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115.252(d)

**POLICY AND DOCUMENT REVIEW:**

Agency Policy.

**INTERVIEWS:**

PREA Compliance Manager.

**FINDINGS:**

In the past 12 months, there was six grievances filed concerning harassment.

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

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

115.252(e)

**POLICY AND DOCUMENT REVIEW:**

Agency Policy.

**INTERVIEWS:**

PREA Compliance Manager.

**FINDINGS:**

In the past 12 months, there was six grievances filed concerning harassment. The grievances were completed within 10 days and the residents were notified of the decision, with the exception of the residents who absconded from the facility.

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

115.252(f)

**POLICY AND DOCUMENT REVIEW:**

Agency Policy.

**INTERVIEWS:**

PREA Compliance Manager.

**FINDINGS:**

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

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

115.252(g)

**POLICY AND DOCUMENT REVIEW:**

Agency Policy.

**INTERVIEWS:**

PREA Compliance Manager.

**FINDINGS:**

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

**Standard 115.253: Resident access to outside confidential support services**

**115.253 (a)**

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

**115.253 (b)**

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

### 115.253 (c)

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

### Auditor Overall Compliance Determination

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

### 115.253(a)

#### POLICY AND DOCUMENT REVIEW:

Agency Policy.

Resident Handbook.

#### INTERVIEWS:

Random Residents.

#### FINDINGS:

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

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

### 115.253(b)

#### POLICY AND DOCUMENT REVIEW:

Agency Policy.

INTERVIEWS:

Random Sample of Residents.

FINDINGS:

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

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

115.253(c)

POLICY AND DOCUMENT REVIEW:

Memorandum of Understandings.

Emails.

FINDINGS:

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

## Standard 115.254: Third-party reporting

### 115.254 (a)

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

### Auditor Overall Compliance Determination

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



115.254(a)

**POLICY AND DOCUMENT REVIEW:**

Agency Policy.

**INTERVIEWS:**

PREA Coordinator

**FINDINGS:**

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

**OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT**

**Standard 115.261: Staff and agency reporting duties**

**115.261 (a)**

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

**115.261 (b)**

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

**115.261 (c)**

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?  Yes  No

- Are medical and mental health practitioners required to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?  Yes  No

#### 115.261 (d)

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

#### 115.261 (e)

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

#### Auditor Overall Compliance Determination

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

#### 115.261(a)

##### POLICY AND DOCUMENT REVIEW:

Agency Policy.

Pre-audit questionnaire.

##### INTERVIEWS:

Interviews with Director, random staff, medical/mental health staff, & PREA Coordinator.

##### FINDINGS:

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

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

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

##### POLICY AND DOCUMENT REVIEW:

Agency Policy.

Pre-audit questionnaire.

**INTERVIEWS:**

Interviews with Director, random staff, medical/mental health staff, & PREA Coordinator.

**FINDINGS:**

All staff interviewed reported all staff including medical and mental staff are required to report all sexual abuse allegations. Medical/Mental Health staff inform the resident of their duty to report.

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

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

**Standard 115.262: Agency protection duties**

**115.262 (a)**

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

**Auditor Overall Compliance Determination**

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

115.262(a)

**POLICY AND DOCUMENT REVIEW:**

Agency Policy.

Pre-audit questionnaire.

**INTERVIEWS:**

Interviews with Director, random staff, medical/mental health staff, & PREA Coordinator.

**FINDINGS:**

Staff interviewed reported immediate action would be taken if staff were to become aware of any resident being at substantial risk of imminent sexual abuse.

Staff reported any allegation would be taken seriously and due diligence would be followed to ensure staff respond to residents immediately.

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

## Standard 115.263: Reporting to other confinement facilities

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

#### 115.263 (a)

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

#### 115.263 (b)

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

#### 115.263 (c)

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

#### 115.263 (d)

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

### Auditor Overall Compliance Determination

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

115.263(a)

POLICY AND DOCUMENT REVIEW:

Agency Policy.

Pre-audit questionnaire.

INTERVIEWS:

Director.

