the investigation.</p> <p>The facility submitted the following policy and/or documentation to the auditor for review:  Admin Policy 6.05.01 Criminal Investigation of SASH  Guidelines for Internal Investigations  Policy 10.07 Mental Health Treatment Sex Abuse Victim  Policy 2.04.03 Detection of and Response to Sexual Abuse and Sexual Harassment  Policy 10.06 Medical Treatment Sex Abuse Victim  Admin Policy 6.05 Internal Investigations</p>

Based on the evidence discussed, the facility has demonstrated compliance with this standard.

115.322	<p><b>Policies to ensure referrals of allegations for investigations</b></p> <p><b>Auditor Overall Determination: Meets Standard</b></p> <p><b>Auditor Discussion</b></p> <p>The agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. The facility reports that in the past 12 months, twelve allegations of sexual abuse and sexual harassment were received and investigated. Four of which were referred for criminal investigation (same youth perpetrator in youth-on-youth sexual harassment in all four allegations). All investigations were completed.</p> <p>The agency has a policy that requires allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, including the agency if it conducts its own investigations, unless the allegation does not involve criminal behavior. Policy 3.05.01 can be found on the facility's website.</p> <p>The agency's policy regarding the referral of allegations of sexual abuse or sexual harassment for a criminal investigation is published on the agency's or made publicly available via other means. The agency documents all referrals of allegations of sexual abuse or sexual harassment for criminal investigation and is documented in the internal investigation report.</p> <p>Interviews were conducted with Investigators and the Agency Head. Investigators stated that all staff are mandatory reporters and required to follow policy. All criminal allegations of sexual abuse are forwarded to the Sheriff Department. Investigations begin immediately with a 30-day completion period. The Agency Head stated that the policy details steps staff must follow.</p> <p>The facility submitted the following policy and/or documentation to the auditor for review:  Admin Policy 6.05 Internal Investigations  Guidelines for Internal Investigations  Policy 2.04.04 Investigation of Sexual Abuse and Sexual Harassment</p> <p>Based on the evidence discussed, the facility has demonstrated compliance with this standard.</p>
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115.331	<b>Employee training</b>
<b>Auditor Overall Determination: Meets Standard</b>	
<b>Auditor Discussion</b>	
<p>The agency trains all employees who may have contact with residents on the agency's (1) zero tolerance policy; (2) how to fulfill their responsibilities with PREA; (3) residents right to be free from sexual abuse and sexual harassment; (4) the right to be free from retaliation; (5) dynamics of sexual abuse and sexual harassment; (6) common reactions; (7) how to detect and respond; (8) avoiding inappropriate relationships; (9) how to communicate effectively; (10) complying with relevant laws; and (11) age of consent. Training is tailored to the unique needs and attributes and gender of the residents at the facility. No employees are reassigned from facilities housing opposite gender.</p> <p>The agency documents that employees who may have contact with residents understand the training they have received through employee signature or electronic verification.</p> <p>Interviews were conducted with the PREA Coordinator and random staff. The PREA Coordinator stated that TJJD developed curriculum is used to train new hires. Between training, the agency provides employees who may have contact with residents with refresher information about current policies regarding sexual abuse and sexual harassment. Random staff stated that annual training is conducted within the facility annually. For new employees, the new officer basic course will cover certain mandatory topics, including the PREA topics in 115.331 before the staff is permitted to supervise residents.</p> <p>PREA training documentation was located in all employee training files. A signed PREA acknowledgement form was in five of the six employee training files. Annual training is provided to all employees.</p> <p>The facility submitted the following policy and/or documentation to the auditor for review:</p> <ul style="list-style-type: none"> <li>Policy 20.01 JSO Requirements for Resident Supervision</li> <li>Policy 28.01 JSO Requirements for Resident Supervision</li> <li>JPO/JSO Basic Training- PREA module (new hire)</li> <li>Zero Tolerance for Sexual Abuse and Sexual Harassment</li> <li>ANE for Interns and Volunteers, Staff</li> <li>Gender Sexuality Lesson Plans 1 &amp; 2</li> <li>Admin Policy 6.02 Abuse, Neglect, Exploitation Reporting</li> </ul> <p>Based on the evidence discussed, the facility has demonstrated compliance with this standard.</p>	

115.332	<p><b>Volunteer and contractor training</b></p> <p><b>Auditor Overall Determination: Meets Standard</b></p> <p><b>Auditor Discussion</b></p> <p>All volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency’s policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response. Agency reports that forty-seven volunteers and contractors have received PREA training.</p> <p>The level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with residents. All volunteers and contractors who have contact with residents have been notified of the agency’s zero tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.</p> <p>The agency maintains documentation confirming that the volunteers and contractors understand the training they have received.</p> <p>Interviews were conducted with two volunteers, two contractors, and the PREA Coordinator. PREA training is delivered annually with refreshers occurring about every six months. Volunteers and contractors were shown a video, given a PowerPoint presentation, and scenarios were reviewed. The PREA Coordinator stated that the PREA video was developed by TJJD and the ANE PowerPoint training is utilized for training staff, contractors, and volunteers. Contract Counselors are also trained in the same manner as staff, and contract psychologists are made aware via contract language contained within their contract.</p> <p>Specialized PREA training documentation was verified for volunteers and contractors.</p> <p>The facility submitted the following policy and/or documentation to the auditor for review: ANE for Interns and Volunteers, Staff</p> <p>Based on the evidence discussed, the facility has demonstrated compliance with this standard.</p>
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115.333	<b>Resident education</b>
<b>Auditor Overall Determination: Meets Standard</b>	
<b>Auditor Discussion</b>	
<p>Residents receive information at time of intake about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment. Facility reports that 824 residents admitted in past 12 months were given this information at intake. This information is provided in an age appropriate fashion.</p> <p>Facility reports that fifty-four residents admitted in the past 12 months received comprehensive age-appropriate education on their rights to be free from sexual abuse and sexual harassment, from retaliation for reporting such incidents, and on agency policies and procedures for responding to such incidents within 10 days of intake. All residents were educated (as stated in 115.333 (b)-1) within 10 days of intake.</p> <p>Agency policy requires that residents who are transferred from one facility to another be educated regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents to the extent that the policies and procedures of the new facility differ from those of the previous facility.</p> <p>Residents who move from Detention housing to Post-Adjudication housing or vice-versa receive orientation that includes the requirements of this standard within 12 hours after admission.</p> <p>Resident PREA education is available in accessible formats for all residents including those who are limited English proficient, deaf, visually impaired, otherwise disabled, or have limited reading skills.</p> <p>Contract sign language interpretive service provider is available when sign language is the primary language of deaf resident. All residents admitted to the facility receive a verbal orientation. The agency maintains documentation of resident participation in PREA education sessions. PREA education session is recorded in the department's case management system for each resident who receives comprehensive education session(s).</p> <p>The agency ensures that key information about the agency's PREA policies is continuously and readily available or visible through posters, resident handbooks, or other written formats.</p> <p>"End the Silence" posters are in multiple locations throughout the facility and agency office locations. Detention Orientation Manual and Post-Adjudication Resident Handbooks have key information about PREA policies.</p> <p>Twelve resident files were reviewed by the Auditor. All files contained documentation that PREA training was provided to residents at time of intake. Files also contained PREA comprehensive education was provided to all residents within 10 days of intake.</p> <p>Interviews were conducted with random residents and intake staff. The majority of residents</p>	

stated that they watched a PREA video in intake on their first day. A few other residents said that they watched the video a few days after being there. All residents recall signing a paper stating that they understand PREA, how to report, and ways to prevent it.

Intake staff are the facility counselors. Intake staff said that PREA information is given to residents verbally during intake and that residents sign an acknowledgement form afterwards. A PREA handbook is reviewed with residents on day one during intake and within ten days, residents watch a video in English or Spanish and staff discuss PREA with residents afterwards.

The facility submitted the following policy and/or documentation to the auditor for review:

PREA Comprehensive Education

Policy 18.09 Orientation

Policy 26.05 Orientation

Based on the evidence discussed, the facility has demonstrated compliance with this standard.

