

PREA Facility Audit Report: Final

Name of Facility: Hays County Juvenile Detention Center

Facility Type: Juvenile

Date Interim Report Submitted: 09/05/2022

Date Final Report Submitted: 03/02/2023

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input 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 type="checkbox"/>
Auditor Full Name as Signed: Kyle David Barrington	Date of Signature: 03/02/2023

AUDITOR INFORMATION	
Auditor name:	Barrington, Kyle
Email:	Kyle.Barrington@Zajonc-Corp.com
Start Date of On-Site Audit:	07/26/2022
End Date of On-Site Audit:	07/27/2022

FACILITY INFORMATION	
Facility name:	Hays County Juvenile Detention Center
Facility physical address:	2250 Clovis R Barker Road , San Marcos , Texas - 78666
Facility mailing address:	

Primary Contact	
Name:	Brett Littlejohn
Email Address:	brett.littlejohn@co.hays.tx.us
Telephone Number:	1 (512) 393-5220

Superintendent/Director/Administrator	
Name:	Brett Littlejohn
Email Address:	brett.littlejohn@co.hays.tx.us
Telephone Number:	1 (512) 393-5220

Facility PREA Compliance Manager	
Name:	Burlon Parsons
Email Address:	burlon.parsons@co.hays.tx.us
Telephone Number:	O: 1 (512) 393-5220

Facility Health Service Administrator On-Site	
Name:	Sandra Camponseco
Email Address:	SCamposeco@wellpath.us
Telephone Number:	1 (512) 393-5220

Facility Characteristics	
Designed facility capacity:	110
Current population of facility:	19
Average daily population for the past 12 months:	36
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Both females and males
Age range of population:	10-17
Facility security levels/resident custody levels:	Secure
Number of staff currently employed at the facility who may have contact with residents:	47
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	7
Number of volunteers who have contact with residents, currently authorized to enter the facility:	0

AGENCY INFORMATION	
Name of agency:	Hays County Juvenile Probation Department
Governing authority or parent agency (if applicable):	
Physical Address:	712 South Stagecoach Trail , San Marcos , Texas - 78666
Mailing Address:	
Telephone number:	

Agency Chief Executive Officer Information:	
Name:	Robert Updegrove
Email Address:	rupdegrove@co.hays.tx.us
Telephone Number:	1 (512) 393-7625

Agency-Wide PREA Coordinator Information			
Name:	Brett Littlejohn	Email Address:	brett.littlejohn@co.hays.tx.us

SUMMARY OF AUDIT FINDINGS	
<p>The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.</p> <p>Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.</p>	
Number of standards exceeded:	
0	
Number of standards met:	
43	
Number of standards not met:	
0	

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2022-07-26
2. End date of the onsite portion of the audit:	2022-07-27

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	This auditor contacted the Hays-Caldwell Women's Center.

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	110
15. Average daily population for the past 12 months:	36
16. Number of inmate/resident/detainee housing units:	8
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit

Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	23
38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	0
39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	1
40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0
41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0

<p>43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</p>	<p>9</p>
<p>47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</p>	<p>No additional comments needed.</p>
<p>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</p>	
<p>49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</p>	<p>36</p>

<p>50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>0</p>
<p>51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>7</p>
<p>52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:</p>	<p>No additional comments needed.</p>

INTERVIEWS

Inmate/Resident/Detainee Interviews

Random Inmate/Resident/Detainee Interviews

<p>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>12</p>
<p>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</p>	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input checked="" type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None

55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	This auditor utilized a random number generator and then cross-referenced with the assigned living unit.
56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No
57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No additional comments needed.
Targeted Inmate/Resident/Detainee Interviews	
58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	4
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	0

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>There were no residents identified in this targeted group.</p>
<p>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>There were no residents identified in this targeted group.</p>

<p>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>There were no residents identified in this targeted group.</p>
<p>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>There were no residents identified in this targeted group.</p>

<p>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>There were no residents identified in this targeted group.</p>
<p>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>There were no residents identified in this targeted group.</p>

<p>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>There were no residents identified in this targeted group.</p>
<p>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>There were no residents identified in this targeted group. One allegation was made by a resident, but that resident was placed at TJJD.</p>

<p>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>3</p>
<p>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>There were no residents identified in this targeted group.</p>
<p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>No additional comments are necessary.</p>
<p>Staff, Volunteer, and Contractor Interviews</p>	
<p>Random Staff Interviews</p>	
<p>71. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>12</p>

<p>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input type="checkbox"/> Length of tenure in the facility</p> <p><input type="checkbox"/> Shift assignment</p> <p><input type="checkbox"/> Work assignment</p> <p><input type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>No additional comments are necessary.</p>
<p>Specialized Staff, Volunteers, and Contractor Interviews</p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
<p>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>13</p>
<p>76. Were you able to interview the Agency Head?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

78. Were you able to interview the PREA Coordinator?	<input checked="" type="radio"/> Yes <input type="radio"/> No
79. Were you able to interview the PREA Compliance Manager?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)

- Agency contract administrator
- Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment
- Line staff who supervise youthful inmates (if applicable)
- Education and program staff who work with youthful inmates (if applicable)
- Medical staff
- Mental health staff
- Non-medical staff involved in cross-gender strip or visual searches
- Administrative (human resources) staff
- Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff
- Investigative staff responsible for conducting administrative investigations
- Investigative staff responsible for conducting criminal investigations
- Staff who perform screening for risk of victimization and abusiveness
- Staff who supervise inmates in segregated housing/residents in isolation
- Staff on the sexual abuse incident review team
- Designated staff member charged with monitoring retaliation
- First responders, both security and non-security staff

	<input checked="" type="checkbox"/> Intake staff <input type="checkbox"/> Other
81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No
82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of CONTRACTORS who were interviewed:	3
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Security/detention <input checked="" type="checkbox"/> Education/programming <input checked="" type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other
83. Provide any additional comments regarding selecting or interviewing specialized staff.	Interviewed two teachers, including the superintendent, and a contracted medical staff.

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: As you are conducting the site review, you must document your tests of critical functions, important information gathered through observations, and any issues identified with facility practices. The information you collect through the site review is a crucial part of the evidence you will analyze as part of your compliance determinations and will be needed to complete your audit report, including the Post-Audit Reporting Information.

84. Did you have access to all areas of the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Was the site review an active, inquiring process that included the following:	
85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No

<p>88. Informal conversations with staff during the site review (encouraged, not required)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</p>	<p>No additional comments are necessary.</p>

Documentation Sampling

Where there is a collection of records to review—such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files—auditors must self-select for review a representative sample of each type of record.

<p>90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</p>	<p>This auditor utilized a random number generator to select the files of current and former staff and residents.</p>

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted. Note: For question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.

92. Total number of SEXUAL ABUSE allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	1	0	0	1
Staff-on-inmate sexual abuse	0	0	0	0
Total	1	0	0	1

93. Total number of SEXUAL HARASSMENT allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	0	0	0	0

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

Note: these counts should reflect where the investigation is currently (i.e., if a criminal investigation was referred for prosecution and resulted in a conviction, that investigation outcome should only appear in the count for “convicted.”) Do not double count. Additionally, for question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, and detainee sexual abuse investigation files, as applicable to the facility type being audited.

94. Criminal SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on-inmate sexual abuse	0	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0	0
Total	0	0	0	0	0

95. Administrative SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	0	1	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	0	0	1	0

Sexual Harassment Investigation Outcomes

Note: these counts should reflect where the investigation is currently. Do not double count. Additionally, for question brevity, we use the term "inmate" in the following questions. Auditors should provide information on inmate, resident, and detainee sexual harassment investigation files, as applicable to the facility type being audited.

96. Criminal SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on-inmate sexual harassment	0	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0	0
Total	0	0	0	0	0

97. Administrative SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	0	0	0	0

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/sampled:	1
99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)

Inmate-on-inmate sexual abuse investigation files

100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	1
101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)

Staff-on-inmate sexual abuse investigation files

103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)

Sexual Harassment Investigation Files Selected for Review

106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	0
a. Explain why you were unable to review any sexual harassment investigation files:	No sexual harassment allegations were made.
107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)

Inmate-on-inmate sexual harassment investigation files

108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)

Staff-on-inmate sexual harassment investigation files

111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)

<p>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p>	<p>No text provided.</p>

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

<p>115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
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Non-certified Support Staff

<p>116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>a. Enter the TOTAL NUMBER OF NON-CERTIFIED SUPPORT who provided assistance at any point during this audit:</p>	<p>1</p>

AUDITING ARRANGEMENTS AND COMPENSATION

121. Who paid you to conduct this audit?

- The audited facility or its parent agency
- My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)
- A third-party auditing entity (e.g., accreditation body, consulting firm)
- Other

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	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>REQUIREMENTS: 115.311: This standard has three components (a) An agency shall have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment and outlining the agency’s approach to preventing, detecting, and responding to such conduct; (b) An agency shall employ or designate an upper-level, agency-wide PREA coordinator with sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities; and (c) Where an agency operates more than one facility, each facility shall designate a PREA compliance manager with sufficient time and authority to coordinate the facility’s efforts to comply with the PREA standards.</p> <p>EVIDENCE OF COMPLIANCE: As evidence of compliance with this standard, this auditor reviewed the following: 1) <i>Hays County Juvenile Center, Prison Rape Elimination Act Standards, Policy and Procedures Manual dated 2022</i> [hereafter called the PREA P&P], 2) Interviews with the Agency Head, 3) Interview with the PREA Coordinator [who is also the Facility Head], 4) Interview with the Facility Head [who is also the Agency Head and PREA Coordinator], 5) the Pre-Audit Questionnaire; 6) J.R.’s Organizational Chart; 7) The Facility’s Organizational Chart, and 8) Interviews with staff.</p> <p>OBSERVATIONS: The Agency’s PREA P&P covers all required elements of 115.311; The Agency employs a PREA coordinator who reports they have sufficient time to develop, implement, and oversee the efforts to comply with the PREA standards in its facility. Based on interviews with the Agency Head and the PREA Coordinator, the PREA Administrator does appear to be “upper level,” and it appears the PREA Coordinator is an “agency-wide” position. The Agency Head noted that the PREA Administrator could access him anytime if there is a PREA-related need. In addition, the facility does have a designated PREA Compliance Manager, and the PREA Compliance Manager does believe they have sufficient time and authority to coordinate the facility’s efforts to comply with the PREA standards.</p> <p>DETERMINATION: The agency and facility met this standard.</p> <p>RATIONALE: First, the agency has well-developed, written policies and procedures related to PREA. The policies and procedures mandate zero tolerance toward all forms of sexual abuse and sexual harassment and outline the agency’s approach to preventing, detecting, and responding to such conduct. Second, the agency employs an upper-level, agency-wide PREA coordinator with sufficient time and authority to develop, implement, and oversee agency efforts to comply with its PREA standards. Third, Hays County Juvenile Detention Center has a designated PREA Compliance Manager with sufficient time and authority to coordinate the facility’s compliance with the PREA standards.</p>

115.312	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>REQUIREMENTS: 115.312: This standard has two components: (a) A public agency that contracts for the confinement of its residents with private agencies or other entities, including other government agencies, shall include in any new contract or contract renewal the entity’s obligation to adopt and comply with the PREA standards; (b) Any new contract or contract renewal shall provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards.</p> <p>EVIDENCE OF COMPLIANCE: As evidence of compliance with this Standard, this auditor reviewed the following: 1) the Pre-Audit Questionnaire; 2) Contract Specialist for HCJPD; and 3) Interview(s) with the Agency Head, PREA Coordinator, and Facility Head.</p> <p>OBSERVATIONS: Interviews with the Agency Head, PREA Coordinator, HCJPD Contract Specialist, the Facility Head, and the Facility’s P.C.M. supported the agency’s contention that the agency does not contract for the confinement of its residents with private agencies or other entities, including other government agencies. Thus, this standard is determined to be met.</p> <p>DETERMINATION: The agency meets this standard.</p> <p>RATIONALE: There is no evidence that the agency contracts for the confinement of any of its residents with private agencies or other entities.</p>

115.313	Supervision and monitoring
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 580 300">Auditor Discussion</p> <p data-bbox="280 340 1469 539">REQUIREMENTS: 115.313: This standard has four components: (a) a staffing plan has been created; (b) deviations from the staffing plan are documented; (c) the staffing plan is reviewed annually; and (d) for secure facilities, where unannounced rounds occur, the staff are prohibited from alerting other staff that such rounds are occurring.</p> <p data-bbox="280 580 1461 734">EVIDENCE OF COMPLIANCE: As evidence of compliance with this Standard, the facility submitted or provided to this auditor the following: 1) PREA P&P; 2) Chapter 343; 3) the Pre-Audit Questionnaire; 4) Facility’s Staffing Plan dated May 5, 2022, and 5) Interviews with staff.</p> <p data-bbox="280 775 1477 1395">OBSERVATIONS: The facility’s staffing plan includes two separate documents. First, Chapter 343 is entitled the “Secure Juvenile Pre-Adjudication and Post-Adjudication Standards.” This document, coupled with the “Staffing Plan,” comprises the Facility’s Staffing Plan. Taken collectively, the Facility’s Staffing Plan is developed, implemented, and documented. Further, this plan provides adequate staffing levels and, where applicable, video monitoring to protect residents against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, the facility did take into consideration: (1) Generally accepted juvenile detention and correctional/secure residential practices; (2) Any judicial findings of inadequacy; (3) Any findings of inadequacy from Federal investigative agencies; (4) Any findings of inadequacy from internal or external oversight bodies; (5) The number and placement of supervisory staff; (6) Institution programs occurring on a particular shift; (7) Any applicable State or local laws, regulations, or standards; (8) The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and (9) Any other relevant factors.</p> <p data-bbox="280 1435 1461 1883">This auditor could not find any documentation in the Staffing Plan related to the number and location of blind spots. Further, this auditor could only find a fundamental review of the number of males and females at the facility. In addition, there was no evidence that the agency assessed, determined, and documented whether adjustments to the staff plan are needed to: (1) The staffing plan established pursuant to paragraph (a) of this section; (2) Prevailing staffing patterns; (3) The facility’s deployment of video monitoring systems and other monitoring technologies; and (4) The resources the facility has available to commit to ensuring adherence to the staffing plan. However, the Staffing Plan presented to the auditor included signatures from May 5, 2022. Thus, it does appear the staffing plan is updated annually.</p> <p data-bbox="280 1924 1477 2085">Some staff reported a staff ratio of one security staff to twelve residents (1 to 12). It was noted that the 1:12 ratio occurred during school hours and some morning hours. However, during a review of video recordings, the facility could document a 1:8 ratio of staff to residents. Further, staff reported no deviations from the staffing</p>

plan, but staffing plan deviation reports were identified.