**FINDINGS:**

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

115.263(b)

**POLICY AND DOCUMENT REVIEW:**

Agency Policy.

**FINDINGS:**

Notification of sexual abuse at another confinement facility is to be completed within the 72-hour time frame. Documentation is required that the report will be investigated and properly acted upon. For the report case, the documentation showed the notification was made within the required time frame and all steps taken were documented.

115.263(c)

**POLICY AND DOCUMENT REVIEW:**

Agency Policy.

**FINDINGS:**

The notification and documentation of additional notifications/information was made according to department policy.

115.263(d)

**POLICY AND DOCUMENT REVIEW:**

Agency Policy.

**INTERVIEWS:**

Director.

**FINDINGS:**

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

**Standard 115.264: Staff first responder duties**

**115.264 (a)**

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

**115.264 (b)**

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

**Auditor Overall Compliance Determination**

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

115.264(a)

**POLICY AND DOCUMENT REVIEW:**

Agency Policy.

Pre-audit questionnaire.

**INTERVIEWS:**

Staff First Responders.

**FINDINGS:**

The practices to this policy was verified by the responses from the staff being questioned in the interview process. All staff are provided training on the staff responder actions required in the event of a sexual abuse. This would include all security and non-security staff that might be a first responder. Agency policy also address the actions required if the responder is not a security staff member.

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

115.264(b)

#### POLICY AND DOCUMENT REVIEW:

Agency Policy.

Pre-audit questionnaire.

#### INTERVIEWS:

Staff First Responders.

#### FINDINGS:

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

### Standard 115.265: Coordinated response

#### 115.265 (a)

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

#### Auditor Overall Compliance Determination

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

115.265(a)

POLICY AND DOCUMENT REVIEW:

Agency Policy.

INTERVIEWS:

Director.

FINDINGS:

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

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

**115.266 (a)**

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

**115.266 (b)**

- Auditor is not required to audit this provision.

**Auditor Overall Compliance Determination**

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

115.266(a)

POLICY AND DOCUMENT REVIEW:

Agency Policy.

INTERVIEWS:



Director.

FINDINGS:

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

**Standard 115.267: Agency protection against retaliation**

**115.267 (a)**

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

**115.267 (b)**

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

**115.267 (c)**

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

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

#### 115.267 (d)

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

#### 115.267 (e)

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

#### 115.267 (f)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

115.267(a)

### POLICY AND DOCUMENT REVIEW:

Agency Policy.

FINDINGS:

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

115.267(b)

POLICY AND DOCUMENT REVIEW:

Agency Policy.

INTERVIEWS:

Designated Staff Member Charged with Monitoring Retaliation.

PREA Coordinator.

FINDINGS:

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

115.267(c)

POLICY AND DOCUMENT REVIEW:

Agency Policy.

INTERVIEWS:

Designated Staff Member Charged with Monitoring Retaliation.

PREA Coordinator.

FINDINGS:

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

115.267(d)

POLICY AND DOCUMENT REVIEW:

Agency Policy.

INTERVIEWS:

Designated Staff Member Charged with Monitoring Retaliation.

PREA Coordinator.

**FINDINGS:**

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

The facility would employ a variety of methods such as housing change, removal of abuser, or other means to protect the resident victim. This policy would also protect anyone who assisted in the investigation. The policies also require periodic status checks designed to protect an individual from retaliation.

115.267(e)

**POLICY AND DOCUMENT REVIEW:**

Agency Policy.

**INTERVIEWS:**

Director.

**FINDINGS:**

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

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

115.267(f)

**POLICY AND DOCUMENT REVIEW:**

The agency is not required to respond to this provision.

**FINDINGS:**

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

|                       |
|-----------------------|
| <b>INVESTIGATIONS</b> |
|-----------------------|

**Standard 115.271: Criminal and administrative agency investigations**

**115.271 (a)**

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

- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).)  
 Yes  No  NA

#### 115.271 (b)

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

#### 115.271 (c)

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

#### 115.271 (d)

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

#### 115.271 (e)

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

#### 115.271 (f)

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

#### 115.271 (g)

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

#### 115.271 (h)

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

#### 115.271 (i)

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

#### 115.271 (j)

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

#### 115.271 (k)

- Auditor is not required to audit this provision.

