

PREA Facility Audit Report: Final

Name of Facility: Tom Green County Juvenile Detention Center

Facility Type: Juvenile

Date Interim Report Submitted: NA

Date Final Report Submitted: 08/17/2025

Auditor Certification

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.



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.



Auditor Full Name as Signed: Elaine Bridschge

Date of Signature: 08/17/2025

AUDITOR INFORMATION

Auditor name: Bridschge, Elaine

Email: risingsunauditing@gmail.com

Start Date of On-Site Audit: 07/17/2025

End Date of On-Site Audit: 07/18/2025

FACILITY INFORMATION

Facility name: Tom Green County Juvenile Detention Center

Facility physical address: 1253 West 19th Street, San Angelo, Texas - 76903

Facility mailing address: 1251 W. 19th Street, San Angelo,

Primary Contact

Name:	Monica Schniers
Email Address:	Monica.Schniers@co.tom-green.tx.us
Telephone Number:	325-655-2323

Superintendent/Director/Administrator	
Name:	Crystal Vasher
Email Address:	Crystal.Vasher@co.tom-green.tx.us
Telephone Number:	325-655-2323

Facility PREA Compliance Manager	
Name:	
Email Address:	
Telephone Number:	

Facility Health Service Administrator On-Site	
Name:	Albert Fierro DNP, RN
Email Address:	healthcare.stat.sa@gmail.com
Telephone Number:	3253158141

Facility Characteristics	
Designed facility capacity:	24
Current population of facility:	14
Average daily population for the past 12 months:	10
Has the facility been over capacity at any point in the past 12 months?	No
What is the facility's population designation?	Both women/girls and men/boys

In the past 12 months, which population(s) has the facility held? Select all that apply (Nonbinary describes a person who does not identify exclusively as a boy/man or a girl/woman. Some people also use this term to describe their gender expression. For definitions of “intersex” and “transgender,” please see https://www.prearesourcecenter.org/standard/115-5)	
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:	51
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	28
Number of volunteers who have contact with residents, currently authorized to enter the facility:	18

AGENCY INFORMATION	
Name of agency:	Tom Green County Juvenile Probation Department
Governing authority or parent agency (if applicable):	
Physical Address:	1253 West 19th Street, San Angelo, Texas - 76903
Mailing Address:	
Telephone number:	

Agency Chief Executive Officer Information:	
Name:	

Email Address:	
Telephone Number:	

Agency-Wide PREA Coordinator Information			
Name:	Jose Chavez	Email Address:	jose.chavez@co.tom-green.tx.us

Facility AUDIT FINDINGS	
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:	
2	<ul style="list-style-type: none"> • 115.313 - Supervision and monitoring • 115.333 - Resident education
Number of standards met:	
41	
Number of standards not met:	
0	

POST-AUDIT REPORTING INFORMATION

Please note: Question numbers may not appear sequentially as some questions are omitted from the report and used solely for internal reporting purposes.

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2025-07-17
2. End date of the onsite portion of the audit:	2025-07-18

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:	Concho Valley Rape Crisis Center

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	24
15. Average daily population for the past 12 months:	10
16. Number of inmate/resident/detainee housing units:	2
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" 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

23. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	8
25. 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
26. 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
27. 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
28. 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
29. 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
30. 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:	0

31. 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:	0
32. 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:	0
33. 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:	1
34. 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:	0
35. 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):	No text provided.
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
36. 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:	50
37. 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:	18

38. 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:	28
39. 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:	No text provided.
INTERVIEWS	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	
40. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	6
41. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	<input type="checkbox"/> Age <input type="checkbox"/> Race <input type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input type="checkbox"/> Length of time in the facility <input type="checkbox"/> Housing assignment <input type="checkbox"/> Gender <input type="checkbox"/> Other <input checked="" type="checkbox"/> None
If "None," explain:	The facility had a total population of eight residents. Of those, six were interviewed as random residents and two were interviewed as a targeted population.
42. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	The facility had a total population of eight residents. Of those, six were interviewed as random residents and two were interviewed as a targeted population.

43. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input type="radio"/> Yes <input checked="" type="radio"/> No
a. Explain why it was not possible to conduct the minimum number of random inmate/resident/detainee interviews:	The facility had a total population of eight residents. Of those, six were interviewed as random residents and two were interviewed as a targeted population.
44. 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):	The facility had a total population of eight residents. Of those, six were interviewed as random residents and two were interviewed as a targeted population.
Targeted Inmate/Resident/Detainee Interviews	
45. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	2
<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>	
47. 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>The facility had a total population of eight residents. Of those, six were interviewed as random residents and two were interviewed as a targeted population. Residents interviewed did not meet this targeted population.</p>
<p>48. 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>1</p>
<p>49. 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>

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>The facility had a total population of eight residents. Of those, six were interviewed as random residents and two were interviewed as a targeted population. Residents interviewed did not meet this targeted population.</p>
50. 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>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><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>
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>The facility had a total population of eight residents. Of those, six were interviewed as random residents and two were interviewed as a targeted population. Residents interviewed did not meet this targeted population.</p>
51. 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>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><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>

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>The facility had a total population of eight residents. Of those, six were interviewed as random residents and two were interviewed as a targeted population. Residents interviewed did not meet this targeted population.</p>
52. 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>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><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>
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>The facility had a total population of eight residents. Of those, six were interviewed as random residents and two were interviewed as a targeted population. Residents interviewed did not meet this targeted population.</p>
53. 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>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><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>

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>The facility had a total population of eight residents. Of those, six were interviewed as random residents and two were interviewed as a targeted population. Residents interviewed did not meet this targeted population.</p>
54. 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>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><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>
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>The facility had a total population of eight residents. Of those, six were interviewed as random residents and two were interviewed as a targeted population. Residents interviewed did not meet this targeted population.</p>
55. 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>1</p>

56. 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:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<div> <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. </div> <div> <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. </div>
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).	The facility had a total population of eight residents. Of those, six were interviewed as random residents and two were interviewed as a targeted population. Residents interviewed did not meet this targeted population.
57. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	No text provided.
Staff, Volunteer, and Contractor Interviews	
Random Staff Interviews	
58. Enter the total number of RANDOM STAFF who were interviewed:	12

59. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	<input type="checkbox"/> Length of tenure in the facility <input type="checkbox"/> Shift assignment <input type="checkbox"/> Work assignment <input type="checkbox"/> Rank (or equivalent) <input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken) <input type="checkbox"/> None
If "Other," describe:	Gender
60. Were you able to conduct the minimum number of RANDOM STAFF interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No
61. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.
Specialized Staff, Volunteers, and Contractor Interviews	
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.	
62. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	20
63. Were you able to interview the Agency Head?	<input checked="" type="radio"/> Yes <input type="radio"/> No

64. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	<input checked="" type="radio"/> Yes <input type="radio"/> No
65. Were you able to interview the PREA Coordinator?	<input checked="" type="radio"/> Yes <input type="radio"/> No
66. 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)

67. 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
- ☒ Intake staff

	<input type="checkbox"/> Other
68. Did you interview VOLUNTEERS 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 VOLUNTEERS who were interviewed:	4
b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input type="checkbox"/> Religious <input checked="" type="checkbox"/> Other
69. 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:	5
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
70. Provide any additional comments regarding selecting or interviewing specialized staff.	No text provided.

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.

71. Did you have access to all areas of the facility?

☒ Yes

☐ No

Was the site review an active, inquiring process that included the following:

72. 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)?

☒ Yes

☐ No

73. 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)?

☒ Yes

☐ No

74. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?

☒ Yes

☐ No

75. Informal conversations with staff during the site review (encouraged, not required)?

☒ Yes

☐ No

76. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).	No text provided.
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.	
77. 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?	<input checked="checked" type="radio"/> Yes <input type="radio"/> No
78. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).	No text provided.
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.	

79. 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	0	0	0	0
Staff-on-inmate sexual abuse	1	0	1	0
Total	1	0	1	0

80. 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.

81. 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

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

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

83. 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

84. 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

85. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:

1

86. 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	
87. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	1
88. 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)
89. 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	
90. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
91. 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)

92. 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	
93. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	1
94. Did your selection of SEXUAL HARASSMENT 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 harassment investigation files)
Inmate-on-inmate sexual harassment investigation files	
95. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	1
96. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
97. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT 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 harassment investigation files)

Staff-on-inmate sexual harassment investigation files

98. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:

0

99. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?

☐ Yes

☐ No

☒ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)

100. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?

☐ Yes

☐ No

☒ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)

101. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.

No text provided.

SUPPORT STAFF INFORMATION**DOJ-certified PREA Auditors Support Staff**

102. 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.

☐ Yes

☒ No

Non-certified Support Staff

103. 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.