115.334	<b>Specialized training: Investigations</b>
	<b>Auditor Overall Determination: Meets Standard</b>
	<b>Auditor Discussion</b>
	<p>Agency policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings. The agency maintains documentation showing that investigators have completed the required training. The department currently employs two internal investigators. Both investigators have completed the required specialty training.</p> <p>Interviews were conducted with investigators. Specialty training was provided by the State Administrative Division in 2013. Training included dynamics of sexual abuse, reporting, Garrity warnings, and interviewing witnesses and victims. Specialized PREA training documentation was verified by the Auditor for both investigators.</p> <p>The facility submitted the following policy and/or documentation to the auditor for review:</p> <p>Admin Policy 6.05 Internal Investigations          Policy 2.04.04 Investigation of Sexual Abuse and Sexual Harassment          2012-08-09 Interviewing Sexual Assault Victim-Lenington          2013-6-10 thru 11 Investigator’s Conference- Lenington          2015-06-10 thru 11 Investigator’s Conference –Malcom</p> <p>Based on the evidence discussed, the facility has demonstrated compliance with this standard.</p>

115.335	<b>Specialized training: Medical and mental health care</b>
	<b>Auditor Overall Determination: Meets Standard</b>
	<b>Auditor Discussion</b>
	<p>The agency does not have a policy related to the training of medical and mental health practitioners who work regularly in its facilities. Agency medical staff at this facility does not conduct forensic medical exams.</p> <p>The agency maintains documentation showing that medical and mental health practitioners have completed the required training. Training documentation for five medical and mental health staff who work regularly at this facility was reviewed. Four of the five staff received the training mandated by this standard.</p> <p>Interviews were conducted with medical and mental health staff. Specialty training was provided by a NIC Training webinar. The local hospital and Correctional Health conducts PREA related training for medical staff also.</p> <p>The facility submitted the following policy and/or documentation to the auditor for review: Documentation of training for Medical/MH staff</p> <p>Based on the evidence discussed, the facility has demonstrated compliance with this standard.</p>

115.341	<b>Obtaining information from residents</b>
	<b>Auditor Overall Determination: Meets Standard</b>
	<b>Auditor Discussion</b>
	<p>The agency has a policy that requires screening (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness toward other residents. The policy requires that residents be screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their intake.</p> <p>Twelve resident files were reviewed by the Auditor. PREA intake screening was provided within 72 hours of admission. Two of the twelve residents required a periodic reassessment during their stay. Both files contained the appropriate documentation. The Behavior Screening and Classification form should indicate the need for re-assessment. There are check boxes on the form, however the boxes do not seem to be consistently completed.</p> <p>Interviews were conducted with random residents, staff who perform the risk screening, Compliance Manager, and the PREA Coordinator. Most residents said that intake staff asked questions during intake related to sexual preference. Staff who perform risk screening stated questions are asked during intake related to gender, age, stature, offense history, cognitive abilities, mental state, what has been reported in past, LGBTI. sexual abuse history, safety concerns, special information, gang relations, and medical conditions. This is documented on the risk screening. Residents also receive a MAYSI assessment. Residents are re-assessed in 10-14 days. Risk screening tools are sent to the Therapeutic Director for review and referral to mental health or medical if warranted. Appropriate housing decisions, vulnerability concerns are analyzed. Counselor's follow-up with all high-risk screenings.</p> <p>The facility submitted the following policy and/or documentation to the auditor for review:  Policy 18.10 Behavioral Assessment and Classification Plan  Risk assessment is conducted using an objective screening instrument.  Behavior Screen Form</p> <p>Based on the evidence discussed, the facility has demonstrated compliance with this standard.</p>

115.342	<b>Placement of residents</b>
<b>Auditor Overall Determination: Meets Standard</b>	
<b>Auditor Discussion</b>	
<p>The agency or facility uses information from the risk screening required by §115.341 to inform housing, bed, work, education, and program assignments with the goal of keeping all residents safe and free from sexual abuse.</p> <p>The facility has a policy that residents at risk of sexual victimization may only be placed in isolation as a last resort if less restrictive measures are inadequate to keep them and other residents safe, and only until an alternative means of keeping all residents safe can be arranged.</p> <p>The facility policy requires that residents at risk of sexual victimization who are placed in isolation have access to legally required educational programming, special education services, and daily large-muscle exercise.</p> <p>The facility prohibits placing lesbian, gay, bisexual, transgender, or intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status.</p> <p>The agency or facility makes housing and program assignments for transgender or intersex residents in a facility on a case-by-case basis.</p> <p>Facility reports that isolation has not been used.</p> <p>If a resident at risk of sexual victimization is ever held in isolation, the facility affords each such resident a review every 30 days to determine whether there is a continuing need for separation from the general population.</p> <p>Observation of the facility during the tour revealed that there were not residents being held in isolation. All residents shower separately from one another in single-shower restrooms.</p> <p>Interviews were conducted with residents who identified as LGBTI, staff who perform risk screening, Superintendent, Compliance Manager, and the PREA Coordinator. One transgender resident disclosed that she felt uncomfortable due to not having a shower curtain in the shower room and that staff can see them showering when staff go into staff closet. No residents have been held in isolation. Staff who perform risk screening stated the risk screening tool takes into consideration housing, level of supervision, and room assignment. Residents meet with counselors daily. Single showers are utilized. The Superintendent stated that each resident is screened at intake and appropriate housing decisions are determined at that time. Counselors follow up with high risk and vulnerable residents. The Compliance Manager and the PREA Coordinator stated that isolation is not utilized within the facility.</p> <p>The facility submitted the following policy and/or documentation to the auditor for review:  Policy 18.10 Behavioral Assessment and Classification Plan  Policy 6.04 Protective Isolation</p>	

Based on evidence discussed, the facility has demonstrated compliance with this standard.



115.351	<b>Resident reporting</b>
<b>Auditor Overall Determination: Exceeds Standard</b>	
<b>Auditor Discussion</b>	
<p>The agency has established procedures allowing for multiple internal ways for residents to report privately to agency officials about: sexual abuse and sexual harassment; retaliation by other residents or staff for reporting sexual abuse and sexual harassment; and staff neglect or violation of responsibilities that may have contributed to such incidents.</p> <p>The agency provides at least one way for residents to report abuse or harassment to a public or private entity or office that is not part of the agency.</p> <p>The agency has a policy requiring residents detained solely for civil immigration purposes be provided information on how to contact relevant consular officials and relevant officials of the Department of Homeland Security. The agency has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously and from third parties.</p> <p>Staff are required to document verbal reports. Report time frame(s) are based upon when the first person of knowledge received a verbal report. Staff on youth sexual abuse/sexual harassment is reported to law enforcement agency (LEA) within one hour and to the Texas Juvenile Justice Department (TJJD) within four hours. Youth sexual conduct is reported within 24 hours to LEA and TJJD.</p> <p>The facility provides residents with access to tools to make written reports of sexual abuse or sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.</p> <p>The agency has established procedures for staff to privately report sexual abuse and sexual harassment of residents. Staff are informed of these procedures at time of hire and annually during Abuse Reporting training.</p> <p>Facility submitted Detention and Post Grievance Log spreadsheet to the Auditor for review.</p> <p>Observations during the tour revealed that grievance boxes, grievance forms, English and Spanish third-party reporting forms, and zero tolerance posters were accessible to residents, staff, and visitors. Posters are very visible throughout the entire facility. Residents have phone access with privacy. Residents have regular visitation schedules with private visitation rooms.</p> <p>Interviews were conducted with random residents, residents who reported sexual abuse, Compliance Manager, and random staff. Residents reported that a phone is available for their use, the A&amp;E hotline number is posted, and that they can tell a Counselor or staff, write a grievance, or a Code Green (notes that go to anyone). Residents also reported that they can tell family or their attorney.</p> <p>Compliance Manager said that grievances are placed in sealed envelopes and given to staff to</p>	

place in grievance box. Grievances are then collected and turned into the grievance office. Denton County Children's Advocacy Center phone number is on all posters. Random staff stated that they would go to a supervisor to report or write an anonymous incident report. They could also use the hotline, talk to a counselor or another staff. Staff can also write a grievance.