#### 115.271 (l)

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

#### Auditor Overall Compliance Determination

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

115.271(a)

POLICY AND DOCUMENT REVIEW:

Agency Policy.

Training Documentation.

**INTERVIEWS:**

Investigative Staff

**FINDINGS:**

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

115.271(b)

**POLICY AND DOCUMENT REVIEW:**

Staff training records.

**INTERVIEWS:**

Investigative Staff

**FINDINGS:**

A review of the investigative staff training documents, including the investigator assigned to the 2019 cases, indicated all investigative staff are trained in the required specialized investigative staff training. Staff interviewed reported receiving the required training.

115.271(c)

**POLICY AND DOCUMENT REVIEW:**

Agency Policy.

Training records.

**INTERVIEWS:**

Investigative Staff

**FINDINGS:**

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

115.271(d)

**POLICY AND DOCUMENT REVIEW:**

Agency Policy.

**INTERVIEWS:**

Investigative Staff

FINDINGS:

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

115.271(e)

POLICY AND DOCUMENT REVIEW:

Agency Policy.

Resident files.

INTERVIEWS:

Investigative Staff

FINDINGS:

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

115.271(f)

POLICY AND DOCUMENT REVIEW:

Agency Policy.

INTERVIEWS:

Investigative Staff.

FINDINGS:

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

115.271(g)

POLICY AND DOCUMENT REVIEW:

Agency Policy.

INTERVIEWS:

Investigative Staff.

FINDINGS:



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

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

115.271(h)

**POLICY AND DOCUMENT REVIEW:**

Agency Policy.

**INTERVIEWS:**

Investigative Staff

**FINDINGS:**

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

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

115.271(i)

**POLICY AND DOCUMENT REVIEW:**

Agency Policy.

**INTERVIEWS:**

Investigative Staff

**FINDINGS:**

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

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

115.271(j)

**POLICY AND DOCUMENT REVIEW:**

Agency Policy.

**FINDINGS:**

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

115.271(k)

**POLICY AND DOCUMENT REVIEW:**

Agency Policy.

**INTERVIEWS:**

Investigative Staff

**FINDINGS:**

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

115.271(l)

**POLICY AND DOCUMENT REVIEW:**

The agency is not required to respond to this provision.

**FINDINGS:**

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

**Standard 115.272: Evidentiary standard for administrative investigations**

**115.272 (a)**

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

## Auditor Overall Compliance Determination

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

115.272(a)

### POLICY AND DOCUMENT REVIEW:

Agency Policy.

### INTERVIEWS:

Investigative Staff.

### FINDINGS:

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

## Standard 115.273: Reporting to residents

### 115.273 (a)

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

### 115.273 (b)

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

### 115.273 (c)

- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?  Yes  No

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

#### 115.273 (d)

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

#### 115.273 (e)

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

#### 115.273 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

115.273(a)

**POLICY AND DOCUMENT REVIEW:**

Agency Policy.

**INTERVIEWS:**

Director.

Investigative staff.

**FINDINGS:**

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

115.273(b)

**POLICY AND DOCUMENT REVIEW:**

Agency Policy.

**FINDINGS:**

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

115.273(c)

**POLICY AND DOCUMENT REVIEW:**

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

**INTERVIEWS:**

Random Residents.

**FINDINGS:**

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

115.273(d)

**POLICY AND DOCUMENT REVIEW:**

Agency Policy.

**INTERVIEWS:**

Random Residents.

**FINDINGS:**

Agency policy that requires that the resident be informed of the outcome of the investigation of all sexual abuse/harassment complaints that the resident has filed. In the past 12 months, six (6) allegations from residents were investigated. The investigations were completed, and of 6 residents were informed in writing of the result of the investigation. The other two residents absconded from the facility and have not been located.

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

115.273(e)

**POLICY AND DOCUMENT REVIEW:**

Agency Policy.