Interviews with intermediate and upper-level supervisors did note that unannounced rounds were expected and were being completed several times a week. These unannounced rounds checks were recorded using an Unannounced Rounds Check form. This auditor selected five unannounced rounds checks based on a review of the forms and verified that the unannounced rounds were completed via video monitoring. Further, on page 19 of the agency's Policies and Procedures, it was found that staff was prohibited from alerting other staff about unannounced rounds being conducted.

DETERMINATION: The agency does not meet this standard.

RATIONALE: First, the Staffing Plan did not present enough information about resident composition. Specifically, the Staffing Plan included only the composition of residents based on gender. What was missing was any information related to changes in the number of residents reporting sexual abuse or the number of residents being housed who perpetrated sexual abuse. Further, there was no mention of a change in the number of residents identifying as LGBTIQ+, or any changes in terms of residents with mental health issues or the number of residents with charges involving violent offenses. Second, there was no indication of blind spots. However, during the facility tour, blind spots were noted. Third, there was no evidence that the agency, on at least an annual basis, reviewed the Staffing Plan to assess, determine, and document the requirements of 115.313 (d)(1-4).

CORRECTIVE ACTION PLAN: On or before December 31, 2022, the Facility will update its' Facility Staffing Plan to include the following.

A. Update the Staffing Plan to include:

1. Number of blind spots in the facility,
2. Location of the blind spots,
3. The number of residents identified as follows: a. Males, b. Females, c. LGBTIQ+, d. Disabled, e. Limited-English Proficient, f. Admitted with a diagnosed mental health issue, g. Reporting past victimization, h. Reporting perpetrating sexual abuse
4. Review the Staffing Plan to assess, determine and document whether adjustments are needed to a. The staffing plan established pursuant to paragraph (a) of this section; b. Prevailing staffing patterns; c. The facility's deployment of video monitoring systems and other monitoring technologies; and d. The resources the facility has available to commit to ensuring adherence to the staffing plan.

CORRECTIVE ACTION PLAN (CAP) PERIOD: During the CAP Period, the facility created a revised Staffing Plan template that this auditor reviewed on August 25, 2022. Further, an updated 2022 Staffing Plan was presented to this auditor on September 29, 2022. This Staffing Plan meets the requirements of this standard.

115.315	Limits to cross-gender viewing and searches
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 580 300">Auditor Discussion</p> <p data-bbox="280 340 1481 1084">REQUIREMENTS: 115.315: This standard has six components: (a) The facility shall not conduct cross-gender strip searches or cross-gender visual body cavity searches (meaning a search of the anal or genital opening) except in exigent circumstances or when performed by medical practitioners; (b) The agency shall not conduct cross-gender pat-down searches except in exigent circumstances; (c) The facility shall document all cross-gender strip searches and cross-gender visual body cavity searches, and shall document all cross-gender pat-down searches of residents; (d) The facility shall 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. Such policies and procedures shall require staff of the opposite gender to announce their presence when entering an resident housing unit; (e) The facility shall not search or physically examine a transgender or intersex resident for the sole purpose of determining the resident's genital status.; and (f) The agency shall train security staff in how to conduct cross-gender pat-down searches, and searches of transgender and intersex residents, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs.</p> <p data-bbox="280 1124 1461 1321">EVIDENCE OF COMPLIANCE: As evidence of compliance with this Standard, the facility submitted or provided to this auditor the following: 1) PREA P&P 2) Chapter 343; 3) the Pre-Audit Questionnaire; 4) Interviews with twelve security staff; 5) Review of staff training files; and 6) Interviews with residents ten residents at the facility during the audit.</p> <p data-bbox="280 1361 1481 1854">OBSERVATIONS: Based on observation, document review, and interviews, the facility does not conduct cross-gender strip searches or cross-gender visual body cavity searches (meaning a search of the anal or genital opening) except in exigent circumstances or when performed by medical practitioners. The agency does not allow it, and the facility ensures that staff does not conduct cross-gender pat-down searches except in exigent circumstances. The facility has the forms to document all cross-gender strip searches and visual body cavity searches. The staff stated they would document all cross-gender pat-down searches; however, none were reported; thus, no forms were reviewed. However, during interviews with security staff, three staff indicated that male security staff would pat-search parts of a resident who was anatomically male, and a female staff member would pat-search parts of a resident that were anatomically female.</p> <p data-bbox="280 1895 1453 2051">The facility does 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. However,</p>

there are two outdoor toilets located in the recreation areas. Outside cameras can view these toilets. In addition, the two isolation cells nearest the Control Room have blinds. However, there are large enough gaps between the edge of the window and the start of the blinds that allow anyone to view a resident going to the bathroom or taking a shower.

The policies and procedures do require the staff of the opposite gender to announce their presence when entering a resident's room or housing area. The facility does not search or physically examine a transgender or intersex resident to determine the resident's genital status. The agency trains security staff to conduct cross-gender pat-down searches and searches of transgender and intersex residents, professionally and respectfully, and in the least intrusive manner possible, consistent with security needs.

DETERMINATION: The Facility does not meet this Standard.

RATIONALE: First, staff members noted that transgender youth might be pat searched by both male and female staff members. However, this practice does not meet the standard. As identified in the "PREA Standards in Focus" for 115.315, it states "It is never appropriate for a transgender or intersex inmate to be searched by both a male officer and a female officer, with the male officer searching the parts of the body that are anatomically male and the female officer searching parts of the body that are anatomically female. A case-by-case determination of the most appropriate staff member to conduct the search is necessary and should take into consideration the gender expression of the inmate." Second, as the outside cameras can view two toilets and there are significant enough gaps in the isolation cells to allow viewing of a resident taking a shower or using the restroom, the facility does not meet this standard.

CORRECTIVE ACTION PLAN: The Agency will complete the following on or before March 6, 2023.

A. Related to pat-searches:

1. By December 31, 2022, the agency shall update its policies and procedures to prohibit multiple staff from pat-searching a transgender resident.
2. Once these policies and procedures are updated, these documents should be forwarded to this auditor for review and approval.
3. Once reviewed and approved, the agency will provide training to all staff, contractors, and volunteers on the new policies and procedures.
4. Staff, contractors, and volunteers should sign a statement that they attended and understood this training. HCJDC staff should submit copies of these signature forms to this auditor by March 6, 2023.

B. Related to the outside toilets:

1. On or before December 31, 2022, the Facility will disable or otherwise render

inoperable the outside toilets.

2. If the toilets can not be physically removed, the Facility staff will create a policy or procedure to ensure that all staff and residents understand that the outside toilets are not to be used.

a. Once the outside toilets are disabled and a policy or procedure is created to ensure the outside toilets are not used, the new policy and procedure should be submitted to this auditor for review.

b. Once this auditor approves the policy or procedure, all HCJDC staff, contractors, and volunteers should be provided training by February 14, 2023.

c. Staff, contractors, and volunteers should sign a statement that they attended and understood the training. HCJDC staff should submit copies of these signature forms to this auditor by March 6, 2023.

C. Related to the isolation rooms

1. Further, by December 31, 2022, the Facility staff will provide an additional physical barrier, such as a cover or similar system, to ensure that residents cannot be viewed performing bodily functions or taking a shower while in the isolation cells nearest the Control Room.

a. For the isolation cells, Facility staff will present photographic evidence to this auditor by February 14, 2023, that the physical barrier prevents viewing a resident in the isolation cells when the resident is showering or using the toilet.

b. This auditor reserves the right to conduct a follow-up onsite visit to view the additional screening.

CORRECTIVE ACTION PLAN (CAP) PERIOD: The facility updated its policies and procedures during the CAP Period. This auditor reviewed these revisions on September 15, 2022. Further, all staff were provided with training related to these updates, and signed training forms were provided to this auditor on September 15, 2022. Also, on September 15, 2022, this auditor received photographic evidence that the facility had installed coverings related to the isolation rooms and that the outside toilets were disabled. This auditor conducted a follow-up onsite visit on February 23, 2023, and confirmed that the coverings were in place and that the outside toilets were disabled. In addition, this auditor interviewed three residents who reported that the coverings were effective and that the staff would pull them down upon request while the resident was in isolation rooms. Further, the residents reported being prohibited from using the disabled toilets. Thus, this agency completed this CAP item and is considered to meet this standard.

115.316	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>REQUIREMENTS: 115.316: This standard has three components: (a) The agency shall take appropriate steps to ensure that residents with disabilities (including, for example, residents who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities), 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; (b) The agency shall 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, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary; and (c) The agency shall not rely 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 §115.64, or the investigation of the resident’s allegations.</p> <p>EVIDENCE OF COMPLIANCE: As evidence of compliance with this Standard, the facility submitted or provided to this auditor the following: 1) PREA P&P 2) Chapter 343; 3) the Pre-Audit Questionnaire; 4) Interviews with 14 security staff; 5) Review of staff training files; 6) Review of the training materials used by staff to inform residents about their rights to be free from sexual abuse and sexual harassment, and 7) Interviews with residents.</p> <p>OBSERVATIONS: The facility has used training tailored to identify youth with disabilities and to identify the best means to communicate with these youth. The agency maintains access to interpreter services on an as-needed basis. In interviews with security staff, all 14 reported that they would access the translation services provided within the Facility or secure approval to access community translation services. Further, all the staff reported that they would NOT allow residents to interpret for other residents unless it was an exigent circumstance. Additionally, all ten residents noted they received and understood the information they provided.</p> <p>DETERMINATION: The agency meets this standard.</p> <p>RATIONALE: The facility provides each resident, even those with disabilities, with 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. The agency provides for, and the Facility staff takes reasonable steps to ensure meaningful access to all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment of residents who are limited English</p>

	<p>proficient. These steps include providing interpreters who can interpret effectively, accurately, impartially, deceptively, and expressively, using any necessary specialized vocabulary. This is accomplished by having access to translators in the predominant languages at the facility. Further, all staff and residents affirmed that staff does not rely on resident interpreters, resident readers, or other types of resident assistants except in limited exigent circumstances.</p>
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115.317	Hiring and promotion decisions
	<p data-bbox="280 188 1007 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 579 297">Auditor Discussion</p> <hr/> <p data-bbox="280 340 1469 1711">REQUIREMENTS: 115.317: This standard has eight components: (a) The agency shall not hire or promote anyone who may have contact with residents, and shall not enlist 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 (as defined in 42 U.S.C. 1997); (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 paragraph (a)(2) of this section]; (b) The agency shall 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; (c) Before hiring new employees who may have contact with residents, the agency shall: [(1) Perform a criminal background records check; and (2) 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]; (d) The agency shall also perform a criminal background records check before enlisting the services of any contractor who may have contact with residents; (e) The agency shall 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; (f) The agency shall 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 and in any interviews or written self-evaluations conducted as part of reviews of current employees. The agency shall also impose upon employees a continuing affirmative duty to disclose any such misconduct; (g) Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination; and (h) Unless prohibited by law, the agency shall 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.</p> <p data-bbox="280 1753 1461 1910">EVIDENCE OF COMPLIANCE: As evidence of compliance with this Standard, the facility submitted or provided to this auditor the following: 1) PREA P&P, 2) Chapter 343; 3) the Pre-Audit Questionnaire; 4) Interviews with H.R. staff; 5) Review of staff files, and 6) Review of contractor files.</p> <p data-bbox="280 1953 1477 2067">OBSERVATIONS: A review of 17 staff and contractor files and interviews with H.R. staff found that background checks were performed on all new hires. Further, once hired, the agency utilizes the FAST, an automated fingerprint check system. Thus, in</p>

effect, staff constantly have their fingerprints checked via the FAST system operated by the Texas Department of Public Safety and the F.B.I. In addition, child abuse registries were checked before staff was employed. Further, former institutional employers were contacted. The agency does not hire anyone 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 (as defined in 42 U.S.C. 1997); (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 paragraph (a)(2) of this section. The agency and facility staff do consider any incidents of sexual harassment in determining whether to hire anyone who may have contact with residents. Before hiring new employees, who may have contact with residents, the agency does (1) Perform a criminal background records check; and (2) 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. The agency does conduct criminal background records checks at least every five years of current employees who may have contact with residents.