The facility submitted the following policy and/or documentation to the auditor for review:

Admin Policy 6.02 Abuse, Neglect, Exploitation Reporting

Policy 12.05 Resident Grievance Process

Multiple samples of incident reports

MOU with Child Advocacy Center

Policy 18.13.01 Non-Offenders

PREA Form 2017 Spanish

PREA Form 2017 English

Orientation Manual English

CTC Handbook 2018

PREA Information for Facility Residents – Zero Tolerance Policy

Based on the evidence discussed, the facility has exceeded compliance with this standard.

115.352	<b>Exhaustion of administrative remedies</b>
<b>Auditor Overall Determination: Meets Standard</b>	
<b>Auditor Discussion</b>	
<p>The agency has an administrative procedure for dealing with resident grievances regarding sexual abuse.</p> <p>Agency policy or procedure allows a resident to submit a grievance regarding an allegation of sexual abuse at any time regardless of when the incident is alleged to have occurred. No time limit on submitting a sexual abuse (or any) grievance by a resident is established</p> <p>Agency policy does not require a resident to use an informal grievance process, or otherwise to attempt to resolve with staff, an alleged incident of sexual abuse. The agency's policy and procedure allow a resident to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint. The agency's policy and procedure require that a resident grievance alleging sexual abuse not be referred to the staff member who is the subject of the complaint.</p> <p>The agency's policy and procedures that require that a decision on the merits of any grievance or portion of a grievance alleging sexual abuse be made within 90 days of the filing of the grievance.</p> <p>Extensions not permitted under state standards regarding grievance resolution times.</p> <p>Agency policy and procedure permits third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse, and to file such requests on behalf of residents.</p> <p>Agency will accept all third-party grievances and refer for administrative investigation when complaint merits.</p> <p>Agency policy allows parents or legal guardians of residents to file a grievance alleging sexual abuse, including appeals, on behalf of such resident, regardless of whether or not the resident agrees to having the grievance filed on their behalf.</p> <p>The agency has a policy and established procedures for filing an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse. The agency's policy and procedures for emergency grievances alleging substantial risk of imminent sexual abuse require an initial response within 48 hours. The agency's policy and procedure for emergency grievances alleging substantial risk of imminent sexual abuse require that a final agency decision be issued within 5 days.</p> <p>The agency has a written policy that limits its ability to discipline a resident for filing a grievance alleging sexual abuse to occasions where the agency demonstrates that the resident filed the grievance in bad faith.</p>	

The facility submitted the following policy and/or documentation to the auditor for review:

Policy 12.05 Resident Grievance Process

Based on the evidence discussed, the facility has demonstrated compliance with this standard.

115.353	<b>Resident access to outside confidential support services and legal representation</b>
	<b>Auditor Overall Determination: Meets Standard</b>
	<b>Auditor Discussion</b>
	<p>The facility provides residents with access to outside victim advocates for emotional support services related to sexual abuse. The facility provides residents with access to such services by giving residents (by providing, posting, or otherwise making accessible) mailing addresses and telephone numbers (including toll-free hotline numbers where available) of local, State, or national victim advocacy or rape crisis organizations.</p> <p>The facility provides residents (by providing, posting, or otherwise making accessible) mailing addresses and telephone numbers (including toll-free hotline numbers where available) of immigrant service agencies for persons detained solely for civil immigration purposes.</p> <p>The facility provides residents with access to such services by enabling reasonable communication between residents and these organizations, in as confidential a manner as possible.</p> <p>The facility informs residents, prior to giving them access to outside support services, of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply for disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant Federal, State, or local law.</p> <p>The agency or facility employs counselors to provide victim advocacy services to resident victims.</p> <p>The facility provides residents with reasonable and confidential access to their attorneys or other legal representation. The facility provides residents with reasonable access to parents or legal guardians.</p> <p>Interviews were conducted with random residents, Superintendent, and the Compliance Manager. Residents stated that they can sign up every morning to speak to someone confidentially and that there are private rooms for visitation. Residents can write letters and use the phone.</p> <p>The Superintendent said that residents can use the phone or have visits per schedule and that private rooms are made available. The Compliance Manager stated that residents can request to speak to someone every day. Parents can also set up pay calls and mail letters.</p> <p>The facility submitted the following policy and/or documentation to the auditor for review:  Policy 11.01 Visitation and Limitations  Policy 11.02 Telephone  Policy 11.03 Mail  Policy 10.07 Mental Health Treatment Sex Abuse Victim  Policy 2.04.03 Detection of and Response to Sexual Abuse and Sexual Harassment</p>

PREA Form 2017 English  
 PREA Form 2017 Spanish  
 Orientation Manual English 2017  
 CTC Handbook 2018  
 Policy 18.13.01 Non-Offenders

Based on the evidence discussed, the facility has demonstrated compliance with this standard.

115.354	<b>Third-party reporting</b>
<b>Auditor Overall Determination: Exceeds Standard</b>	
<b>Auditor Discussion</b>	
<p>The agency or facility provides a method to receive third-party reports of resident sexual abuse or sexual harassment. The agency or facility publicly distributes information on how to report resident sexual abuse or sexual harassment on behalf of residents via the Grievance Officer contact information on website and grievance form on website.</p> <p>Third-party reporting forms are available at the lobby, reception, and control center desk. Posters explaining third party reporting for sexual abuse and sexual harassment are posted in the lobby, reception, control center area, and visitation area.</p> <p>The facility website contains an information sheet for Parents, Guardians, and Custodians regarding PREA. The information sheet contains third party reporting guidelines providing information about PREA and ways to report.</p> <p>The facility submitted the following policy and/or documentation to the auditor for review:        Detention Website Info on Third Party Grievances        Parent and Community Grievance Report</p> <p>Based on the evidence discussed, the facility has exceeded compliance with this standard.</p>	

115.361	<b>Staff and agency reporting duties</b>
<b>Auditor Overall Determination: Meets Standard</b>	
<b>Auditor Discussion</b>	
<p>The agency requires all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency.</p> <p>The facility policy is missing the following information: “The agency requires all staff to report immediately and according to agency policy any retaliation against residents or staff who reported such an incident.”</p> <p>The agency requires all staff to report immediately and according to agency policy any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.</p> <p>The agency requires all staff to comply with any applicable mandatory child abuse reporting laws. Policy requires reporting in accordance with TJJJ standards in TAC 358 and in accordance with Chapter 261 of the Texas Family Code.</p> <p>Apart from reporting to the designated supervisors or officials and designated State or local service agencies, agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions. Staff are trained not to reveal information except for making reports, treatment decisions, investigation purposes, and security of facility/resident management purposes.</p> <p>Interviews were conducted with medical and mental health staff, Superintendent, Compliance Manager, and random staff. Medical and Mental Health staff and the Superintendent stated that all staff are mandatory reporters and that therapy is provided to all residents. The PREA Coordinator and the Compliance Manager said that TJJJ, Denton County Sheriff Office, and the designated caseworker will be notified within 24 hours. Random staff said they are all mandatory reporters and are required to report immediately.</p> <p>The facility submitted the following policy and/or documentation to the auditor for review: Admin Policy 6.02 Abuse, Neglect, Exploitation Reporting</p>	
<p>Based on the need for retaliation protocol to be included in the facility policy, the Auditor recommended that corrective action be taken. The facility submitted to the Auditor as verification Policy “Protection from and Monitoring for Retaliation” revised August 29, 2019; Training sign in sheets dated August 28, 2019 and August 30, 2019; and a staff training PowerPoint presentation.</p>	
<p>Based on the evidence discussed, the facility has demonstrated compliance with this standard.</p>	