**FINDINGS:**

A review of the investigative files reflected local law enforcement conducts all investigations in the past 12 months, six (6) allegations from residents were investigated.

**DISCIPLINE**

**Standard 115.276: Disciplinary sanctions for staff**

**115.276 (a)**

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

**115.276 (b)**

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

**115.276 (c)**

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

**115.276 (d)**

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

**Auditor Overall Compliance Determination**

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

115.276(a)

**POLICY AND DOCUMENT REVIEW:**

Agency Policy.

**FINDINGS:**

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

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

115.276(b)

**POLICY AND DOCUMENT REVIEW:**

Agency Policy. The agency reported there have been no staff that have violated agency sexual abuse or sexual harassment policies in the past 12 months.

**FINDINGS:**

Zero staff members were investigated for possible PREA violations, therefore, there are no disciplinary documentation for violating agency sexual abuse or sexual harassment policies to review.

115.276(c)

**POLICY AND DOCUMENT REVIEW:**

The agency reported there have been no staff that have been disciplined for violation of agency sexual abuse or sexual harassment policies in the past 12 months.

**FINDINGS:**

Zero staff members were investigated for possible PREA violations, therefore, there are no disciplinary documentation for violating agency sexual abuse or sexual harassment policies to review.

115.276(d)

**POLICY AND DOCUMENT REVIEW:**

The agency reported there have been no staff that have been disciplined for violation of agency sexual abuse or sexual harassment policies in the past 12 months.

**FINDINGS:**

Zero staff members were investigated for possible PREA violations, therefore, there are no disciplinary documentation for violating agency sexual abuse or sexual harassment policies to review.

**Standard 115.277: Corrective action for contractors and volunteers**

**115.277 (a)**

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

**115.277 (b)**

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



## Auditor Overall Compliance Determination

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

115.277(a)

### POLICY AND DOCUMENT REVIEW:

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

### FINDINGS:

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

15.277(b)

### POLICY AND DOCUMENT REVIEW:

Agency Policy.

### INTERVIEWS:

Director.

Random Staff

### FINDINGS:

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

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

## Standard 115.278: Interventions and disciplinary sanctions for residents

### 115.278 (a)

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

### 115.278 (b)

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

### 115.278 (c)

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

### 115.278 (d)

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

### 115.278 (e)

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

### 115.278 (f)

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

### 115.278 (g)

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

### Auditor Overall Compliance Determination

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

115.278(a)

#### POLICY AND DOCUMENT REVIEW:

Agency Policy.

Resident Handbook

#### FINDINGS:

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

115.278(b)

#### POLICY AND DOCUMENT REVIEW:

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

#### INTERVIEWS:

Director

Medical and Mental Health Staff

#### FINDINGS:

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

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

115.278(c)

#### POLICY AND DOCUMENT REVIEW:

Agency Policy.

INTERVIEWS:

Director.

Medical and Mental Health Staff

FINDINGS:

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

115.278(d)

POLICY AND DOCUMENT REVIEW:

Agency Policy.

INTERVIEWS:

Medical and Mental Health Staff

FINDINGS:

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

115.78(e) (f) (g)

POLICY AND DOCUMENT REVIEW:

Agency Policy.

FINDINGS:

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

**MEDICAL AND MENTAL CARE**

**Standard 115.282: Access to emergency medical and mental health services**

**115.282 (a)**

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

#### 115.282 (b)

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

#### 115.282 (c)

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

#### 115.282 (d)

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

#### Auditor Overall Compliance Determination

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

115.282(a)

POLICY AND DOCUMENT REVIEW:

Agency Policy.

INTERVIEWS:

Medical and Mental Health Staff

FINDINGS:

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

115.282(b)

**POLICY AND DOCUMENT REVIEW:**

Agency Policy.

**INTERVIEWS:**

Staff First Responders.

**FINDINGS:**

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

115.282(c)

**POLICY AND DOCUMENT REVIEW:**

Agency Policy.

**INTERVIEWS:**

Medical and Mental Health Staff

**FINDINGS:**

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

115.282(d)

**POLICY AND DOCUMENT REVIEW:**

Agency Policy.