However, the agency does not ask employees who may have contact with residents directly about previous misconduct when considering promotions nor are these questions asked during annual evaluations. Further, there was no evidence that contractors are asked if they have (1) 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); (2) 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) Been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section when applying for the job.

The agency does impose upon employees a continuing affirmative duty to disclose any such misconduct. Agency policy notes that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination. Agency staff noted that unless prohibited by law, the agency would 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.

The facility does not have any volunteers. The decision to disallow onsite volunteers was made due to the COVID-19 pandemic.

DETERMINATION: The agency does not meet this standard.

RATIONALE: The following seven issues were identified:

1. Determine if a staff member up for promotion has the staff reported (1) Engaging in sexual abuse in a prison, jail, lockup, community confinement facility,

juvenile facility, or other institution (as defined in 42 U.S.C. 1997); (2) Being 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) Being civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this PREA 115.317.

2. Determine if a staff member, during their annual evaluation, has engaged in any of the following (1) Engaging in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); (2) Being 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) Being civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this PREA 115.317.

3. Prior to enlisting the services of a contractor that may have contact with a resident, consider if the contractor reported (1) Engaging in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); (2) Being 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) Being civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this PREA 115.317.

4. Consider any incidences of sexual harassment before enlisting the services of any contractor who may have contact with residents.

5. Consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents.

6. Conduct criminal background checks on all contractors who may have contact with residents.

7. Ensure the agency conducts criminal background checks on all contractors who may have contact with residents at least every five years.

CORRECTIVE ACTION PLAN:

A. On or before December 31, 2022, the agency will update its policy or procedures related to the following:

1. Ensuring that if a staff member is up for promotion, the agency considers if the staff reported (1) Engaging in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); (2) Being 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) Being civilly or administratively adjudicated to have engaged in the activity described in

paragraph (a)(2) of this PREA 115.317.

2. Ensuring during annual staff evaluations that the agency considers if the staff reported (1) Engaging in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); (2) Being 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) Being civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this PREA 115.317.

3. Ensuring the agency, before enlisting the services of a contractor that may have contact with a resident, considers if the contractor reported (1) Engaging in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); (2) Being 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) Being civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this PREA 115.317.

4. Ensure that the agency considers incidences of sexual harassment before enlisting the services of any contractor who may have contact with residents.

5. Ensure that the agency consults applicable child abuse registries before enlisting the services of any contractor who may have contact with residents.

6. Ensure the agency conducts criminal background checks on all contractors who have contact with residents.

7. Ensure the agency conducts criminal background checks on all contractors who may have contact with residents at least every five years.

B. On or before January 31, 2023, submit the updated policies and procedures to this auditor for review.

C. After review and approval of the updated policies and procedures by this auditor, the agency will, before February 28, 2023, have all staff who may have contact with residents affirm that they have not (1) 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); (2) 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) Been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this PREA 115.317.

D. Present evidence to this auditor that all contractors who may have contact with residents have had a criminal history background check performed within the past five years by February 28, 2023.

E. Present evidence to this auditor that the agency has consulted all applicable child abuse registries for any contractor who may have contact with residents by February 28, 2023.

F. Present evidence to this auditor, on or before February 28, 2023, that contractors who may have contact with residents affirm that they have not (1) 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); (2) 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) Been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this PREA 115.317.

G. Present to this auditor evidence that the agency considered any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with residents by February 28, 2023.

CORRECTIVE ACTION PLAN (CAP) PERIOD: The agency updated its hiring and promotions process to include the required PREA questions during the CAP period. These processes also apply to contractors. These updates and forms were received on August 25, 2022, and the Desk Audit period began. On November 18, 2022, this auditor requested and received the hiring forms for four new staff. This auditor reviewed the documents and determined that the four new hires were asked the required sexual misconduct questions before employment. It was also determined that the promoted staff member was asked the required sexual misconduct questions before being promoted (asked on September 30, 2022, and officially promoted on October 1, 2022.)

115.318	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>REQUIREMENTS: 115.318: This standard has two components: (a) When designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the agency shall consider the effect of the design, acquisition, expansion, or modification upon the agency’s ability to protect residents from sexual abuse; and (b) When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the agency shall consider how such technology may enhance the agency’s ability to protect residents from sexual abuse.</p> <p>EVIDENCE OF COMPLIANCE: As evidence of compliance with this Standard, this Auditor 1) Reviewed material submitted by the facility, 2) Reviewed the Pre-Audit Questionnaire, 3) Conducted a facility tour, 4) Interviewed staff (specifically, the Agency Head, Facility Administrator, and the facility’s staff), 5) Interviewed residents.</p> <p>OBSERVATIONS: There have been no significant structural changes to the facility and no major changes to the facility’s video monitoring system since the last PREA audit. Further, observation of the system and interviews with staff and residents confirmed that new cameras were placed or had an angle that permitted viewing into areas where residents could be showering, changing clothes, or performing bodily functions.</p> <p>DETERMINATION: It was determined that the agency meets this standard.</p> <p>RATIONALE: First, there have been no significant renovations, nor are significant renovations planned for this facility. Second, no major plans exist to change or modify the facility’s video monitoring system.</p>

115.321	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>REQUIREMENTS: 115.321: This standard has eight components: (a) To the extent the agency is responsible for investigating allegations of sexual abuse, the agency shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions; (b) The protocol shall be developmentally appropriate for youth and, as appropriate, shall be 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; (c) The agency shall offer all residents who experience sexual abuse access to forensic medical examinations whether onsite or at an outside facility, without financial cost, where evidentiary or medically appropriate. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners. The agency shall document its efforts to provide SAFEs or SANEs; (d) The agency shall attempt to make available to the victim a victim advocate from a rape crisis center. If a rape crisis center is not available to provide victim advocate services, the agency shall make available to provide these services a qualified staff member from a community-based organization or a qualified agency staff member. Agencies shall document efforts to secure services from rape crisis centers. For the purpose of this standard, a rape crisis center refers to an entity that provides intervention and related assistance, such as the services specified in 42 U.S.C. 14043g(b)(2)(C), to victims of sexual assault of all ages. The agency may utilize a rape crisis center that is part of a governmental unit as long as the center is not part of the criminal justice system (such as a law enforcement agency) and offers a comparable level of confidentiality as a nongovernmental entity that provides similar victim services; (e) As requested by the victim, the victim advocate, qualified agency staff member, or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals; (f) To the extent the agency itself is not responsible for investigating allegations of sexual abuse, the agency shall request that the investigating agency follow the requirements of paragraphs (a) through (e) of this section; (g) The requirements of paragraphs (a) through (f) of this section shall also apply to: [(1) Any State entity outside of the agency that is responsible for investigating allegations of sexual abuse in juvenile facilities; and (2) Any Department of Justice component that is responsible for investigating allegations of sexual abuse in juvenile facilities.] (h) For the purposes of this standard, a qualified agency staff member or a qualified community-based staff member shall be an individual who has been screened for appropriateness to serve in this role and has received education concerning sexual assault and forensic examination issues in general.</p>

EVIDENCE OF COMPLIANCE: As evidence of compliance with this Standard, the facility submitted or provided to this auditor the (1) Pre-Audit Questionnaire, (2) HCJC policies and procedures, (3) Interviews with the PREA Coordinator, (4) Interviews with the HCJC Investigators, (5) Interviews with the PREA Compliance Manager (P.C.M.); (6) Interviews with the local hospital staff that employs SAFE or SANE nurses; (7) Review of the signed MOU between law enforcement and the HCJC, and (8) Interviews with local area victim services programs.

OBSERVATIONS: The agency is not responsible for investigating allegations of sexual abuse as all sexual abuse investigations would be immediately referred to the agency with the legal authority to conduct such an investigation (law enforcement, Texas Juvenile Justice Division, and Child Protective Services). The agency has requested that law enforcement and Child Protective Services (C.P.S.) follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. Further, HCJDC staff has requested that these investigating agencies utilize a protocol that is developmentally appropriate for youth and, as appropriate, shall be 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.

Documented evidence and interviews with local victim advocacy groups supported that facility staff would offer all residents who experience sexual abuse access to forensic medical examinations, whether onsite or at an outside facility, without financial cost, where evidentiary or medically appropriate. Such examinations would be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. In addition, the facility has made arrangements to make a victim advocate from a rape crisis center available to the victim. Interviews with this agency on July 18, 2022, supported that a trained advocate would be made available 24 hours a day, seven days a week. If requested by the victim, the victim advocate would be allowed to accompany and support the victim through the forensic medical examination process and investigatory interviews and would provide emotional support, crisis intervention, information, and referrals. There is documentation that local law enforcement and/or local hospitals whose staff may perform a forensic exam were asked to utilize 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. Currently, the hospital with the trained SAFE/SANE nurses utilize a protocol developed after 2011.

DETERMINATION: The agency meets this standard.

RATIONALE: First, the agency is not responsible for investigating allegations of sexual abuse; that responsibility is with Child Protective Services or local law enforcement. Second, the agency does offer all residents who experience sexual abuse access to forensic medical examinations outside the facility at the local hospital. These services would be provided without financial cost to the resident,

where evidentiary or medically appropriate. Such examinations would be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs). Third, the agency does attempt to make available to the victim a victim advocate from a rape crisis center. Fourth, if requested by the victim, a victim advocate would accompany and support the victim through the forensic medical examination process and investigatory interviews and would provide emotional support, crisis intervention, information, and referrals. Fifth, since the agency is not responsible for investigating allegations of sexual abuse, the agency has requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section. Sixth, the agency understands that the requirements of paragraphs (a) through (f) of this section shall also apply to: (1) Any State entity outside of the agency that is responsible for investigating allegations of sexual abuse in juvenile facilities; and (2) Any Department of Justice component that is responsible for investigating allegations of sexual abuse in juvenile facilities.

115.322	Policies to ensure referrals of allegations for investigations
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 579 300">Auditor Discussion</p> <p data-bbox="280 340 1469 1043">REQUIREMENTS: 115.322: This standard has five components: (a) The agency shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment; (b) The agency shall have in place a policy 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. The agency shall publish such policy on its website or, if it does not have one, make the policy available through other means. The agency shall document all such referrals; (c) If a separate entity is responsible for conducting criminal investigations, such publication shall describe the responsibilities of both the agency and the investigating entity; (d) Any State entity responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in juvenile facilities shall have in place a policy governing the conduct of such investigations; (e) Any Department of Justice component responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in juvenile facilities shall have in place a policy governing the conduct of such investigations.</p> <p data-bbox="280 1084 1461 1366">EVIDENCE OF COMPLIANCE: As evidence of compliance with this Standard, the facility submitted or provided to this auditor the (1) Pre-Audit Questionnaire, (2) HCJC Policies and Procedures, (3) Review of the Coordinated Response Plan; (4) Interviews with staff (specifically, the Facility Superintendent and the Agency investigator); (5) Copies of completed investigations, and (6) the policies to ensure referrals of allegations for investigations from the HCJC website as found at Policies To Ensure Referrals Of Allegations For Investigations Policy.</p> <p data-bbox="280 1406 1469 1814">OBSERVATIONS: The agency and facility do have policies that all allegations of sexual abuse and sexual harassment would be investigated. It is the policy of the agency and facility to refer all allegations of sexual abuse and sexual harassment to an agency with the legal authority to conduct criminal investigations (e.g., law enforcement and Child Protective Services). If these agencies determine that the allegation does not involve potentially criminal behavior, then the HCJC investigation staff would be responsible for conducting an administrative investigation. The facility documents referrals of sexual abuse and sexual harassment allegations to the appropriate agency. The agency’s policies describe the responsibilities of the agency and the investigating entity.</p> <p data-bbox="280 1854 1469 2056">However, in a review of reported allegations of sexual abuse, an allegation of sexual abuse was documented in an Information Report. The report noted that a resident “claimed she had been raped at gunpoint in the past.” The resident stated the allegation was “already reported by mom to the police.” The staff completing the Information Report noted that the resident refused to “give up any further</p>

information a report was not filed with social services because there was no information to give based on what the detainee was willing to give.” There was no documentation that anyone from the agency or facility confirmed that the resident’s mom had reported the allegation of sexual abuse. However, during the onsite audit, further data review revealed that the allegation was reported by local law enforcement.

DETERMINATION: The agency does not meet this standard.

RATIONALE: The agency meets all the required components of this standard except to ensure that all allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations. Specifically, after a resident reported being sexually abused at gunpoint while in the community, a staff member at the Facility noted that due to the resident “refusing to give up any further information, a report was not filed with social services because there was no information to give based off of what the detainee was willing to give.” The facts are that a staff member was informed about a potential allegation of sexual abuse, and they noted that no report was filed.