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115.362	<b>Agency protection duties</b>
	<b>Auditor Overall Determination: Meets Standard</b>
	<b>Auditor Discussion</b>
	<p>When the agency or facility learns that a resident is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the resident (i.e., it takes some action to assess and implement appropriate protective measures without unreasonable delay).</p> <p>Interviews were conducted with the Superintendent, Agency Head, and random staff. The Superintendent stated that if a resident is subject to a substantial risk of imminent sexual abuse, the resident will be moved to another section and a safety plan would be developed as well as counselors brought in.</p> <p>The Agency Head stated policy 12.05 would be followed and that an internal investigation would begin immediately. A response plan would be developed within 48 hours. Random staff said that they would relocate the resident immediately.</p> <p>The facility submitted the following policy and/or documentation to the auditor for review: Policy 12.05 Resident Grievance Process</p> <p>Based on the evidence discussed, the facility has demonstrated compliance with this standard.</p>



115.363	<b>Reporting to other confinement facilities</b>
	<b>Auditor Overall Determination: Meets Standard</b>
	<b>Auditor Discussion</b>
	<p>The agency has a policy requiring that, upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility must notify the head of the other facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred.</p> <p>The agency's policy also requires that the head of the facility notify the appropriate investigative agency. The agency notifies the facility and reports to the appropriate state agency, licensing entity or local law enforcement to ensure the agency has done due diligent in ensuring allegations receive ample review and investigation. Reports are made to the facility administrator or designee and to Texas Department of Family and Protective Services (or equivalent if in another state) or to the Department of State Health Services.</p> <p>Agency policy requires that after the Director receives the report of allegation, notification shall be made within 72 hours after receiving the allegation. The agency or facility documents that it has provided such notification within 72 hours of receiving the allegation. Agency or facility policy requires that allegations received from other agencies or facilities are investigated in accordance with the PREA standards.</p> <p>Interviews were conducted with the Superintendent and the Agency Head. They stated that this has never happened before, but should it occur in the future, it would be reported and investigated. An incident report would be submitted to the State. Staff are trained annually, and regular discussion occurs during pass on.</p> <p>The facility submitted the following policy and/or documentation to the auditor for review:  Policy 2.04.04 Investigation of Sexual Abuse and Sexual Harassment  Admin Policy 6.05 Internal Investigations  Admin Policy 6.02 Abuse, Neglect, Exploitation Reporting  ANE-SI Case Reports-Other Residential</p> <p>Based on the evidence discussed, the facility has demonstrated compliance with this standard.</p>

115.364	<b>Staff first responder duties</b>
<b>Auditor Overall Determination: Meets Standard</b>	
<b>Auditor Discussion</b>	
<p>The agency has a first responder policy for allegations of sexual abuse. The policy requires that, upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report shall be required to (1) Separate the alleged victim and abuser. (2) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence. (3) If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. (4) If the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.</p> <p>The agencies policy requires that if the first staff responder is not a security staff member, that responder shall be required to (1) Request that the alleged victim not take any actions that could destroy physical evidence. (2) Notify security staff.</p> <p>Interviews were conducted with residents who reported sexual abuse, staff first responders, and random staff. Resident stated that a supervisor moved them to different section two days later and it is still under investigation. Since being moved she has not had any contact with other resident.</p> <p>Staff first responders stated that they will assess situation and report it to supervisor and “let protocol happen”. Random staff said that they would go directly to the Supervisor and go up the chain of command if necessary. Another staff indicated that they would collect the evidence. Two staff stated that they would call the hotline and report it, then write an incident report. One staff said they would have the residents write a grievance form.</p> <p>The facility submitted the following policy and/or documentation to the auditor for review: Policy 3.02.01 Coordinated Response</p> <p>Based on the need for staff to have further education regarding first responder duties, the Auditor recommended that corrective action be taken. The facility submitted to the Auditor as verification Training sign in sheets dated August 28, 2019 and August 30, 2019; and a staff training PowerPoint presentation.</p> <p>Based on the evidence discussed, the facility has demonstrated compliance with this standard.</p>	

115.365	<b>Coordinated response</b>
	<p data-bbox="247 190 1492 257"><b>Auditor Overall Determination: Meets Standard</b></p> <p data-bbox="247 257 1492 336"><b>Auditor Discussion</b></p> <p data-bbox="247 336 1492 515">The facility developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership.</p> <p data-bbox="247 515 1492 604">The facility submitted the following policy and/or documentation to the auditor for review: Policy 3.02.02 Coordinated Response</p> <p data-bbox="247 604 1492 694">Based on the evidence discussed, the facility has demonstrated compliance with this standard.</p>

115.366	<b>Preservation of ability to protect residents from contact with abusers</b>
	<p data-bbox="247 896 1492 963"><b>Auditor Overall Determination: Meets Standard</b></p> <p data-bbox="247 963 1492 1041"><b>Auditor Discussion</b></p> <p data-bbox="247 1041 1492 1108">Denton County does not have collective bargaining agreements.</p> <p data-bbox="247 1108 1492 1198">During interview with the Agency Head, Texas is not a collective bargaining state.</p> <p data-bbox="247 1198 1492 1276">Based on the evidence discussed, the facility has demonstrated compliance with this standard.</p>

115.367	<b>Agency protection against retaliation</b>
	<b>Auditor Overall Determination: Meets Standard</b>
	<b>Auditor Discussion</b>
	<p>The agency has 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. The agency designates staff member(s) or charges department(s) with monitoring for possible retaliation.</p> <p>The agency and/or facility monitors the conduct or treatment of residents or staff who reported sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by residents or staff. The agency/facility acts promptly to remedy any such retaliation. The agency/facility continues such monitoring beyond 90 days if the initial monitoring indicates a continuing need.</p> <p>Interviews were conducted with residents who reported sexual abuse, Superintendent, Agency Head, and staff in charge of retaliation. Residents who reported sexual abuse stated that they feel protected and no retaliation has occurred. The Superintendent said that staff are trained annually and PREA is discussed during pass on. The Agency Head stated that the agency policy prohibits retaliation. Staff would be reassigned or placed on leave during an investigation of retaliation and the perpetrator would be removed. Staff in charge of retaliation said the policy states that retaliation is monitored for 90 days minimum or until the individual leaves.</p> <p>The facility submitted the following policy and/or documentation to the auditor for review: Policy 3.05.02 Protection and Monitoring of Residents Following an ANE Allegation</p> <p>Based on the evidence discussed, the facility has demonstrated compliance with this standard.</p>

115.368	<b>Post-allegation protective custody</b>
	<b>Auditor Overall Determination: Meets Standard</b>
	<b>Auditor Discussion</b>
	<p>The facility has a policy that residents who allege to have suffered sexual abuse may only be placed in isolation as a last resort if less restrictive measures are inadequate to keep them and other residents safe, and only until an alternative means of keeping all residents safe can be arranged.</p> <p>The facility policy requires that residents who are placed in isolation because they allege to have suffered sexual abuse have access to legally required educational programming, special education services, and daily large-muscle exercise.</p> <p>The Auditor did not observe any areas of isolation during the facility tour.</p> <p>Interviews were conducted with random residents, medical and mental health staff, and the Superintendent. All stated that isolation is not used.</p> <p>The facility submitted the following policy and/or documentation to the auditor for review:  Policy 3.05.02 Protection and Monitoring of Residents Following and ANE Allegation  Policy 6.04 Protective Isolation</p> <p>Based on the evidence discussed, the facility has demonstrated compliance with this standard.</p>

115.371	<b>Criminal and administrative agency investigations</b>
	<b>Auditor Overall Determination: Meets Standard</b>
	<b>Auditor Discussion</b>
	<p>The agency/facility has a policy related to criminal and administrative agency investigations. The agency does not terminate an investigation solely because the source of the allegation recants the allegation. Substantiated allegations of conduct that appear to be criminal are referred for prosecution.</p> <p>The agency retains all written reports pertaining to administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.</p> <p>Interviews were held with investigators and the PREA Coordinator. All stated that administrative investigations are completed internally. Any criminal investigations are referred to the local law enforcement agency. Investigations continue regardless if the source of the allegation recants. All allegations are treated as true. The State agency will also be notified and may conduct its own investigation.</p> <p>The facility submitted the following policy and/or documentation to the auditor for review:  Admin Policy 6.05 Internal Investigations  Guidelines for Internal Investigations  Policy 2.04.04 Investigation of Sexual Abuse and Sexual harassment  Admin Policy 6.05.012 Criminal Investigation of SASH</p> <p>Based on the evidence discussed, the facility has demonstrated compliance with this standard.</p>