**FINDINGS:**

Agency policy addresses this provision.

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

**115.283 (a)**

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

#### 115.283 (b)

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

#### 115.283 (c)

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

#### 115.283 (d)

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

#### 115.283 (e)

- If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*)  Yes  No  NA

#### 115.283 (f)

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

#### 115.283 (g)

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

#### 115.283 (h)

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

## Auditor Overall Compliance Determination

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

115.283(a)

### POLICY AND DOCUMENT REVIEW:

Agency Policy.

### ONSITE REVIEW:

Medical services are available 24/7 at the facility or at the Parkland Memorial Hospital in Dallas, Texas, if needed. Mental health counselors provide treatment and counseling to resident.

### FINDINGS:

Agency Policy addresses this provision.

115.283(b)

### POLICY AND DOCUMENT REVIEW:

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

### INTERVIEWS:

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

### FINDINGS:

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

115.283(c)

### POLICY AND DOCUMENT REVIEW:

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



**INTERVIEWS:**

Medical and Mental Health Staff.

**FINDINGS:**

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

115.283(d)

**POLICY AND DOCUMENT REVIEW:**

Agency Policy.

**FINDINGS:**

All female resident victims of sexually abusive vaginal penetration while at this facility are offered pregnancy tests. None have been reported at this facility

115.283(e)

**POLICY AND DOCUMENT REVIEW:**

Agency Policy.

**FINDINGS:**

If pregnancy results from the conduct described in paragraph § 115.83(d), all victims will receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services, none have been reported at this facility.

115.283(f)

**POLICY AND DOCUMENT REVIEW:**

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

**INTERVIEWS:**

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

**FINDINGS:**

Agency policy addresses this provision.

115.283(g)

**POLICY AND DOCUMENT REVIEW:**

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

**INTERVIEWS:**

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

**FINDINGS:**

Agency policy addresses this provision.

115.283(h)

**POLICY AND DOCUMENT REVIEW:**

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

**INTERVIEWS:**

Medical and Mental Health Staff.

**FINDINGS:**

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

**DATA COLLECTION AND REVIEW**

**Standard 115.286: Sexual abuse incident reviews**

**115.286 (a)**

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

**115.286 (b)**

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

**115.286 (c)**

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

#### 115.286 (d)

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

#### 115.286 (e)

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

#### Auditor Overall Compliance Determination

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

115.286(a)

#### POLICY AND DOCUMENT REVIEW:

Agency Policy.

The agency reported there were (6) administrative investigation of alleged sexual harassment completed within the past 12 months.

Investigative files.

**FINDINGS:**

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

115.286(b)

**POLICY AND DOCUMENT REVIEW:**

Agency Policy.

Investigative files.

**FINDINGS:**

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

115.286(c)

**POLICY AND DOCUMENT REVIEW:**

Agency Policy.

**INTERVIEWS:**

Director

PREA Compliance Manager

Members of the Incident Review Team

**FINDINGS:**

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

115.286(d)

**POLICY AND DOCUMENT REVIEW:**

Agency Policy.

Incident Review Report

**INTERVIEWS:**

PREA Compliance Manager

## Incident Review Team

### FINDINGS:

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

115.286(e)

### POLICY AND DOCUMENT REVIEW:

Agency Policy.

### FINDINGS:

Agency policy addresses this provision.

## Standard 115.287: Data collection

### 115.287 (a)

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

### 115.287 (b)

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

### 115.287 (c)

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

### 115.287 (d)

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

### 115.287 (e)

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

**115.287 (f)**

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

**Auditor Overall Compliance Determination**

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

115.287(a and c)

**POLICY AND DOCUMENT REVIEW:**

Agency Policy.

**FINDINGS:**

A review of the reporting documentation reflected a comprehensive tracking system designed to maintain various elements for the required data for sexual abuse allegations as well as sexual harassment allegations. One of the functions of the PREA Compliance Manager is to maintain this information. The tracking system contains information on all allegations of abuse, neglect and exploitation, and all serious incidents.