CORRECTIVE ACTION PLAN:

1. On or before December 31, 2022, agency staff will develop a training curriculum to reinforce that any allegation of sexual abuse or sexual harassment, regardless of any specific level of detail, is reported to the agency with the legal authority to investigate such allegations. In addition, this training should reinforce that staff, and the resident should not be in a position to prevent an allegation of sexual abuse or sexual harassment from being reported.
2. HCJC staff should submit this curriculum to this auditor for review and approval.
3. Once this auditor approves, all staff, contractors, and volunteers at HCJC and HCJPD, who may have contact with residents, should be provided this curriculum.
4. After completing the training, all staff, contractors, and volunteers should sign a statement that they attended and understood the training.
5. The HCJC’s PREA Coordinator, or designee, should submit a copy of the signature forms of all contractors attending this training.

CORRECTIVE ACTION PLAN (CAP) PERIOD: The agency updated its training curriculum to include all required elements during the CAP period. All staff was trained on these revisions and updates. Further, staff submitted a training form acknowledging that they attended and understood this training. Thus, the agency is considered to have completed this CAP item and met this standard.

115.331	Employee training
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <p data-bbox="280 264 579 300">Auditor Discussion</p> <p data-bbox="280 340 1477 958"> REQUIREMENTS: 115.331: This standard has four components: (a) The agency shall train all employees who may have contact with residents on 11 required topics; (b) Such training shall be tailored to the unique needs and attributes of residents of juvenile facilities and to the gender of the residents at the employee’s facility. The employee shall receive additional training if the employee is reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa; (c) All current employees who have not received such training shall be trained within one year of the effective date of the PREA standards, and the agency shall 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. In years in which an employee does not receive refresher training, the agency shall provide refresher information on current sexual abuse and sexual harassment policies; and (d) The agency shall document, through employee signature or electronic verification, that employees understand the training they have received. </p> <p data-bbox="280 999 1426 1155"> EVIDENCE OF COMPLIANCE: As evidence of compliance with this Standard, the facility submitted or provided to this auditor the (1) Pre-Audit Questionnaire, (2) Agency and facility policies and procedures, (3) interviews with staff, (4) Training forms, and (5) Training curricula. </p> <p data-bbox="280 1196 1469 1478"> OBSERVATIONS: All 14 of the security staff interviewed noted that they did receive all the required PREA training. Eleven of the 14 interviewees noted they felt they received training specific to the “unique needs and attributes and gender of the residents at the Facility.” In a review of staff files, it was apparent that security staff received the required PREA training before contacting residents. Further, interviews with new staff noted that they received the required PREA training before first contacting residents. </p> <p data-bbox="280 1518 1465 1635"> HCJDC provides face-to-face training. In a review of the training files, all 14 security staff files reviewed showed that staff completed an online PREA training in the past 12 months after reviewing the Hays County Juvenile Center Training Sign-in Sheet. </p> <p data-bbox="280 1675 1453 1957"> However, training forms for counseling staff are not maintained by the HCJDC’s training staff; instead, the counseling supervisor maintains counseling training forms. During the onsite audit, the counseling supervisor was absent as a result of COVID; thus, this auditor could not conduct a review of the counseling staff files as they related to PREA education materials. However, on August 5, 2022, the counseling supervisor returned and provided documentation showing that all counseling staff had received the required training. </p> <p data-bbox="280 1998 999 2033">DETERMINATION: The agency meets this standard.</p> <p data-bbox="280 2074 1441 2110">RATIONALE: All staff had PREA training materials within the prescribed timeframe.</p>

115.332	Volunteer and contractor training
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 580 300">Auditor Discussion</p> <p data-bbox="280 340 1469 792">REQUIREMENTS: 115.332: This standard has three components: (a) The agency shall ensure 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; (b) 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, but all volunteers and contractors who have contact with residents shall be notified of the agency’s zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents; and (c) The agency shall maintain documentation confirming that volunteers and contractors understand the training they have received.</p> <p data-bbox="280 833 1437 990">EVIDENCE OF COMPLIANCE: As evidence of compliance with this Standard, the facility submitted or provided to this auditor the (1) Pre-Audit Questionnaire, (2) Agency and facility policies and procedures, (3) Interviews with staff, (4) Training forms, (5) Training curricula, and (6) Interviews with Contractors.</p> <p data-bbox="280 1030 1477 1438">OBSERVATIONS: The agency provides access to training for all contractors before their first contact with residents. Volunteers were not interviewed as no volunteers are allowed in the facility due to the COVID-19 pandemic. The training included their responsibilities under the agency’s sexual abuse and sexual harassment prevention, detection, and response policies and procedures. The level of training and type of training provided to contractors are based on their services and the level of contact they have with residents. The contractors who have contact with residents are notified of the agency’s zero-tolerance policy regarding sexual abuse and sexual harassment and informed on how to report such incidents. Further, HCJDC staff maintains documentation confirming that contractors understood their training.</p> <p data-bbox="280 1478 1142 1514">DETERMINATION: The agency does not meet this standard.</p> <p data-bbox="280 1554 1469 1711">RATIONALE: Though all contractors reported receiving training, the agency did not maintain this documentation. Further, the training documents from the contracting agency did not include a statement that the contractor understood the training they received.</p> <p data-bbox="280 1751 715 1787">CORRECTIVE ACTION PLAN:</p> <ol data-bbox="280 1827 1477 2051" style="list-style-type: none"> <li data-bbox="280 1827 1477 1939">1. On or before December 31, 2022, agency staff will provide each contractor with training using the TJJDC Purpose and goal of PREA curriculum. If needed, HCJDC staff can add training material to supplement this training. <li data-bbox="280 1980 1477 2051">2. After completing the training, all staff, contractors, and volunteers should sign a statement that they attended and understood the training.

3. The HCJC's PREA Coordinator, or designee, should submit a copy of the signature forms of all contractors attending this training.

CORRECTIVE ACTION PLAN (CAP) PERIOD: The agency updated its training curriculum to include all required elements during the CAP period, including using TJJJ's Purpose and Goal of PREA. All staff was trained on this updated training. Further, staff submitted a training form acknowledging that they attended and understood this training. Thus, the agency is considered to have completed this CAP item and met this standard.

115.333	Resident education
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <p data-bbox="280 264 580 300">Auditor Discussion</p> <p data-bbox="280 340 1474 1167"> REQUIREMENTS: 115.333: This standard has six components: (a) During the intake process, residents shall receive information explaining, in an age appropriate fashion, the agency’s zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment; (b) Within 10 days of intake, the agency shall provide comprehensive age-appropriate education to residents either in person or through video regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents; (c) Current residents who have not received such education shall be educated within one year of the effective date of the PREA standards, and shall 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; (d) The agency shall provide resident education in formats accessible to all residents, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to residents who have limited reading skills; (e) The agency shall maintain documentation of resident participation in these education sessions; and (f) In addition to providing such education, the agency shall ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats. </p> <p data-bbox="280 1207 1410 1406"> EVIDENCE OF COMPLIANCE: As evidence of compliance with this Standard, the facility submitted or provided to this auditor the (1) Pre-Audit Questionnaire, (2) Agency and facility policies and procedures, (3) Interviews with residents, (4) Training forms, (5) Training curricula, and (6) A review of 19 resident files (both current and former residents). </p> <p data-bbox="280 1447 1474 1563"> OBSERVATIONS: A review of 19 residents’ files, all 19 received the required training within the timeframe permitted by this standard. Further, residents signed that they received and understood the training. </p> <p data-bbox="280 1603 987 1639"> DETERMINATION: The facility meets this standard. </p> <p data-bbox="280 1680 1474 2085"> RATIONALE: First, during the intake process, residents stated they received information explaining, in an age-appropriate fashion, the agency’s zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment. Second, within ten days of intake, the facility provided comprehensive age-appropriate education to residents in person and through video regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents and regarding agency policies and procedures for responding to such incidents. Third, the facility provided resident education in formats accessible to all residents, including those who are limited English proficient, deaf, visually impaired, or </p>

	<p>otherwise disabled, and residents with limited reading skills. This was confirmed via interviews with residents who self-disclosed their disabilities. Fourth, the facility maintains documentation of resident participation in these education sessions. Fifth, the facility ensures that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats as observed via the facility tour.</p>
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115.334	<p>Specialized training: Investigations</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>REQUIREMENTS: 115.334: This standard has four components and one variation: (a) In addition to the general training provided to all employees pursuant to § 115.331, the agency shall ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings; (b) Specialized training shall include techniques for interviewing juvenile sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral; (c) The agency shall maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations; and (d) Any State entity or Department of Justice component that investigates sexual abuse in juvenile confinement settings shall provide such training to its agents and investigators who conduct such investigations. In addition, the following variation in the standard is noted for Juvenile Facilities. The variation is it specifically requires that investigators receive specialized training that includes techniques for interviewing juvenile sexual abuse victims.</p> <p>EVIDENCE OF COMPLIANCE: As evidence of compliance with this Standard, the facility submitted or provided to this auditor the (1) Pre-Audit Questionnaire, (2) HCJC P&P, (3) interviews with Agency and Facility investigators, and (4) Training forms.</p> <p>OBSERVATIONS: Agency provided evidence that all investigators had completed the required PREA training. Further, the agency provided documentation that the HCJC investigators were trained in techniques for interviewing juvenile sexual abuse victims.</p> <p>DETERMINATION: The agency meets this standard.</p> <p>RATIONALE: Though it is best practice to have an independent group of investigators available to complete all investigations, it was determined that the agency meets this standard as the agency has trained and experienced investigators who ensure all allegations of sexual abuse and sexual harassment are investigated.</p>
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115.335	Specialized training: Medical and mental health care
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>REQUIREMENTS: 115.335: This standard has four components: (a) The agency shall ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in [(1) How to detect and assess signs of sexual abuse and sexual harassment; (2) How to preserve physical evidence of sexual abuse; (3) How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment; and (4) How and to whom to report allegations or suspicions of sexual abuse and sexual harassment]; (b) If medical staff employed by the agency conduct forensic examinations, such medical staff shall receive the appropriate training to conduct such examinations; (c) The agency shall maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere; and (d) Medical and mental health care practitioners shall also receive the training mandated for employees under §115.331 or for contractors and volunteers under §115.332, depending upon the practitioner’s status at the agency.</p> <p>EVIDENCE OF COMPLIANCE: As evidence of compliance with this Standard, the facility submitted or provided to this auditor the (1) Pre-Audit Questionnaire, (2) Agency and facility policies and procedures, (3) Interviews with staff, and (4) Interviews with residents.</p> <p>OBSERVATIONS: Interviews with the administrative staff and residents confirmed that several full-time and part-time medical health care practitioners regularly work in the facility. However, during the interviews, it was found that the contractual medical staff could not provide documentation of this training. Further, agency and facility staff could not provide this documentation.</p> <p>DETERMINATION: The agency does not meet this standard.</p> <p>RATIONALE: Though all medical staff reported receiving the required training, evidence of completion could not be found. This violates the intent of 115.333(c), which states that “the agency shall maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere.”</p> <p>CORRECTIVE ACTION PLAN:</p> <ol style="list-style-type: none"> 1. On or before September 30, 2022, agency staff will provide this auditor with documentation that each medical staff member has received the required training, specifically: <ol style="list-style-type: none"> a. How to detect and assess signs of sexual abuse and sexual harassment; b. How to preserve physical evidence of sexual abuse;

- c. How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment; and
 - d. How and to whom to report allegations or suspicions of sexual abuse and sexual harassment
2. If training forms cannot be provided to this auditor by September 30, 2022, each medical department staff member should be provided training. If needed, HCJDC staff can add training material to supplement this training.
 3. After completing the training, all medical staff members should sign a statement that they attended and understood the training.
 4. On or before March 6, 2022, the HCJC's PREA Coordinator, or designee, should submit a copy of the signature forms of all medical staff attending this training.

CORRECTIVE ACTION PLAN (CAP) PERIOD: The agency provided the required training on August 25, 2022. The auditor initiated a Desk Audit. However, no new medical or mental health staff were hired. This auditor conducted a follow-up onsite visit on February 23, 2023. No new medical or mental health staff have been hired. However, this auditor reviewed a recently hired security staff member's file and followed all required documents and processes. The Agency Head could state the requirements when they hire a medical or mental health professional. Thus, the agency has completed this CAP item and is considered to meet this standard.