115.372	<b>Evidentiary standard for administrative investigations</b>
	<b>Auditor Overall Determination: Meets Standard</b>
	<b>Auditor Discussion</b>
	<p>Per policy, the agency imposes a standard of a preponderance of the evidence or a lower standard of proof for determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p>The facility submitted the following policy and/or documentation to the auditor for review:  Admin Policy 6.05 Internal Investigations</p> <p>Based on the evidence discussed, the facility has demonstrated compliance with this standard.</p>

115.373	<b>Reporting to residents</b>
<b>Auditor Overall Determination: Meets Standard</b>	
<b>Auditor Discussion</b>	
<p>The agency has a policy requiring that any resident who makes an allegation that he or she suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency.</p> <p>If an outside entity conducts such investigations, the agency requests the relevant information from the investigative entity in order to inform the resident as to the outcome of the investigation. Denton County Juvenile Probation conducts its own administrative investigations pursuant to state standards for juvenile facilities. No administrative investigations were conducted by outside agencies.</p> <p>Following a resident's allegation that a staff member has committed sexual abuse against the resident, the agency/facility subsequently informs the resident (unless the agency has determined that the allegation is unfounded) whenever: The staff member is no longer posted within the resident's unit; The staff member is no longer employed at the facility; The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.</p> <p>Following a resident's allegation that he or she has been sexually abused by another resident in an agency facility, the agency subsequently informs the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.</p> <p>The agency has a policy that all notifications to residents described under this standard are documented.</p> <p>Interviews were conducted with the investigators. Investigators stated that they will inform the resident who made the allegation, providing them with the outcome and any corrective action that occurred.</p> <p>The facility submitted the following policy and/or documentation to the auditor for review:  Internal Investigation Notice to Child  Internal Investigation Notice to PGC  Admin Policy 6.05 Internal Investigations  Guidelines for Internal Investigations  DCSO Investigation for 2018008 (18-002993)  20180717 Internal Investigation Report (2018008)</p> <p>Based on the evidence discussed, the facility has demonstrated compliance with this standard.</p>	

115.376	<b>Disciplinary sanctions for staff</b>
	<p data-bbox="247 212 909 246"><b>Auditor Overall Determination: Meets Standard</b></p> <p data-bbox="247 280 526 324"><b>Auditor Discussion</b></p> <p data-bbox="247 369 1428 627">Policy states that staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than engaging in sexual abuse) are commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.</p> <p data-bbox="247 672 1460 840">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, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies</p> <p data-bbox="247 884 1348 963">The facility submitted the following policy and/or documentation to the auditor for review: Policy 2.04.00 Zero Tolerance for Sexual Abuse and Sexual Harassment</p> <p data-bbox="247 1008 1452 1041">Based on the evidence discussed, the facility has demonstrated compliance with this standard.</p>

115.377	<b>Corrective action for contractors and volunteers</b>
	<p data-bbox="247 1265 909 1299"><b>Auditor Overall Determination: Meets Standard</b></p> <p data-bbox="247 1332 526 1377"><b>Auditor Discussion</b></p> <p data-bbox="247 1422 1412 1545">Agency policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.</p> <p data-bbox="247 1590 1364 1668">Agency policy requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with residents.</p> <p data-bbox="247 1713 1388 1836">The facility takes appropriate remedial measures and considers whether to prohibit further contact with residents in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.</p> <p data-bbox="247 1881 1348 1960">The facility submitted the following policy and/or documentation to the auditor for review: Policy 2.04.00 Zero Tolerance for Sexual Abuse and Sexual Harassment</p> <p data-bbox="247 2004 1452 2038">Based on the evidence discussed, the facility has demonstrated compliance with this standard.</p>



115.378	<b>Interventions and disciplinary sanctions for residents</b>
<b>Auditor Overall Determination: Meets Standard</b>	
<b>Auditor Discussion</b>	
<p>Per policy, residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse. Residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following a criminal finding of guilt for resident-on-resident sexual abuse.</p> <p>In the event a disciplinary sanction for resident-on resident sexual abuse results in the isolation of a resident, the facility policy requires that residents in isolation have daily access to large muscle exercise, legally required educational programming, and special education services.</p> <p>In the event a disciplinary sanction for resident-on resident sexual abuse results in the isolation of a resident, residents in isolation receive daily visits from a medical or mental health care clinician.</p> <p>In the event a disciplinary sanction for resident-on resident sexual abuse results in the isolation of a resident, residents in isolation have access to other programs and work opportunities to the extent possible.</p> <p>The facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse. The facility considers whether to require the offending resident to participate in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives.</p> <p>Access to general programming or education is not conditional on participation in such interventions.</p> <p>The agency disciplines residents for sexual contact with staff only upon finding that the staff member did not consent to such contact. The agency prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation. The agency prohibits all sexual activity between residents.</p> <p>Interviews were conducted with medical and mental staff. It was stated that therapy is provided to all residents on a voluntary basis. It was also stated that the facility does not use isolation.</p> <p>The facility submitted the following policy and/or documentation to the auditor for review:  Admin Policy 6.02 Abuse, Neglect, Exploitation Reporting  Policy 2.04.00 Zero Tolerance for Sexual Abuse and Sexual Harassment</p> <p>Based on the evidence discussed, the facility has demonstrated compliance with this standard.</p>	

115.381	<b>Medical and mental health screenings; history of sexual abuse</b>
	<p data-bbox="248 192 911 226"><b>Auditor Overall Determination: Meets Standard</b></p> <p data-bbox="248 271 523 304"><b>Auditor Discussion</b></p> <p data-bbox="248 349 1430 517">Policy states that all residents at this facility who have disclosed any prior sexual victimization during a screening pursuant to §115.341 are offered a follow-up meeting with a medical or mental health practitioner. The follow-up meeting is offered within 14 days of the intake screening.</p> <p data-bbox="248 562 1406 640">Medical and mental health staff maintain secondary materials (e.g., form, log) documenting compliance with the above required services.</p> <p data-bbox="248 685 1437 853">All residents who have previously perpetrated sexual abuse, as indicated during the screening pursuant to § 115.341, are offered a follow-up meeting with a mental health practitioner. The follow-up meeting is offered within 14 days of the intake screening. All students receive a mental health assessment within 14 days of intake.</p> <p data-bbox="248 898 1430 1021">The information shared with other staff is strictly limited to informing security and management decisions, including treatment plans, housing, bed, work, education, and program assignments, or as otherwise required by federal, state, or local law.</p> <p data-bbox="248 1066 1490 1279">Medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18. In review of twelve resident files, one was identified as a potential victim and the other as LGBTI. Both were offered a follow-up meeting with a counselor. Counselor maintains a database for all re-assessments.</p> <p data-bbox="248 1323 1430 1447">Observations during the facility tour revealed that medical and mental health records were kept confidential and in a locked area. The Auditor observed private exam and counseling rooms. Medical and mental health services are available onsite.</p> <p data-bbox="248 1491 1466 1805">Interviews were conducted with residents who disclosed prior sexual abuse, medical and mental health staff, and staff who perform risk screenings. Residents who disclosed prior sexual abuse stated that they were asked if they wanted to see a counselor. Medical and Mental Health staff stated that there is limits of confidentiality and consent from parents. Parent signs paperwork giving consent. Staff responsible for risk screening stated that medical is automatically notified and the resident meets with counselor with 24-48 hours maximum. A follow up session with counselor occurs within two weeks.</p> <p data-bbox="248 1850 1350 1973">The facility submitted the following policy and/or documentation to the auditor for review: Policy 18.10 Behavioral Assessment and Classification Plan Follow-Up Screening Logs</p> <p data-bbox="248 2018 1445 2051">Based on the evidence discussed, the facility has demonstrated compliance with this standard.</p>