115.287(b)

**POLICY AND DOCUMENT REVIEW:**

Agency Policy.

**FINDINGS:**

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

115.287(d)

Agency Policy.

**FINDINGS:**

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

115.287(e)

**POLICY AND DOCUMENT REVIEW:**

Agency Policy.

**FINDINGS:**

Agency policy addresses this provision.

115.287(f)

**POLICY AND DOCUMENT REVIEW:**

Agency Policy.

**FINDINGS:**

Agency policy addresses this provision.

**Standard 115.288: Data review for corrective action**

**115.288 (a)**

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

**115.288 (b)**

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

**115.288 (c)**

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

**115.288 (d)**

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

**Auditor Overall Compliance Determination**

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

115.288(a)

**POLICY AND DOCUMENT REVIEW:**

Agency Policy.

Annual report.

**INTERVIEWS:**

PREA Coordinator

PREA Compliance Manager.

**FINDINGS:**

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

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

115.288(b)

**POLICY AND DOCUMENT REVIEW:**

Agency Policy.

**FINDINGS:**

Agency policy addresses this provision.

115.288(c)

**POLICY AND DOCUMENT REVIEW:**

Agency Policy.

Annual report.



INTERVIEWS:

PREA Coordinator

PREA Compliance Manager.

FINDINGS:

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

115.288(d)

POLICY AND DOCUMENT REVIEW:

Agency Policy.

INTERVIEWS:

PREA Coordinator

FINDINGS:

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

**Standard 115.289: Data storage, publication, and destruction**

**115.289 (a)**

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

**115.289 (b)**

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

**115.289 (c)**

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

**115.289 (d)**

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

**Auditor Overall Compliance Determination**

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

115.289(a)

**POLICY AND DOCUMENT REVIEW:**

Agency Policy.

**INTERVIEWS:**

PREA Coordinator

**FINDINGS:**

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

115.289(b)

**POLICY AND DOCUMENT REVIEW:**

Agency Policy.

Aggregated data on website.

**FINDINGS:**

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

115.289(c)

**POLICY AND DOCUMENT REVIEW:**

Agency Policy.

Aggregated data on agency website.

**FINDINGS:**

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

115.289(d)

**POLICY AND DOCUMENT REVIEW:**

Agency Policy.

Aggregated data on agency website.

FINDINGS:

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

## AUDITING AND CORRECTIVE ACTION

### Standard 115.401: Frequency and scope of audits

#### 115.401 (a)

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

#### 115.401 (b)

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

#### 115.401 (h)

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

#### 115.401 (i)

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

#### 115.401 (m)

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

#### 115.401 (n)

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

#### Auditor Overall Compliance Determination

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

#### 115.401(a)

##### POLICY AND DOCUMENT REVIEW:

Aggregated data on website.

##### FINDINGS:

This is the first audit for this facility.

#### 115.401(b)

##### POLICY AND DOCUMENT REVIEW:

Aggregated data on website.

##### FINDINGS:

This is the first audit for this facility.

#### 115.401(h)

##### POLICY AND DOCUMENT REVIEW:

There is no agency policy for this provision.

##### FINDINGS:

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

#### 115.401(i)

##### POLICY AND DOCUMENT REVIEW:

There is no agency policy for this provision.

**FINDINGS:**

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

115.401(m)

**POLICY AND DOCUMENT REVIEW:**

There is no agency policy for this provision.

**FINDINGS:**

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

115.401(n)

**POLICY AND DOCUMENT REVIEW:**

There is no agency policy for this provision.

**FINDINGS:**

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

**Standard 115.403: Audit contents and findings**

**115.403 (f)**

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

**Auditor Overall Compliance Determination**

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

115.403(f)

**POLICY AND DOCUMENT REVIEW:**

There is no agency policy for this provision.

**FINDINGS:**

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

|                              |
|------------------------------|
| <b>AUDITOR CERTIFICATION</b> |
|------------------------------|

I certify that:

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

Marc Coudriet  
**Auditor Signature**

23 August 2019  
**Date**