115.341	Obtaining information from residents
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>REQUIREMENTS: 115.341: This standard has five components: (a) Within 72 hours of the resident’s arrival at the facility and periodically throughout a resident’s confinement, the agency shall obtain and use information about each resident’s personal history and behavior to reduce the risk of sexual abuse by or upon a resident; (b) Such assessments shall be conducted using an objective screening instrument; (c) At a minimum, the agency shall attempt to ascertain 11 pieces of required information (see standard); (d) This information shall be ascertained through conversations with the resident during the intake process and medical and mental health screenings; during classification assessments; and by reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident’s files; and (e) The agency shall implement 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.</p> <p>EVIDENCE OF COMPLIANCE: As evidence of compliance with this Standard, the facility submitted or provided to this auditor the: (1) Pre-Audit Questionnaire, (2) Agency and facility policy and procedures, (3) interviews with staff (specifically, staff responsible for assessing the risk), (4) the intake forms, specifically the Behavioral Screening form; and (5) A review of 19 resident files (both current and former residents).</p> <p>OBSERVATIONS: This auditor reviewed related policies and procedures, reviewed 19 resident records, including former resident files, interviewed facility staff responsible for risk screening, and interviewed selected residents during the PREA audit. The auditor observed that all assessments occurred within 72 hours of the resident’s arrival and then periodically through the resident’s confinement.</p> <p>A review of the intake forms found that all required pieces of information were obtained. However, the intake form did not appear to be objective. Further, the facility has implemented appropriate controls on disseminating responses to questions asked according to this standard to ensure that staff or other residents do not exploit sensitive information to the resident’s detriment.</p> <p>DETERMINATION: It was determined that the facility does not meet this standard.</p> <p>RATIONALE: All standard subcomponents are met except for 115.341(b). The Behavioral Screening form does not appear to be an objective screening instrument. According to the Frequently Asked Questions from the PREA Resource Center, on May 10, 2021, “Objective screening instruments are “rules-based” and include the following essential features:</p> <ol style="list-style-type: none"> 1. Developing and implementing a uniform list of risk factors and assigning

reasonable weights for each risk factor based on available evidence and reasonably informed assumptions.

2. Assigning objective outcome thresholds based on the totality of weighted risk factors (weighted inputs lead to presumptive outcome determinations).

3. Using a uniform process to obtain information on the applicability of each risk factor to individual residents.

4. Making an objective risk determination based on aggregating the resident's weighted risk factors.

Agencies may include additional relevant factors in their screening instrument(s) based on the availability of additional known risk factors as they become available. For example, additional risk factors may be identified based on agency- and facility-specific sexual abuse incident data. The Bureau of Justice Statistics also publishes individual-level characteristics associated with a heightened risk of victimization that an agency may use to identify additional risk factors or inform the weight to be assigned to individual risk factors. Agencies may use one screening instrument to assess both risk of sexual abusiveness and victimization or use separate instruments. It is important to know that a resident may be both at heightened risk of victimization and abusiveness.

While objective screening instruments are designed to arrive at an objectively presumptive outcome, an agency may override the presumptive outcome based on unusual or unanticipated circumstances. However, override determinations are often subjective and should be limited. Overrides greater than 15-20 percent may transform an objective system into a largely subjective system. In cases where agencies override a large percentage of objective determinations, the agency should consider reassessing their screening instrument and individual factor weightings to accommodate the reasons many determinations are being overturned.

Agencies should attempt to tailor their objective screening instruments to the unique characteristics (e.g., specialized populations, resident demographics, program type) of their various facility types. For example, the factor weighting appropriate for a minimum-security prison may create considerable over-screening in a sex-offender treatment facility. Similarly, agencies should also periodically reassess their screening instrument over time, as the nature of their facility populations may shift. The goal of an objective classification system is to, in any given confined population, identify the most vulnerable and most predatory residents and keep those residents separate. See 28 C.F.R. § 115.42(a). If an objective screening instrument identifies 100 percent or zero percent of a population as vulnerable; or conversely predatory, the system may not accomplish this goal."

CORRECTIVE ACTION PLAN:

1. On or before December 31, 2022, agency staff will review objective screening

forms from other agencies or modify the current form to ensure it is an objective assessment.

2. Once the new screening form is identified, it should be forwarded to this auditor for review.

3. Once approved by this auditor, the agency should train all staff who conduct risk assessments on the new form. This should be accomplished by January 31, 2023.

4. After completing the training, all staff who attended it should sign a statement that they attended and understood the training.

5. On or before March 6, 2022, this auditor will request a list of new intakes since January 1, 2023. This auditor will select random residents from that list and request the resident's objective screening form.

CORRECTIVE ACTION PLAN (CAP) PERIOD: On September 15, 2022, this auditor received a risk assessment that the facility was implementing. As reviewed, the risk assessment appears to meet this standard's requirements. Additionally, on September 29, 2022, received signed training forms from all intake staff noting that they attended and understood the training related to administering the new risk assessment. Thus, on this date, the Desk Audit period began. On November 18, 2022, this auditor requested a list of all new intakes since September 29, 2022. This auditor randomly selected 20% of the new intakes and requested the risk assessment form. On November 21, 2022, this auditor received the requested information, and the risk assessment was utilized on all residents within 72 hours of intake. Thus, the agency has completed this CAP item and is considered to meet this standard.

115.342	Placement of residents
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 580 300">Auditor Discussion</p> <p data-bbox="280 340 1484 1630"> REQUIREMENTS: 115.342: This standard has nine components: (a) The agency shall use all information obtained pursuant to § 115.341 and subsequently to make housing, bed, program, education, and work assignments for residents with the goal of keeping all residents safe and free from sexual abuse; (b) Residents may be 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. During any period of isolation, agencies shall not deny residents daily large-muscle exercise and any legally required educational programming or special education services. Residents in isolation shall receive daily visits from a medical or mental health care clinician. Residents shall also have access to other programs and work opportunities to the extent possible; (c) Lesbian, gay, bisexual, transgender, or intersex residents shall not be placed in particular housing, bed, or other assignments solely on the basis of such identification or status, nor shall agencies consider lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive; (d) In deciding whether to assign a transgender or intersex resident to a facility for male or female residents, and in making other housing and programming assignments, the agency shall consider on a case-by-case basis whether a placement would ensure the resident’s health and safety, and whether the placement would present management or security problems; (e) Placement and programming assignments for each transgender or intersex resident shall be reassessed at least twice each year to review any threats to safety experienced by the resident; (f) A transgender or intersex resident’s own views with respect to his or her own safety shall be given serious consideration; (g) Transgender and intersex residents shall be given the opportunity to shower separately from other residents; (h) If a resident is isolated pursuant to paragraph (b) of this section, the facility shall clearly document: [(1) The basis for the facility’s concern for the resident’s safety; and (2) The reason why no alternative means of separation can be arranged]; and (i) Every 30 days, the facility shall afford each resident described in paragraph (h) of this section a review to determine whether there is a continuing need for separation from the general population. </p> <p data-bbox="280 1671 1484 1908"> EVIDENCE OF COMPLIANCE: As evidence of compliance with this Standard, the facility submitted or provided to this auditor the: (1) Pre-Audit Questionnaire, (2) Agency and facility policy and procedures, (3) interviews with staff (specifically, staff responsible for assessing the risk), (4) the intake forms, specifically the Behavioral Screening form; and (5) A review of 19 resident files (both current and former residents). </p> <p data-bbox="280 1948 1484 2065"> OBSERVATIONS: Interviews with staff and residents affirmed that the agency does use all information obtained pursuant to § 115.341 to make housing, bed, program, education, and work assignments for residents with the goal of keeping all residents </p>

safe and free from sexual abuse. Staff interviews did note that staff would do whatever is required to keep residents' staff, including having never left them alone; all staff affirmed that isolation of a resident would not be done except in an extreme exigent circumstance and that any isolation would last only minutes, if at all. Staff and resident interviews also affirmed that Lesbian, gay, bisexual, transgender, or intersex residents are not placed in particular housing, bed, or other assignments solely on the basis of such identification or status, nor shall agencies consider lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of the likelihood of being sexually abusive. Interviews with transgender youth and staff confirmed that when making housing and programming assignments, the agency does consider on a case-by-case basis whether a placement would ensure the resident's health and safety and whether the placement would present management or security problems. It was further determined via case file reviews and interviews that placement and programming assignments for each transgender or intersex resident are reassessed at least twice each year to review any threats to safety experienced by the resident.

Further, interviews with residents, including transgender residents, noted that their own views with respect to his or her own safety are given serious consideration. Interviews and a tour of the facility affirmed that each resident in the facility could shower separately from other residents. Though some facility staff did not know if a transgender or intersex resident had been in the facility, each staff interviewed recognized that there were no areas of the facility designated as housing areas for these residents. However, it should be noted that some staff was not fully informed about the importance of using the subjective part of the SOGIE to make housing and programming decisions, which should be addressed in future training.

DETERMINATION: The agency meets this standard.

RATIONALE: The agency and facility utilized the results of assessments to make informed decisions related to programming and housing decisions for each resident.

115.351	Resident reporting
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <p data-bbox="280 264 579 300">Auditor Discussion</p> <p data-bbox="280 340 1469 999"> REQUIREMENTS: 115.351: This standard has five components: (a) The agency shall provide multiple internal ways for residents to privately report 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; (b) The agency shall also provide 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 and that is able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials, allowing the resident to remain anonymous upon request. Residents detained solely for civil immigration purposes shall be provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security; (c) Staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports; (d) The facility shall provide residents with access to tools necessary to make a written report; and (e) The agency shall provide a method for staff to privately report sexual abuse and sexual harassment of residents. </p> <p data-bbox="280 1039 1433 1281"> EVIDENCE OF COMPLIANCE: As evidence of compliance with this Standard, the Facility submitted or provided to this Auditor the (1) Pre-Audit Questionnaire, (2) Agency and Facility policies and procedures, (3) Interviews with residents, (4) Interviews with staff, (5) Access to the phone system to make a call to an outside agency; (6) Review of allegations and investigations of those allegations; and (7) Tour of facility. </p> <p data-bbox="280 1321 1477 1980"> OBSERVATIONS: All staff and residents were able to identify multiple internal ways for youth to report privately to facility officials about sexual abuse, sexual harassment, retaliation, and staff neglect or violation of responsibilities that may have contributed to any such incidents. All the interviewed residents noted that they would tell a staff member, use the posted phone numbers and/or report to their parent or guardians and/or lawyer. Posters with the hotline numbers were observed posted in each residential unit at the Facility. A test of the hotline noted that the call was answered immediately and by a “live” person. Further, it was found that a “live” person answered the phone 24/7 and that the proper authorities in the agency and facility would be immediately notified. Further, it was determined that a resident calling this number could remain anonymous if they so choose. As for residents detained solely for civil immigration purposes, this practice is not allowed per interviews with agency and facility staff. All staff, who were interviewed, acknowledged that they must report all verbal reports, anonymous reports, written reports, and reports from third parties regarding allegations of sexual abuse and sexual harassment. </p> <p data-bbox="280 2020 999 2056"> DETERMINATION: The agency meets this standard. </p>

<p>RATIONALE: First, the agency provides multiple internal ways for residents to privately report 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. These ways include a complaint box; residents can tell a staff, tell a teacher, go offsite and tell an employer, talk with their parents, and talk with their lawyers. Second, the agency provides access to the TJJJ Ombudsman program's phone number. This is a public entity that is not part of the agency, and that can receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials, allowing the resident to remain anonymous upon request. Third, the agency does not house residents detained solely for civil immigration purposes. Fourth, staff stated they accept reports made in writing, anonymously, and from third parties and would promptly document any verbal reports. Fifth, this auditor observed and residents verified that the facility provides residents with access to tools necessary to make a written report. Sixth, the agency provides multiple methods for staff to report sexual abuse and sexual harassment of residents privately.</p>
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115.352	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>REQUIREMENTS: 115.352: This standard has seven components: (a) An agency shall be exempt from this standard if it does not have administrative procedures to address resident grievances regarding sexual abuse; (b)(1) The agency shall not impose a time limit on when a resident may submit a grievance regarding an allegation of sexual abuse; (2) The agency may apply otherwise-applicable time limits on any portion of a grievance that does not allege an incident of sexual abuse; (b)(3) The agency shall not require a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse; (b)(4) Nothing in this section shall restrict the agency's ability to defend against a lawsuit filed by a resident on the ground that the applicable statute of limitations has expired; (c) The agency shall ensure that [(1) A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint, and (2) Such grievance is not referred to a staff member who is the subject of the complaint]; (d)(1) The agency shall 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; (d)(2) Computation of the 90-day time period shall not include time consumed by residents in preparing any administrative appeal; (d)(3) The agency may claim an extension of time to respond, of up to 70 days, if the normal time period for response is insufficient to make an appropriate decision. The agency shall notify the resident in writing of any such extension and provide a date by which a decision will be made; (d)(4) 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, the resident may consider the absence of a response to be a denial at that level; (e)(1) Third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, shall be permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of residents; (e)(2) 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; (e)(3) If the resident declines to have the request processed on his or her behalf, the agency shall document the resident's decision; (e)(4) A parent or legal guardian of a juvenile shall be allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile. Such a grievance shall not be conditioned upon the juvenile agreeing to have the request filed on his or her behalf; (f)(1) The agency shall establish procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse; (f)(2) After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, the agency shall immediately forward the grievance (or any portion thereof</p>

that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken, shall provide an initial response within 48 hours, and shall issue a final agency decision within 5 calendar days. The initial response and final agency decision shall document the agency's determination whether the resident is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance; and (g) The agency may discipline a resident for filing a grievance related to alleged sexual abuse only where the agency demonstrates that the resident filed the grievance in bad faith.

EVIDENCE OF COMPLIANCE: As evidence of compliance with this Standard, the Facility submitted or provided to this Auditor the (1) Pre-Audit Questionnaire, (2) Agency and Facility policies and procedures, (3) Interviews with Agency Staff, including the Agency Head, and (4) Interviews with facility staff.