115.382	<b>Access to emergency medical and mental health services</b>
	<b>Auditor Overall Determination: Meets Standard</b>
	<b>Auditor Discussion</b>
	<p>Policy states that resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The nature and scope of such services are determined by medical and mental health practitioners according to their professional judgment.</p> <p>Medical and mental health staff would maintain secondary materials (e.g., form, log) documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis.</p> <p>Resident victims of sexual abuse while incarcerated are 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.</p> <p>Treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.</p> <p>Interviews were conducted with residents who reported sexual abuse, medical and mental health staff, and staff first responders. Res who reported sexual abuse said they asked to see a counselor and reported the incident at that time. Medical and mental health staff said that as soon as disclosure they take action. Staff first responders said they would assess the situation and report to Supervisor.</p> <p>The facility submitted the following policy and/or documentation to the auditor for review:  Policy 10.06 Medical Treatment Sex Abuse Victim  Policy 10.07 Mental Health Treatment Sex Abuse Victim</p> <p>Based on the evidence discussed, the facility has demonstrated compliance with this standard.</p>

115.383	<p><b>Ongoing medical and mental health care for sexual abuse victims and abusers</b></p> <p><b>Auditor Overall Determination: Meets Standard</b></p> <p><b>Auditor Discussion</b></p> <p>The facility has a policy that states the facility offers 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. Female victims of sexually abusive vaginal penetration while incarcerated are offered pregnancy tests. If pregnancy results from sexual abuse while incarcerated, victims receive timely and comprehensive information about, and timely access to, all lawful pregnancy related medical services.</p> <p>Resident victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate.</p> <p>Treatment services are 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.</p> <p>The facility attempts to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate by mental health practitioners.</p> <p>Interviews were conducted with medical and mental health staff. Individual counseling and crisis intervention services are offered onsite. Other services are provided at the hospital.</p> <p>The facility submitted the following policy and/or documentation to the auditor for review:  Policy 10.06 Medical Treatment Sex Abuse Victim  Policy 10.07 Mental Health Treatment Sex Abuse Victim</p> <p>Based on the evidence discussed, the facility has demonstrated compliance with this standard.</p>
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115.386	<p><b>Sexual abuse incident reviews</b></p> <p><b>Auditor Overall Determination: Meets Standard</b></p> <p><b>Auditor Discussion</b></p> <p>The facility conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded. Staff was terminated prior to end of administrative investigation for code of ethics violations immediately evident. Investigation continued and completed regarding the sexual abuse allegation...deemed founded.</p> <p>Sexual abuse incident reviews are ordinarily conducted within 30 days of concluding the criminal or administrative investigation. The sexual abuse incident review team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners.</p> <p>The facility prepares a report of its findings from sexual abuse incident reviews, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section, and any recommendations for improvement and submits such report to the facility head and PREA compliance manager. The facility implements the recommendations for improvement or documents its reasons for not doing so.</p> <p>Interviews were conducted with members of the sexual assault response team, Superintendent, and Compliance Manager. All stated that a SART is conducted within 30 days of conclusion of an investigation.</p> <p>The facility submitted the following policy and/or documentation to the auditor for review:  Orientation Manual English 2017  CTC Handbook 2018  2017-04-12 SART Incident Review Report  Admin Policy 6.06 Corrective Measures after Internal Investigation</p> <p>Based on the evidence discussed, the facility has demonstrated compliance with this standard.</p>
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115.387	<b>Data collection</b>
<b>Auditor Overall Determination: Meets Standard</b>	
<b>Auditor Discussion</b>	
<p>The agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. Denton County enters allegation data on the Abuse/Neglect/Exploitation and Serious Incident (ANE-SI) Sheet. The conduct is classified according to TJJD standards in TAC 358 and/or PREA standards. Investigation results are also recorded for the agency and for the TJJD, as applicable.</p> <p>The standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice.</p> <p>The agency aggregates incident-based sexual abuse data at least annually.</p> <p>The agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.</p> <p>The agency obtains incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents. Facility website contain links to incident-based aggregated data from facilities contracted with for confinement of the agency's residents.</p> <p>The data from private facilities complies with SSV reporting regarding content.</p> <p>The agency provided the Department of Justice (DOJ) with data from the previous calendar year upon request. The SSVs for the following calendar years were completed, submitted, and posted on the website: 2013, 2015, 2016 and 2017. The agency has not received a request for CY 2018 data.</p> <p>The facility submitted the following policy and/or documentation to the auditor for review:  Policy 2.04.05 Data Collection Regarding Sexual Abuse and Sexual Harassment  ANE-SI Data Sheet  Website contains completed SSVs that Denton has been required to complete every other year.  <a href="https://dentoncounty.com/-/media/Departments/Probation/Juvenile-Probation/PDFs/YeartoYearAggregateDataSASHtoCY2018.pdf?la=en">https://dentoncounty.com/-/media/Departments/Probation/Juvenile-Probation/PDFs/YeartoYearAggregateDataSASHtoCY2018.pdf?la=en</a>  2017 SSV form</p> <p>Based on the evidence discussed, the facility has demonstrated compliance with this standard.</p>	

115.388	<b>Data review for corrective action</b>
	<p data-bbox="248 168 911 203"><b>Auditor Overall Determination: Meets Standard</b></p> <p data-bbox="248 264 523 300"><b>Auditor Discussion</b></p> <p data-bbox="248 342 1465 555">The agency reviews data collected and aggregated pursuant to §115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, and training, including: identifying problem areas; taking corrective action on an ongoing basis; and preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole.</p> <p data-bbox="248 600 1485 680">The annual report does not include a comparison of the current year's data and corrective actions to those from prior years.</p> <p data-bbox="248 725 1477 761">The annual report provides an assessment of the agency's progress in addressing sexual abuse.</p> <p data-bbox="248 804 1453 929">The agency makes its annual report readily available to the public, at least annually, through its website. <a href="http://riteofpassage.com/safe-environmental-standards">riteofpassage.com/safe-environmental-standards</a>. The annual reports are approved by the agency head.</p> <p data-bbox="248 974 1414 1099">When the agency redacts material from an annual report for publication, the redaction's are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility. The agency indicates the nature of material redacted.</p> <p data-bbox="248 1144 1477 1449">Interviews were conducted with the Agency Head and the PREA Coordinator. The SART meets quarterly and any issues are reviewed. A Safe Housing Plan assessment is completed as well. The annual reports are published on website and documentation is tracked ten years. The PREA Coordinator maintains log of serious incidents. Window screens on unit doors was implemented as an outcome of an annual report. All personally identifiable information is redacted. Corrective action plans are also published on website under "Date, Review, Corrective Action Plan".</p> <p data-bbox="248 1494 1398 1749">The facility submitted the following policy and/or documentation to the auditor for review: CY 2016 Annual Data Report-Findings-Action Plan CY 2017 Annual Data Report-Findings-Action Plan CY 2018 Annual Data Report-Findings-Action Plan <a href="https://dentoncounty.com/Departments/Probation/Juvenile-Probation/PREA-Compliance">https://dentoncounty.com/Departments/Probation/Juvenile-Probation/PREA-Compliance</a></p> <p data-bbox="248 1783 1477 1951">Based on the need for the annual data PREA report to contain a comparison of the current year's data and corrective actions to those from prior years, the Auditor recommended that corrective action be taken. The facility submitted to the Auditor as verification the facility's "Annual Data Report, Findings, and Action Plan", dated June 2019 and Amended September 3, 2019.</p> <p data-bbox="248 1984 1469 2020">Based on the evidence discussed, the facility has demonstrated compliance with this standard.</p>

115.389	<b>Data storage, publication, and destruction</b>
	<p data-bbox="248 286 911 320"><b>Auditor Overall Determination: Meets Standard</b></p> <p data-bbox="248 365 523 398"><b>Auditor Discussion</b></p> <p data-bbox="248 443 1334 477">The agency ensures that incident-based and aggregate data are securely retained.</p> <p data-bbox="248 533 1406 701">Agency policy requires that aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts be made readily available to the public at least annually through its website. Data for private and governmental facilities the agency contracts with for confinement of agency's residents is made available via agency's website.</p> <p data-bbox="248 745 1493 824">Before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers.</p> <p data-bbox="248 869 1501 947">The agency maintains sexual abuse data collected pursuant to 115.387 for at least 10 years after the date of initial collection, unless federal, state, or local law requires otherwise.</p> <p data-bbox="248 992 1337 1070">Interview was conducted with the PREA Coordinator. Since 2012, the annual report is published on facility website and data tracked ten years.</p> <p data-bbox="248 1115 1417 1149">The Auditor was able to verify that the annual reports are located on the facility's website.</p> <p data-bbox="248 1205 1350 1328">The facility submitted the following policy and/or documentation to the auditor for review: Policy 2.04.05 Data Collection Regarding Sexual Abuse and Sexual Harassment Sexual Abuse and Sexual Harassment Aggregate Data posted 4/26/2018.</p> <p data-bbox="248 1384 1449 1417">Based on the evidence discussed, the facility has demonstrated compliance with this standard.</p>



115.401	<b>Frequency and scope of audits</b>
	<p data-bbox="248 324 911 358"><b>Auditor Overall Determination: Meets Standard</b></p> <p data-bbox="248 405 523 439"><b>Auditor Discussion</b></p> <p data-bbox="248 486 1394 651">Observations made during the tour revealed that auditor posting was visible in housing and other areas where residents have access and the postings were dated and contained the Auditor contact information along with the date of audit. The posting was printed in English and in Spanish.</p> <p data-bbox="248 698 1461 819">This is the first year of the second audit cycle for this facility. The 2015 Final PREA Audit Report can be found at <a href="https://dentoncounty.com/Departments/Probation/Juvenile- Probation/PREA -Compliance">https://dentoncounty.com/Departments/Probation/Juvenile- Probation/PREA -Compliance</a></p> <p data-bbox="248 866 1449 900">Based on the evidence discussed, the facility has demonstrated compliance with this standard.</p>

115.403	<b>Audit contents and findings</b>
	<p data-bbox="248 1124 911 1158"><b>Auditor Overall Determination: Meets Standard</b></p> <p data-bbox="248 1205 523 1238"><b>Auditor Discussion</b></p> <p data-bbox="248 1285 1471 1406">This is the second audit cycle for this facility. The 2015 Final PREA Audit Report can be found at <a href="https://dentoncounty.com/Departments/Probation/Juvenile-Probation/PREA -Compliance">https://dentoncounty.com/Departments/Probation/Juvenile-Probation/PREA -Compliance</a></p> <p data-bbox="248 1431 1449 1464">Based on the evidence discussed, the facility has demonstrated compliance with this standard.</p>

**Appendix: Provision Findings**

115.311 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes

115.311 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes

115.311 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	na
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	na

115.312 (a)	Contracting with other entities for the confinement of residents	
	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 adopt and 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

115.312 (b)	Contracting with other entities for the confinement of residents	
	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 OR the response to 115.312(a)-1 is "NO".)	yes

115.313 (a)	Supervision and monitoring	
	Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has implemented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Generally accepted juvenile detention and correctional/secure residential practices?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any judicial findings of inadequacy?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from Federal investigative agencies?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies?	yes

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	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The composition of the resident population?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The number and placement of supervisory staff?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Institution programs occurring on a particular shift?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any applicable State or local laws, regulations, or standards?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any other relevant factors?	yes

115.313 (b)	Supervision and monitoring	
	Does the agency comply with the staffing plan except during limited and discrete exigent circumstances?	yes
	In circumstances where the staffing plan is not complied with, does the facility fully document all deviations from the plan? (N/A if no deviations from staffing plan.)	yes

115.313 (c)	Supervision and monitoring	
	Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes
	Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes
	Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A only until October 1, 2017.)	yes
	Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.)	yes
	Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph?	yes

115.313 (d)	Supervision and monitoring	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes

115.313 (e)	Supervision and monitoring	
	Has the facility implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? (N/A for non-secure facilities )	yes
	Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities )	yes
	Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? (N/A for non-secure facilities )	yes

115.315 (a)	Limits to cross-gender viewing and searches	
	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

115.315 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances?	yes

115.315 (c)	Limits to cross-gender viewing and searches	
	Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches?	yes

115.315 (d)	Limits to cross-gender viewing and searches	
	Does the facility implement policies and procedures 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
	Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit?	yes
	In facilities (such as group homes) that do not contain discrete housing units, 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? (N/A for facilities with discrete housing units)	n/a

115.315 (e)	Limits to cross-gender viewing and searches	
	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
	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

115.315 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

115.316 (a)	Residents with disabilities and residents who are limited English proficient	
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	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all	yes
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	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?	
	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
	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
	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
	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
	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
	Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing?	yes
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities?	yes
	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
	Does the agency ensure that written materials are provided in formats or	yes

	through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision?	
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115.316 (b)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes

115.316 (c)	Residents with disabilities and residents who are limited English proficient	
	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 §115.364, or the investigation of the resident's allegations?	yes

115.317 (a)	Hiring and promotion decisions	
	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
	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
	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 bullet immediately above?	yes
	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
	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
	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 two bullets immediately above?	yes

115.317 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents?	yes

115.317 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consult any child abuse registry maintained by the State or locality in which the employee would work?	yes
	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

115.317 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
	Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents?	yes

115.317 (e)	Hiring and promotion decisions	
	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

115.317 (f)	Hiring and promotion decisions	
	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
	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
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes

115.317 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes

115.317 (h)	Hiring and promotion decisions	
	Unless prohibited by law, 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

115.318 (a)	Upgrades to facilities and technologies	
	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

115.318 (b)	Upgrades to facilities and technologies	
	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

115.321 (a)	Evidence protocol and forensic medical examinations	
	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

115.321 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. )	yes

115.321 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes

115.321 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes

115.321 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes



115.321 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency is not responsible for investigating allegations of sexual abuse.)	n/a

115.321 (h)	Evidence protocol and forensic medical examinations	
	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? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321(d) above.)	n/a

115.322 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes

115.322 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes

115.322 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.321(a))	yes

115.331 (a)	Employee training	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	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
	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
	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
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment?	yes
	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 and how to distinguish between consensual sexual contact and sexual abuse between residents?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	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
	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
	Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent?	yes

115.331 (b)	Employee training	
	Is such training tailored to the unique needs and attributes of residents of juvenile facilities?	yes
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	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

115.331 (c)	Employee training	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes

115.331 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes

115.332 (a)	Volunteer and contractor training	
	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

115.332 (b)	Volunteer and contractor training	
	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

115.332 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes

115.333 (a)	Resident education	
	During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	Is this information presented in an age-appropriate fashion?	yes

115.333 (b)	Resident education	
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes

115.333 (c)	Resident education	
	Have all residents received such education?	yes
	Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility?	yes

115.333 (d)	Resident education	
	Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills?	yes

115.333 (e)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes

115.333 (f)	Resident education	
	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

115.334 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.331, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes

115.334 (b)	Specialized training: Investigations	
	Does this specialized training include: Techniques for interviewing juvenile sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: Proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: Sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes

115.334 (c)	Specialized training: Investigations	
	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 115.321(a).)	yes

115.335 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment?	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse?	yes
	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 juvenile victims of sexual abuse and sexual harassment?	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment?	yes

115.335 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams.)	yes

115.335 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere?	yes

115.335 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331?	yes
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332?	yes



115.341 (a)	Obtaining information from residents	
	Within 72 hours of the resident's arrival at the facility, does the agency obtain and use information about each resident's personal history and behavior to reduce risk of sexual abuse by or upon a resident?	yes
	Does the agency also obtain this information periodically throughout a resident's confinement?	yes

115.341 (b)	Obtaining information from residents	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes

115.341 (c)	Obtaining information from residents	
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Age?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident's own perception of vulnerability?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents?	yes

115.341 (d)	Obtaining information from residents	
	Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings?	yes
	Is this information ascertained: During classification assessments?	yes
	Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files?	yes

115.341 (e)	Obtaining information from residents	
	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