OBSERVATIONS: Based on interviews with staff, it was affirmed that no limitations were established to prevent a resident or former resident from filing grievances related to sexual abuse or sexual harassment. Specifically, the agency does not impose a time limit on when a resident may submit a grievance regarding an allegation of sexual abuse, and the agency does not require a resident to use any informal grievance process, or to attempt otherwise to resolve with staff, an alleged incident of sexual abuse. The agency has established procedures for filing an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse via a verbal or written request. After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, the agency would 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 and does provide an initial response within minutes. Further, it was determined, via interviews, that a final agency decision would be issued within five calendar days, if not substantially sooner. The initial response and final agency decision would document the agency's determination of whether the resident is at substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance. Further, the agency's policies and procedures note that the agency may discipline a resident for filing a grievance related to alleged sexual abuse only where the agency demonstrates that the resident filed the grievance in bad faith.

DETERMINATION: The agency meets this standard.

115.353	Resident access to outside confidential support services and legal representation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>REQUIREMENTS: 115.353: This standard has four components: (a) The facility shall 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, and, for persons detained solely for civil immigration purposes, immigrant services agencies. The facility shall enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible; (b) The facility shall 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; (c) The agency shall 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. The agency shall maintain copies of agreements or documentation showing attempts to enter into such agreements; and (d) The facility shall also provide residents with reasonable and confidential access to their attorneys or other legal representation and reasonable access to parents or legal guardians.</p> <p>EVIDENCE OF COMPLIANCE: As evidence of compliance with this Standard, the Facility submitted or provided to this Auditor the (1) Pre-Audit Questionnaire, (2) Agency and Facility policies and procedures, (3) Interviews with Agency Staff, including the Agency Head, (4) Interviews with facility staff, and (5) Interviews with community-based hospitals and victim advocate agencies.</p> <p>OBSERVATIONS: The Facility provided contact phone numbers and addresses to the local hospital and a local victim services agency. Interviews with the hospital and victim services agency noted that services are available 24/7 and that a trained victim advocate would be available to assist the resident. Further, interviews determined that communications with these agencies and services would not be monitored. All interviews (staff and residents) confirmed and acknowledged that residents have reasonable access to parents or legal guardians and that all residents are provided reasonable and confidential access to their attorneys or other legal representatives. Further, in an interview with the local hospital, it was found that a SAFE/SANE nurse was always available as the hospital has on-call SAFE/SANE nurses.</p> <p>DETERMINATION: The facility meets this standard.</p>

115.354	Third-party reporting
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 580 300">Auditor Discussion</p> <p data-bbox="280 340 1458 501">REQUIREMENTS: 115.354: This standard has one component: (a) The agency shall establish a method to receive third-party reports of sexual abuse and sexual harassment and shall distribute publicly information on how to report sexual abuse and sexual harassment on behalf of a resident.</p> <p data-bbox="280 542 1449 779">EVIDENCE OF COMPLIANCE: As evidence of compliance with this Standard, the Facility submitted or provided to this Auditor the (1) Pre-Audit Questionnaire, (2) Agency and Facility policies and procedures, (3) Interviews with Agency Staff, including the Agency Head, (4) Interviews with facility staff, (5) Interviews with residents, and (6) Review of publicly available information on how to report sexual abuse and sexual harassment.</p> <p data-bbox="280 819 1469 1021">OBSERVATIONS: This facility has multiple means of receiving third-party reports, including phone calls to residents' attorneys and via the TJJJ Ombudsman program. In addition, the agency provides three email addresses that agency staff indicate will accept third-party reports of sexual abuse and sexual harassment. These three email addresses are listed on the agency's website. The three email addresses are:</p> <p data-bbox="280 1061 1331 1093">(1) Texas Juvenile Justice Department link: abuseneglect@tjjd.texas.gov,</p> <p data-bbox="280 1133 975 1205">(2) Office of the Independent Ombudsman link: independent.ombudsman@tjjd.texas.gov , or</p> <p data-bbox="280 1245 1369 1276">(3) Hays County Juvenile Center link: juveniledetentioncenter@co.hays.tx.us</p> <p data-bbox="280 1317 1433 1433">A test of these systems was conducted. An email to Abuseneglect@tjjd.texas.gov was replied to within five minutes and indicated that the email address is appropriate for third-party reports of sexual abuse and sexual harassment.</p> <p data-bbox="280 1473 1449 1590">The email to independent.ombudsman@tjjd.texas.gov was responded to within 24 hours. The response indicated it was an appropriate email address to report third-party reports for sexual abuse and sexual harassment.</p> <p data-bbox="280 1630 1394 1747">The system immediately rejected the email to the juveniledetentioncenter@co.hays.tx.us. There appears to be a typo in the email address.</p> <p data-bbox="280 1787 1474 1904">DETERMINATION: It was determined that the agency does not meet this standard as one of the three email links did not connect to anyone who could or would accept third-party reports of sexual abuse and sexual harassment.</p> <p data-bbox="280 1944 1458 2060">CORRECTIVE ACTION PLAN: The agency is to update the email addresses to ensure that each email address is accurate and connects with the intended audience, that is to say, someone who will receive third-party reports of sexual abuse and sexual</p>

harassment. Further, once this is completed, the agency is to update its online website with the correct email addresses.

CORRECTIVE ACTION PLAN PERIOD: On August 14, 2022, this auditor reviewed the HCJPD website and noted that the email addresses had been updated.

FINAL DETERMINATION: The agency meets this standard.

115.361	Staff and agency reporting duties
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 580 300">Auditor Discussion</p> <p data-bbox="280 340 1477 1541"> REQUIREMENTS: 115.361: This standard has six components: (a) The agency shall 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; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation; (b) The agency shall also require all staff to comply with any applicable mandatory child abuse reporting laws; (c) Apart from reporting to designated supervisors or officials and designated State or local services agencies, staff shall be 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; (d)(1) Medical and mental health practitioners shall be 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; (d)(2) Such practitioners shall be required to inform residents at the initiation of services of their duty to report and the limitations of confidentiality; (e)(1) Upon receiving any allegation of sexual abuse, the facility head or his or her designee shall promptly report the allegation to the appropriate agency office and 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; (e)(2) If the alleged victim is under the guardianship of the child welfare system, the report shall be made to the alleged victim’s caseworker instead of the parents or legal guardians; (e)(3) If a juvenile court retains jurisdiction over the alleged victim, the facility head or designee shall also report the allegation to the juvenile’s attorney or other legal representative of record within 14 days of receiving the allegation; and (f) The facility shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility’s designated investigators. </p> <p data-bbox="280 1581 1418 1742"> EVIDENCE OF COMPLIANCE: As evidence of compliance with this Standard, the Facility submitted or provided to this Auditor the (1) Pre-Audit Questionnaire, (2) Agency and Facility policies and procedures, (3) Interviews with residents, (4) Interviews with staff, and (5) Interviews with medical and mental health staff. </p> <p data-bbox="280 1783 1449 2065"> OBSERVATIONS: Interviews of 14 staff revealed that staff is required 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; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation and the agency shall also require all staff to comply with any applicable </p>

mandatory child abuse reporting laws. Mental health staff reported that they comply with all aspects of this standard. However, medical staff noted that they do not inform residents at the initiation of services of their duty to report sexual abuse to designated supervisors and officials according to this standard.

DETERMINATION: The agency does not meet this standard.

CORRECTIVE ACTION PLAN:

1. On or before December 31, 2022, medical staff should receive training related to this standard, specifically their obligation to inform residents at the initiation of services of their duty to report and the limitations of confidentiality.
2. After completing the training, all staff who attended it should sign a statement that they attended and understood the training.

CORRECTIVE ACTION PLAN (CAP) PERIOD: On September 29, 2022, this auditor received training forms from medical staff related to their requirements under 115.361. Staff signed these forms and acknowledged that they had attended and understood this training. Thus, the agency has completed this CAP item and is considered to meet this standard.

115.362	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>REQUIREMENTS: 115.362: This standard has one component: (a) When an agency learns that a resident is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the resident.</p> <p>EVIDENCE OF COMPLIANCE: As evidence of compliance with this Standard, the Facility submitted or provided to this Auditor the (1) Pre-Audit Questionnaire, (2) Agency and Facility policies and procedures, (3) Interviews with residents, and (4) Interviews with staff.</p> <p>OBSERVATIONS: During interviews, all staff noted that they would act immediately to protect a resident subject to a substantial risk of imminent sexual abuse. Further, all interviewed residents noted that they would “tell staff” if they felt they were at substantial risk of imminent sexual abuse, and each stated they felt the staff would protect them. Further, each staff member could articulate the steps to keep the resident safe, including separating the resident from the alleged abuser or potential abuser and ensuring that a trusted staff member was with the resident until the appropriate authorities were notified and responded.</p> <p>DETERMINATION: The agency meets this standard.</p>

115.363	<p data-bbox="277 107 1018 147">Reporting to other confinement facilities</p> <p data-bbox="277 185 1007 219">Auditor Overall Determination: Meets Standard</p> <p data-bbox="277 259 580 293">Auditor Discussion</p> <p data-bbox="277 338 1484 703"> REQUIREMENTS: 115.363: This standard has four components: (a) Upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred and shall also notify the appropriate investigative agency; (b) Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation; (c) The agency shall document that it has provided such notification; and (d) The facility head or agency office that receives such notification shall ensure that the allegation is investigated in accordance with these standards. </p> <p data-bbox="277 815 1461 1016"> EVIDENCE OF COMPLIANCE: As evidence of compliance with this Standard, the Facility submitted or provided to this Auditor the (1) Pre-Audit Questionnaire, (2) Agency and Facility policies and procedures, (3) Interviews with residents, (4) Interviews with facility staff, including the Facility Head, and (5) Interviews with the Agency Head. </p> <p data-bbox="277 1055 1477 1503"> OBSERVATIONS: Interviews with the Facility Head and staff, specifically intake staff and security staff, noted that the staff would immediately report an allegation that a resident was sexually abused while confined at another facility. Further, the Facility Head noted they would notify the head of the facility or appropriate office of the agency where the alleged abuse occurred and shall also notify the appropriate investigative agency. In interviews, it was determined that the Facility Head would make such a report within hours of the allegation but no later than 72 hours after receiving it. Interviews with the Agency Head and the Facility Head noted that the agency would, and does, document that it has provided such notification. Further, the Facility Head noted they would ensure that the allegation is investigated following these standards. </p> <p data-bbox="277 1547 1155 1581"> DETERMINATION: The agency and facility meet this standard. </p>
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115.364	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>REQUIREMENTS: 115.364: This standard has two components: (a) Upon learning of an allegation that a resident was sexually abused, the first 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; and (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; and (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]; and (b) If the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff.</p> <p>EVIDENCE OF COMPLIANCE: As evidence of compliance with this Standard, the Facility submitted or provided to this Auditor the (1) Pre-Audit Questionnaire, (2) Agency and Facility policies and procedures, (3) Review of training curricula, and (4) Interviews with facility security staff.</p> <p>OBSERVATIONS: A review of training materials and interviews with staff confirmed that all security staff understood their role as it related to being a first responder. Specifically, each staff was able to note that they would, upon learning of an allegation that a resident was sexually abused, separate the alleged victim and abuser; preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; and 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; and 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. Staff also noted that they would immediately notify the appropriate facility administrative staff to begin securing video evidence.</p> <p>DETERMINATION: The facility meets this standard.</p>

115.365	Coordinated response
	<p data-bbox="280 188 1007 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 579 297">Auditor Discussion</p> <p data-bbox="280 340 1437 499">REQUIREMENTS: 115.365: This standard has one component: (a) The facility shall develop 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="280 539 1418 698">EVIDENCE OF COMPLIANCE: As evidence of compliance with this Standard, the Facility submitted or provided to this Auditor the (1) Pre-Audit Questionnaire, (2) Agency and Facility policies and procedures, (3) Interviews with staff, and (4) Interviews with the Facility Head.</p> <p data-bbox="280 739 1468 808">OBSERVATIONS: The facility could not present a written Coordinated Response Plan, and staff members had difficulty identifying their role within that plan.</p> <p data-bbox="280 848 1102 882">DETERMINATION: The facility does not meet this standard.</p> <p data-bbox="280 922 1431 1037">RATIONALE: A written institutional plan to coordinate actions to respond to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership was not presented.</p> <p data-bbox="280 1077 1224 1111">CORRECTION ACTION: The following actions should be completed.</p> <ol data-bbox="280 1151 1469 1637" style="list-style-type: none"> <li data-bbox="280 1151 1469 1310">1. On or before December 31, 2022, staff should develop an institutional plan to coordinate the actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership. <li data-bbox="280 1350 1422 1384">2. Once developed, the institutional plan should be presented to this auditor. <li data-bbox="280 1424 1382 1458">3. Once this auditor approves the plan, staff should be trained in the plan. <li data-bbox="280 1498 1326 1568">4. After completing the training, all staff who attended it should sign a statement that they attended and understood the training. <li data-bbox="280 1608 1350 1641">5. The sign-in sheet for this training should be submitted to this auditor. <p data-bbox="280 1682 1477 2000">CORRECTIVE ACTION PLAN (CAP) PERIOD: This auditor received an updated draft of the CRP on August 25, 2022. This auditor suggested edits, which were received on September 29, 2022. Additional edits were recommended, which were received on October 3, 2022. The October 3, 2022, version is considered to meet the standard's requirements. On October 6, 2022, this auditor received signed training forms from all staff noting that they attended and understood the Coordinated Response Plan. Thus, this CAP item is completed, and the facility meets this standard.</p>

115.366	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>REQUIREMENTS: 115.366: This standard has two components: (a) Neither the agency nor any other governmental entity responsible for collective bargaining on the agency's behalf shall enter into or renew any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted, and (b) Nothing in this standard shall restrict the entering into or renewal of agreements that govern: [(1) The conduct of the disciplinary process, as long as such agreements are not inconsistent with the provisions of §§ 115.372 and 115.376; or (2) Whether a no-contact assignment that is imposed pending the outcome of an investigation shall be expunged from or retained in the staff member's personnel file following a determination that the allegation of sexual abuse is not substantiated.]</p> <p>EVIDENCE OF COMPLIANCE: As evidence of compliance with this Standard, the Facility submitted or provided to this Auditor the (1) Pre-Audit Questionnaire and (2) Interview with the Agency Head.</p> <p>OBSERVATIONS: An interview with the HCJC Agency Head noted that the agency does not have a collective bargaining agreement completed after August 2012. Further, the agency noted that they would remove alleged staff sexual abusers from contact with residents pending an investigation or determination of whether and to what extent discipline is warranted. Further, the agency head noted that the agency could reassign staff to another area of the agency with no contact with residents pending a sexual abuse or sexual harassment investigation.</p> <p>DETERMINATION: The agency, in all material ways, meets this standard.</p>

115.367	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>REQUIREMENTS: 115.367: This standard has six components: (a) The agency shall establish a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff and shall designate which staff members or departments are charged with monitoring retaliation; (b) The agency shall employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations; (c) For at least 90 days following a report of sexual abuse, the agency shall monitor the conduct or treatment of residents or staff who reported the sexual abuse and 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, and shall act promptly to remedy any such retaliation. Items the agency should monitor include any resident disciplinary reports, housing or program changes, or negative performance reviews or reassignments of staff. The agency shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need; (d) In the case of residents, such monitoring shall also include periodic status checks; (e) If any other individual who cooperates with an investigation expresses a fear of retaliation, the agency shall take appropriate measures to protect that individual against retaliation; and (f) An agency's obligation to monitor shall terminate if the agency determines that the allegation is unfounded.</p> <p>EVIDENCE OF COMPLIANCE: As evidence of compliance with this Standard, the Facility submitted or provided to this Auditor the (1) Pre-Audit Questionnaire, (2) HCJC policies and procedures, (3) Interviews with staff, (4) Interviews with residents; and (5) Review of reports and investigations of sexual abuse/sexual harassment allegations.</p> <p>OBSERVATIONS: HCJC PREA policy explicitly addresses this component. Initial interviews with staff responsible for retaliation monitoring made the staff aware of all their responsibilities.</p> <p>DETERMINATION: The agency meets this standard.</p>

115.368	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>REQUIREMENTS: 115.368: This standard has one component: (a) Any use of segregated housing to protect a resident who is alleged to have suffered sexual abuse shall be subject to the requirements of § 115.342.</p> <p>EVIDENCE OF COMPLIANCE: As evidence of compliance with this Standard, the Facility submitted or provided to this Auditor the (1) Pre-Audit Questionnaire, (2) HCJC PREA Policies and Procedures, (3) Interviews with staff, and (4) Interviews with residents.</p> <p>OBSERVATIONS: All staff interviewed supported the contention that the Facility “never” places a resident in isolation for their own protection against sexual victimization. A review of the policies and procedures stated that the Facility could place a resident in isolation but states that any isolation would be compliant with 115.342.</p> <p>DETERMINATION: As the facility does not utilize segregated housing to protect a resident who is alleged to have suffered sexual abuse, it was determined that the facility meets this standard.</p>

115.371	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>REQUIREMENTS: 115.371: This standard has 13 components: (a) When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports; (b) Where sexual abuse is alleged, the agency shall use investigators who have received special training in sexual abuse investigations involving juvenile victims pursuant to § 115.334; (c) Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator; (d) The agency shall not terminate an investigation solely because the source of the allegation recants the allegation; (e) When the quality of evidence appears to support criminal prosecution, the agency shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution; (f) The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as resident or staff. No agency shall require a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation; (g) Administrative investigations: [(1) Shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and (2) Shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings]; (h) Criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible; (i) Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution; (j) The agency shall retain all written reports referenced in paragraphs (g) and (h) of this section 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; (k) The departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation; (l) Any State entity or Department of Justice component that conducts such investigations shall do so pursuant to the above requirements; and (m) When outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation.</p> <p>EVIDENCE OF COMPLIANCE: As evidence of compliance with this Standard, the Facility submitted or provided to this Auditor the (1) Pre-Audit Questionnaire, (2) HCJC Policies and procedures, (3) Interviews with staff, (4) Interviews with Agency</p>

Investigators, and (5) Review of investigations.

OBSERVATIONS: All allegations of potential criminal sexual abuse or sexual harassment are immediately referred to law enforcement and Child Protective Services. The agency only conducts investigations after law enforcement or Child Protective Services have determined that the allegation does not rise to a criminal level. Based on a review of the data submitted and from interviews with staff and residents, all allegations of sexual abuse and sexual harassment are referred to law enforcement and Child Protective Services, and these referrals are done promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. The agency and facility have requested that when law enforcement and Child Protective Services investigate an allegation alleging sexual abuse, that these agencies use investigators who have received special training in sexual abuse investigations involving juvenile victims pursuant to § 115.334. Further, interviews with law enforcement noted that their investigators would gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; would interview alleged victims, suspected perpetrators, and witnesses; and would review prior complaints and reports of sexual abuse involving the suspected perpetrator. Agency policy notes and interviews with agency and facility staff affirmed that the agency would not terminate an investigation solely because the source of the allegation recants the allegation. Law enforcement and Child Protective Services investigators would, when the quality of evidence appears to support a criminal prosecution, conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution. Agency staff and law enforcement investigators stipulated that the credibility of an alleged victim, suspect, or witness would be assessed on an individual basis and would not be determined by the person's status as a resident or staff. Agency and facility staff noted that the use of a polygraph examination or other truth-telling device would not be allowed. For non-criminal administrative investigations, the investigators affirmed that their investigations would include an effort to determine whether staff actions or failures to act contributed to the abuse and that all findings would be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings]. Law enforcement and Child Protective Services interviews noted that criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and would include copies of all documentary evidence where feasible. Further, these investigators noted that any substantiated allegations of conduct that appear to be criminal would be referred for prosecution. The agency and facility do retain all written reports referenced in this section for as long as the alleged abuser is incarcerated or employed by the agency, plus five years, unless a juvenile resident committed the abuse and applicable law requires a shorter period of retention. All interviews noted that the departure of the alleged abuser or victim from the employment or control of the facility or agency would not provide a basis for terminating an investigation. The agency has requested that any State entity or Department of Justice component that conducts such investigations shall do so

pursuant to the above requirements, and when outside agencies investigate sexual abuse, the facility head shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation.

When the agency conducts administrative investigations into allegations of sexual abuse and sexual harassment, it does so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. The agency and facility investigators, who conduct only administrative investigations after law enforcement or Child Protective Services has ruled out criminal activity, are experienced. Further, each trained investigator has completed all the required training specified in 115.334, plus the additional requirement articulated in the variance related to juvenile facilities (i.e., that investigators will receive specialized training that includes techniques for interviewing juvenile sexual abuse victims).

DETERMINATION: The agency and facility meet this standard.

115.372	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>REQUIREMENTS: 115.372: This standard has one component: (a) The agency shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p>EVIDENCE OF COMPLIANCE: As evidence of compliance with this Standard, the Facility submitted or provided to this Auditor the (1) Pre-Audit Questionnaire, (2) HCJC policies and procedures, and (3) Interviews with investigators.</p> <p>OBSERVATIONS: Staff noted that they would only use a Standard of “preponderance of evidence” in determining whether allegations of sexual abuse or sexual harassment are substantiated. Further, Agency policy notes that the agency shall use the standard of preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated</p> <p>DETERMINATION: The agency, in all material ways, meets this standard.</p>

115.373	<p data-bbox="280 107 687 147">Reporting to residents</p> <p data-bbox="280 185 1007 219">Auditor Overall Determination: Meets Standard</p> <p data-bbox="280 259 580 293">Auditor Discussion</p> <p data-bbox="280 338 1481 1211"> REQUIREMENTS: 115.373: This standard has six components: (a) Following an investigation into a resident’s allegation of sexual abuse suffered in an agency facility, the agency shall inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded; (b) If the agency did not conduct the investigation, it shall request the relevant information from the investigative agency in order to inform the resident; (c) Following a resident’s allegation that a staff member has committed sexual abuse against the resident, the agency shall subsequently inform the resident (unless the agency has determined that the allegation is unfounded) whenever [(1) The staff member is no longer posted within the resident’s unit; (2) The staff member is no longer employed at the facility; (3) The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or (4) The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility]; (d) Following a resident’s allegation that he or she has been sexually abused by another resident, the agency shall subsequently inform the alleged victim whenever: [(1) The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or (2) The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility]; (e) All such notifications or attempted notifications shall be documented; and (f) An agency’s obligation to report under this standard shall terminate if the resident is released from the agency’s custody. </p> <p data-bbox="280 1245 1422 1406"> EVIDENCE OF COMPLIANCE: As evidence of compliance with this Standard, the Facility submitted or provided to this Auditor the (1) Pre-Audit Questionnaire, (2) HCJC policies and procedures, (3) Interviews with facility staff, and (4) Review of sexual abuse and sexual harassment investigations. </p> <p data-bbox="280 1440 1433 1518"> OBSERVATIONS: The HCJC PREA policy addresses this Standard and, in interviews with staff, confirmed they would document these efforts. </p> <p data-bbox="280 1552 1150 1585"> DETERMINATION: The agency and facility meet this standard. </p>
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115.376	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>REQUIREMENTS: 115.376: This standard has four components: (a) Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies; (b) Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse; (c) Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be 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; (d) 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, shall be reported to law enforcement agencies unless the activity was not criminal, and to any relevant licensing bodies.</p> <p>EVIDENCE OF COMPLIANCE: As evidence of compliance with this Standard, the Facility submitted or provided to this Auditor the (1) Pre-Audit Questionnaire, (2) HCJC PREA policy, (3) Interviews with PREA Coordinator, (4) Interviews with the Facility's PCM, (5) Interviews with HR staff; and (6) Review of completed sexual abuse investigations.</p> <p>OBSERVATIONS: HCJC PREA policy addresses this standard. Interviews supported the contention that staff would be disciplined for violating the sexual abuse and/or sexual harassment policies. Further, HCJC PREA policy notes that termination is a presumptive disciplinary sanction.</p> <p>DETERMINATION: The agency meets this standard.</p>

115.377	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>REQUIREMENTS: 115.377: This standard has two components: (a) Any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with residents and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies; and (b) The facility shall take appropriate remedial measures, and shall consider 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>EVIDENCE OF COMPLIANCE: As evidence of compliance with this Standard, the Facility submitted or provided to this Auditor the (1) Pre-Audit Questionnaire, (2) HCJC PREA policies, (3) Interviews with PREA Coordinator, (4) Interviews with the Facility's PCM, (5) Interviews with HR staff; and (6) Review of completed sexual abuse investigations.</p> <p>OBSERVATIONS: The HCJC PREA policies specifically address this standard. Staff interviews noted that " any service providers who violate this policy are subject to administrative discipline, including termination of employment, criminal sanctions, or both." Further, it was noted that the service providers who violate this policy "shall be prohibited from contact with residents and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies." Interviews with administrative staff noted that they would prohibit further contact with residents in the case of any violation of agency sexual abuse or sexual harassment policies by a service provider or volunteer. In addition, the staff interviewed noted that HR would contact the appropriate licensing bodies. Further, facility administrative staff noted that they had the authority to remove any volunteer or contractor from their facility and would do so immediately upon an allegation or suspicion of sexual abuse or sexual harassment.</p> <p>DETERMINATION: The agency and facility meet this standard.</p>

115.378	Interventions and disciplinary sanctions for residents
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 579 300">Auditor Discussion</p> <p data-bbox="280 340 1481 1585"> REQUIREMENTS: 115.378: This standard has seven components: (a) A resident may be 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 or following a criminal finding of guilt for resident-on-resident sexual abuse; (b) Any disciplinary sanctions shall be commensurate with the nature and circumstances of the abuse committed, the resident’s disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories. In the event a disciplinary sanction results in the isolation of a resident, agencies shall not deny the resident daily large-muscle exercise or access to any legally required educational programming or special education services. Residents in isolation shall receive daily visits from a medical or mental health care clinician. Residents shall also have access to other programs and work opportunities to the extent possible; (c) The disciplinary process shall consider whether a resident’s mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed; (d) If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to offer the offending resident participation in such interventions. The agency may require participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, but not as a condition to access to general programming or education; (e) The agency may discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact; (f) For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation; and (g) An agency may, in its discretion, prohibit all sexual activity between residents and may discipline residents for such activity. An agency may not, however, deem such activity to constitute sexual abuse if it determines that the activity is not coerced. </p> <p data-bbox="280 1626 1453 1823"> EVIDENCE OF COMPLIANCE: As evidence of compliance with this Standard, the Facility submitted or provided to this Auditor the (1) Pre-Audit Questionnaire, (2) HCJC PREA policy, (3) Interview with PREA Coordinator, (4) Interview with the PCM, (5) Interviews with security staff, (6) Interviews with residents, and (7) Interview with Facility Head. </p> <p data-bbox="280 1863 1481 2060"> OBSERVATIONS: It was noted that HCJC PREA policy deals with this standard. It notes that youth will be disciplined per the appropriate disciplinary code or code of conduct. Based on the pre-onsite visit conference calls with the Facility Head, via the Pre-Audit Questionnaire, and via interviews during the onsite, the Facility would use isolation for resident-on-resident sexual abuse but would comply with all PREA </p>

standards. Interviews with staff noted that they would consider whether a resident's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.