115.342 (a)	Placement of residents	
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments?	yes

115.342 (b)	Placement of residents	
	Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged?	yes
	During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise?	yes
	During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services?	yes
	Do residents in isolation receive daily visits from a medical or mental health care clinician?	yes
	Do residents also have access to other programs and work opportunities to the extent possible?	yes

115.342 (c)	Placement of residents	
	Does the agency always refrain from placing: Lesbian, gay, and bisexual residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Transgender residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator or likelihood of being sexually abusive?	yes

115.342 (d)	Placement of residents	
	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
	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

115.342 (e)	Placement of residents	
	Are placement and programming assignments for each transgender or intersex resident reassessed at least twice each year to review any threats to safety experienced by the resident?	yes

115.342 (f)	Placement of residents	
	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

115.342 (g)	Placement of residents	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes

115.342 (h)	Placement of residents	
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A for h and i if facility doesn't use isolation?)	n/a

	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if facility doesn't use isolation?)	n/a
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115.342 (i)	Placement of residents	
	In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes

115.351 (a)	Resident reporting	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: 2. Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	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

115.351 (b)	Resident reporting	
	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
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
	Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment?	yes

115.351 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes

115.351 (d)	Resident reporting	
	Does the facility provide residents with access to tools necessary to make a written report?	yes

115.351 (e)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes

115.352 (a)	Exhaustion of administrative remedies	
	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

115.352 (b)	Exhaustion of administrative remedies	
	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
	Does the agency always refrain from requiring an 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



115.352 (c)	Exhaustion of administrative remedies	
	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
	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

115.352 (d)	Exhaustion of administrative remedies	
	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
	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 115.352(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
	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

115.352 (e)	Exhaustion of administrative remedies	
	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
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a parent or legal guardian, 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
	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
	Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.)	yes
	If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.)	yes

115.352 (f)	Exhaustion of administrative remedies	
	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
	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
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes

115.352 (g)	Exhaustion of administrative remedies	
	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

115.353 (a)	Resident access to outside confidential support services and legal representation	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?	yes
	Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?	yes

115.353 (b)	Resident access to outside confidential support services and legal representation	
	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

115.353 (c)	Resident access to outside confidential support services and legal representation	
	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
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes

115.353 (d)	Resident access to outside confidential support services and legal representation	
	Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation?	yes
	Does the facility provide residents with reasonable access to parents or legal guardians?	yes

115.354 (a)	Third-party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes

115.361 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	no
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes

115.361 (b)	Staff and agency reporting duties	
	Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws?	yes

115.361 (c)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials and designated State or local services agencies, are staff prohibited 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

115.361 (d)	Staff and agency reporting duties	
	Are medical and mental health practitioners required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section as well as to the designated State or local services agency where required by mandatory reporting laws?	yes
	Are medical and mental health practitioners required to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services?	yes

115.361 (e)	Staff and agency reporting duties	
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the appropriate office?	yes
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the alleged victim's parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified?	yes
	If the alleged victim is under the guardianship of the child welfare system, does the facility head or his or her designee promptly report the allegation to the alleged victim's caseworker instead of the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.)	yes
	If a juvenile court retains jurisdiction over the alleged victim, does the facility head or designee also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation?	yes

115.361 (f)	Staff and agency reporting duties	
	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

115.362 (a)	Agency protection duties	
	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

115.363 (a)	Reporting to other confinement facilities	
	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
	Does the head of the facility that received the allegation also notify the appropriate investigative agency?	yes

115.363 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes

115.363 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes

115.363 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes

115.364 (a)	Staff first responder duties	
	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
	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
	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
	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

115.364 (b)	Staff first responder duties	
	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

115.365 (a)	Coordinated response	
	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



115.366 (a)	Preservation of ability to protect residents from contact with abusers	
	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?	n/a

115.367 (a)	Agency protection against retaliation	
	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
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes

115.367 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, 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?	yes

115.367 (c)	Agency protection against retaliation	
	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
	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
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes

115.367 (d)	Agency protection against retaliation	
	In the case of residents, does such monitoring also include periodic status checks?	yes

115.367 (e)	Agency protection against retaliation	
	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

115.368 (a)	Post-allegation protective custody	
	Is any and all use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342?	yes

115.371 (a)	Criminal and administrative agency investigations	
	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 does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes

115.371 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334?	yes

115.371 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes

	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
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115.371 (d)	Criminal and administrative agency investigations	
	Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?	yes

115.371 (e)	Criminal and administrative agency investigations	
	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

115.371 (f)	Criminal and administrative agency investigations	
	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
	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

115.371 (g)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes

115.371 (h)	Criminal and administrative agency investigations	
	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

115.371 (i)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes

115.371 (j)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.371(g) and (h) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention?	yes

115.371 (k)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes

115.371 (m)	Criminal and administrative agency investigations	
	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 115.321(a).)	yes

115.372 (a)	Evidentiary standard for administrative investigations	
	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

115.373 (a)	Reporting to residents	
	Following an investigation into a resident's allegation of sexual abuse suffered in the facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes

115.373 (b)	Reporting to residents	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	n/a

115.373 (c)	Reporting to residents	
	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
	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
	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
	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

115.373 (d)	Reporting to residents	
	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
	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

115.373 (e)	Reporting to residents	
	Does the agency document all such notifications or attempted notifications?	yes

115.376 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes

115.376 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes

115.376 (c)	Disciplinary sanctions for staff	
	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



115.376 (d)	Disciplinary sanctions for staff	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes

115.377 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes

115.377 (b)	Corrective action for contractors and volunteers	
	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

115.378 (a)	Interventions and disciplinary sanctions for residents	
	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, may residents be subject to disciplinary sanctions only pursuant to a formal disciplinary process?	yes

115.378 (b)	Interventions and disciplinary sanctions for residents	
	Are disciplinary 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
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible?	yes

115.378 (c)	Interventions and disciplinary sanctions for residents	
	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

115.378 (d)	Interventions and disciplinary sanctions for residents	
	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 offer the offending resident participation in such interventions?	yes
	If the agency requires participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, does it always refrain from requiring such participation as a condition to accessing general programming or education?	yes

115.378 (e)	Interventions and disciplinary sanctions for residents	
	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

115.378 (f)	Interventions and disciplinary sanctions for residents	
	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

115.378 (g)	Interventions and disciplinary sanctions for 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

115.381 (a)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?	yes

115.381 (b)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening?	yes

115.381 (c)	Medical and mental health screenings; history of sexual abuse	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes

115.381 (d)	Medical and mental health screenings; history of sexual abuse	
	Do medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18?	yes

115.382 (a)	Access to emergency medical and mental health services	
	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

115.382 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362?	yes
	Do staff first responders immediately notify the appropriate medical and mental health practitioners?	yes

115.382 (c)	Access to emergency medical and mental health services	
	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

115.382 (d)	Access to emergency medical and mental health services	
	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

115.383 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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

115.383 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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

115.383 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes

115.383 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)	yes

115.383 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.)	yes

115.383 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes

115.383 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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

115.383 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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

115.386 (a)	Sexual abuse incident reviews	
	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

115.386 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes

115.386 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes

115.386 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d) (1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes

115.386 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes

115.387 (a)	Data collection	
	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

115.387 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes

115.387 (c)	Data collection	
	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

115.387 (d)	Data collection	
	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

115.387 (e)	Data collection	
	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

115.387 (f)	Data collection	
	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



115.388 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 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

115.388 (b)	Data review for corrective action	
	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

115.388 (c)	Data review for corrective action	
	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

115.388 (d)	Data review for corrective action	
	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

115.389 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.387 are securely retained?	yes

115.389 (b)	Data storage, publication, and destruction	
	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

115.389 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes

115.389 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes

115.401 (a)	Frequency and scope of audits	
	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

115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a “no” response does not impact overall compliance with this standard.)	yes
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	n/a
	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.)	n/a

115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes

115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes

115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes

115.401 (n)	Frequency and scope of audits	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes

115.403 (f)	Audit contents and findings	
	<p>The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A only 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.)</p>	yes