DETERMINATION: The agency and facility meet this standard.

115.381	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>REQUIREMENTS: 115.381: This standard has four components: (a) 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, staff shall ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening; (b) 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, staff shall ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening; (c) Any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law; and (d) Medical and mental health practitioners shall 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.</p> <p>EVIDENCE OF COMPLIANCE: As evidence of compliance with this Standard, the Facility submitted or provided to this Auditor the (1) Pre-Audit Questionnaire, (2) HCJC and Facility policies and procedures, (3) Interview with the PCM, (4) Interview with Intake Staff, and (5) Interviews with Facility Head.</p> <p>OBSERVATIONS: Staff interviews acknowledge that staff is aware that medical or mental health practitioners must be offered to youth within 14 days of staff learning that the youth has experienced prior sexual victimization or has perpetrated sexual abuse. Further, in a review of resident files of residents who reported prior sexual victimization or sexual abuse perpetration, it was found that four had been identified as being sexually abused, and all four were offered a follow-up meeting with a medical or mental health practitioner. All three declined additional assistance. During interviews with residents, it was found that residents acknowledged that staff asked them if they wanted those additional services, and the resident stated they declined those services. Further, all staff understood, via interviews, that any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law.</p> <p>DETERMINATION: The facility meets this standard.</p>

115.382	<p data-bbox="277 107 1318 147">Access to emergency medical and mental health services</p> <p data-bbox="277 185 1007 219">Auditor Overall Determination: Meets Standard</p> <p data-bbox="277 259 580 293">Auditor Discussion</p> <p data-bbox="277 338 1485 913"> REQUIREMENTS: 115.382: This standard has four components: (a) Resident victims of sexual abuse shall 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; (b) If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, staff first responders shall take preliminary steps to protect the victim pursuant to § 115.362 and shall immediately notify the appropriate medical and mental health practitioners; (c) Resident victims of sexual abuse while incarcerated shall be 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; and (d) Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. </p> <p data-bbox="277 954 1422 1111"> EVIDENCE OF COMPLIANCE: As evidence of compliance with this Standard, the Facility submitted or provided to this Auditor the (1) Pre-Audit Questionnaire, (2) HCJC and Facility policies and procedures, specifically the PREA policies and procedures, (3) Interview with the PCM, and (4) Interviews with security staff. </p> <p data-bbox="277 1151 1477 1559"> OBSERVATIONS: The onsite visit interviews noted that resident victims of sexual abuse would be provided with unimpeded access to emergency medical treatment and crisis intervention services. All the interviews with security staff (100%), who are all trained as first responders, confirmed this component and noted that they are trained to protect the victim and to notify a supervisor who will notify the appropriate medical and mental health practitioners. Further, interviews acknowledged that resident victims of sexual abuse, while incarcerated, shall be 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 data-bbox="277 1599 991 1632"> DETERMINATION: The facility meets this standard. </p>
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115.383	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>REQUIREMENTS: 115.383: This standard has eight components: (a) The facility shall 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; (b) The evaluation and treatment of such victims shall 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; (c) The facility shall provide such victims with medical and mental health services consistent with the community level of care; (d) Resident victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests; (e) If pregnancy results from conduct specified in paragraph (d) of this section, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services; (f) Resident victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate; (g) Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident; and (h) The facility shall 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.</p> <p>EVIDENCE OF COMPLIANCE: As evidence of compliance with this Standard, the Facility submitted or provided to this Auditor the (1) Pre-Audit Questionnaire, (2) HCJC and facility policies and procedures, (3) Interview with the PCM, and (4) Interviews with security staff.</p> <p>OBSERVATIONS: Interviews confirmed that the facility is compliant with this standard and each component. Staff indicated that they would refer residents to the appropriate contractors (i.e., medical and mental health providers) for any resident who reported past sexual abuse. These services would include medical and mental health evaluation and follow-up, including transition planning. Further, the agency's PREA policy specifically addresses this standard.</p> <p>DETERMINATION: The facility meets this standard.</p>

115.386	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>REQUIREMENTS: 115.386: This standard has five components: (a) The facility shall 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; (b) Such review shall ordinarily occur within 30 days of the conclusion of the investigation; (c) The review team shall include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners; (d) The review team shall: [(1) Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; (2) Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or, gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility; (3) Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; (4) Assess the adequacy of staffing levels in that area during different shifts; (5) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and (6) Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section, and any recommendations for improvement and submit such report to the facility head and PREA compliance manager]; (e) The facility shall implement the recommendations for improvement, or shall document its reasons for not doing so.</p> <p>EVIDENCE OF COMPLIANCE: As evidence of compliance with this Standard, the Facility submitted or provided to this Auditor the (1) Pre-Audit Questionnaire, (2) HCJC policies and procedures, (3) Interview with the PCM, (4) Interviews with investigators, (5) Interview with Facility Head, and (6) Review of investigations.</p> <p>OBSERVATIONS: Interviews with staff indicated that the Facility would conduct a sexual abuse incident review after every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded and that this review would be done within 30-days of the conclusion of the investigation. HCJC's PREA policy further reinforces the facility's adherence to this PREA standard. Further, in a review of a completed investigation that was determined to be unfounded, the facility conducted an Incident Review to ensure the team understood its purpose and the process.</p> <p>DETERMINATION: The facility meets this standard.</p>

115.387	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>REQUIREMENTS: 115.387: This standard has six components: (a) The agency shall collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions; (b) The agency shall aggregate the incident-based sexual abuse data at least annually; (c) The incident-based data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice; (d) The agency shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews; (e) The agency also shall obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents; and (f) Upon request, the agency shall provide all such data from the previous calendar year to the Department of Justice no later than June 30.</p> <p>EVIDENCE OF COMPLIANCE: As evidence of compliance with this Standard, the Facility submitted or provided to this Auditor the (1) Pre-Audit Questionnaire, (2) HCJC policies and procedures, (3) Survey of Sexual Victimization, (4) Interview with the PCM, (5) Interviews with investigators, (6) Interview with Facility Head, and (7) Interview with the PREA Coordinator.</p> <p>OBSERVATIONS: The agency did produce a Standardized instrument to collect accurate uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. The instrument provided was the SSV. Further, data from the HCJC website contained the aggregated data through 2021. An interview with the HCJC PREA Coordinator indicated that HCJC maintains, reviews, and collects data from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. The PREA Coordinator also noted that the agency, upon request, will provide data from the previous calendar year to the Department of Justice no later than June 30.</p> <p>DETERMINATION: The agency meets this standard.</p>

115.388	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>REQUIREMENTS: 115.388: This standard has four components: (a) The agency shall 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: [(1) Identifying problem areas; (2) Taking corrective action on an ongoing basis; and (3) Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole]; (b) Such report shall include a comparison of the current year’s data and corrective actions with those from prior years and shall provide an assessment of the agency’s progress in addressing sexual abuse; (c) The agency’s report shall be 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; and (d) The agency may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility, but must indicate the nature of the material redacted.</p> <p>EVIDENCE OF COMPLIANCE: As evidence of compliance with this Standard, the Facility submitted or provided to this Auditor the (1) Pre-Audit Questionnaire, (2) HCJC policies and procedures, (3) Survey of Sexual Victimization, (4) Interview with the PCM, (5) Interviews with investigators, (6) Interview with Facility Head, (7) Interview with the PREA Coordinator, and (8) Review of the 2021 PREA Report.</p> <p>OBSERVATIONS: The last annual report posted at Corrective-Action-Plan-Review-PREA-CY2021_1_21_22.pdf (hayscountytx.com) contained data from 2021.</p> <p>DETERMINATION: The agency meets this standard.</p>

115.389	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>REQUIREMENTS: 115.389: This standard has four components: (a) The agency shall ensure that data collected pursuant to § 115.387 are securely retained; (b) The agency shall 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; (c) Before making aggregated sexual abuse data publicly available, the agency shall remove all personal identifiers; and (d) The agency shall maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of its initial collection unless Federal, State, or local law requires otherwise.</p> <p>EVIDENCE OF COMPLIANCE: As evidence of compliance with this Standard, the Facility submitted or provided to this Auditor the (1) Pre-Audit Questionnaire, (2) HCJC policies and procedures, (3) Survey of Sexual Victimization, (4) Interview with the PCM, (5) Interviews with investigators, (6) Interview with Facility Head, (7) Interview with the PREA Coordinator, and (8) Review of the 2021 PREA Report.</p> <p>OBSERVATIONS: The interview with the PREA Coordinator indicated that incident-based and aggregated data were securely retained. Data from the HCJC website at Documents for Download Hays County (hayscountytexas.com) reveals that aggregated data is presented, compliant with Agency policy. Further, interviews with the PREA Coordinator indicated that sexual abuse data is collected and maintained for at least ten years after the date of its initial collection unless Federal, State, or local law requires otherwise.</p> <p>DETERMINATION: The agency meets this standard.</p>

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>REQUIREMENTS: 115.401: This standard has six components: (a) During the three-year period starting on August 20, 2013, and during each three-year period thereafter, the agency shall ensure that each facility operated by the agency or by a private organization on behalf of the agency, is audited at least once.; (b) August 20, 2013, the agency shall ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, is audited. (c) The auditor shall have access to, and shall observe, all areas of the audited facilities; (d) The auditor shall be permitted to request and receive copies of any relevant documents (including electronically stored information), (e) The auditor shall be permitted to conduct private interviews with residents, residents, and detainees, and (f) Residents, residents, and detainees shall be permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel.</p> <p>EVIDENCE OF COMPLIANCE: As evidence of compliance with this Standard, the Facility submitted or provided to this Auditor the (1) Pre-Audit Questionnaire, (2) HCJC policies and procedures, specifically HCJC’s PREA policy, (3) Interviews with residents, (4) Interview with the PCM, (5) Interview with Facility Head, (6) Interview with the PREA Coordinator, and (8) Review of documents.</p> <p>OBSERVATIONS: The agency only has one facility and it has been audited every three years. During the audit, this auditor did have access to and did observe all areas of the audited facility. This auditor was permitted to request and receive copies of any relevant documents (including electronically stored information). In addition, this auditor was permitted to conduct private interviews with residents, residents, and detainees. Interviews with residents confirmed that they were permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel.</p> <p>DETERMINATION: The agency meets this standard.</p>

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>REQUIREMENTS: 115.403: This standard has two components: (a) The agency shall ensure that the auditor’s final report is published on the agency’s website if it has one, or is otherwise made readily available to the public, and (b) 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 the auditor. The review period is for prior audits completed during the past three years. In the case of single facility agencies, the auditor shall ensure that the facility’s last audit report was published.</p> <p>EVIDENCE OF COMPLIANCE: As evidence of compliance with this Standard, the Facility submitted or provided to this Auditor the (1) Pre-Audit Questionnaire, (2) HCJC policies and procedures, specifically HCJC’s PREA policy, (3) Interview with the PCM, (4) Interviews with investigators, (5) Interview with Facility Head, (6) Interview with the PREA Coordinator, and (7) Review of the 2021 PREA Report.</p> <p>OBSERVATIONS: The 2019 PREA Audit for the agency’s facility was posted at Documents for Download Hays County (hayscountytexas.com).</p> <p>DETERMINATION: The agency does meet 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.)	na

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".)	na

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
	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"	yes

	or areas where staff or residents may be isolated)?	
	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.)	na

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.)	na
	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?	no
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)	yes
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	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	yes
	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	yes

	with residents with disabilities including residents who: Have intellectual disabilities?	
	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 through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision?	yes
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.)	na

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.)	na
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.)	yes
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.)	yes
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?	no
	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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
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 or the agency does not employ medical staff.)	na
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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes

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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
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?)	yes
	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?)	yes
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	
	<p>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.</p>	yes
115.352 (b)	Exhaustion of administrative remedies	
	<p>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.)</p>	yes
	<p>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.)</p>	yes
115.352 (c)	Exhaustion of administrative remedies	
	<p>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.)</p>	yes
	<p>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.)</p>	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?	yes
	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?	yes
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
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.)	yes

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.)	na
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.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	na

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