☐ Yes

☒ No

AUDITING ARRANGEMENTS AND COMPENSATION

108. 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	
<ul style="list-style-type: none"> 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	
<p>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.</p>	

115.311	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.311 Zero Tolerance of Sexual Abuse and Sexual Harassment; PREA Coordinator</p> <p>Evidenced Analyzed:</p> <ol style="list-style-type: none"> Zero Tolerance Policy Pre-Audit Questionnaire (PAQ) Organizational Structure for the 51st, 119th, 340th and 391st Juvenile Judicial Districts Interview with the PREA Coordinator <p>Findings:</p> <p>(a) The Tom Green County Juvenile Probation Department mandates zero tolerance toward all forms of sexual abuse and sexual harassment. The safety and well-being of all referred juveniles is paramount, and the Department shall extend all efforts to</p>

	<p>prevent, detect, and respond to such conduct.</p> <p>(b) The Department has designated a PREA Coordinator with sufficient time and authority to develop, implement, and oversee the Department's efforts to comply with the PREA standards.</p> <p>(c) The PREA Coordinator functions as the PREA Compliance Manager at the Agency.</p>
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115.312	Contracting with other entities for the confinement of residents
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>115.12 Contracting with Other Entities for the Confinement of Inmates</p> <p>Evidenced Analyzed:</p> <ol style="list-style-type: none"> 1. Contracts 2. Pre audit questionnaire (PAQ) 3. Interview with the Agency Contract Administrator <p>Findings:</p> <p>(a) The Agency currently contracts with providers for the placement of their youth. Each of the contracts are with providers that are licensed by the Texas Department of Family and Protective Services (TDFPS). All contracts require the service provider to adhere to federal law which includes PREA. 100% of current contracts further contain explicit and specific clauses that require PREA compliance.</p> <p>(b) All new contracts, contract renewals, and agreements executed for the confinement of individuals include provisions that require contracted facilities or entities to adopt and comply with all applicable PREA standards.</p> <p>This statement is in all contracts for the housing of residents:</p> <p>"PRISON RAPE ELIMINATION ACT (PREA): Pursuant to 28 CFR, Part 115, section 115.312 (Standards for Juvenile Facilities), the Provider, if providing services in a secure correctional facility under this contract, shall adopt and comply with the Juvenile Facility Standards set forth in the National Standards to Prevent, Detect, and Respond to Prison Rape Under the Prison Rape Elimination Act."</p> <p>Each contract includes provisions for ongoing monitoring of the contracted entity to ensure continued compliance with PREA requirements throughout the duration of the agreement.</p>

115.313	Supervision and monitoring
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>115.313 Supervision and Monitoring</p> <p>Evidenced Analyzed:</p> <ol style="list-style-type: none"> 1. Tom Green County Juvenile Justice Center 2025 PREA Staffing Plan 2. Texas Administrative Code- Facility wide Staffing Ratios 3. Annual Report Corrective Action Review (Staffing Plan Review) 4. PREA Policy 5. Unannounced Facility Rounds 6. Interviews with Assistant Facility Administrator, PREA Coordinator, and staff that conduct unannounced rounds 7. Site Review: Supervision Practices 8. Pre Audit Questionnaire (PAQ) <p>Findings:</p> <p>(a) The Department has developed, implement and document a staffing plan that provides for adequate levels of staffing, and where applicable, supervision protocols and video monitoring to protect residents against sexual abuse. During the site review the auditor compared the written staffing plan against the current observations and determined that the staffing plan adequately assesses the staffing and/or electronic monitoring needs of the facility with sexual safety in mind, and, that the facility is staffed according to the plan, as it is written. Staffing ratios in the housing unit exceed PREA standards, which currently are 2:4 during waking hours and sleeping hours. No blind spots were observed. Cell checks in housing areas occur within 15-minute staggered intervals. The facility has sufficient camera placement.</p> <p>The following is taken into consideration:</p> <ol style="list-style-type: none"> 1. Generally accepted juvenile detention practices. 2. Any judicial finds of inadequacy. 3. Any findings of inadequacy from Federal investigative agencies. 4. Any findings of inadequacy from internal or external oversight bodies. 5. All components of the facility’s physical plant (including “blind spots” or areas where staff or residents may be isolated). 6. The composition of the resident population. 7. The number and placement of supervisory staff.

	<p>8. Institution programs occurring on a particular shift.</p> <p>9. Any applicable State or local laws, regulations, or standards.</p> <p>10. The prevalence of substantiated and unsubstantiated incidents of sexual abuse.</p> <p>11. Any other relevant factor.</p> <p>(b) The Agency adheres to the staffing plan, with deviations occurring only in rare exigent circumstances. Documentation includes justification and mitigation measures taken. The Annual Report Corrective Action Review (Staffing Plan Review) reviewed stats and documented in calendar years 2019, 2020, and 2021, there were zero (0) allegations in each of the following: Staff Sexual misconduct, Staff Sexual Harassment, Youth-on-Youth Nonconsensual Sexual Abuse, Youth on-Youth Abusive Sexual Contact, and Youth-on-Youth Sexual Harassment. In 2022, there was one (1) allegation of Youth-on-Youth Sexual Harassment with the result of unfounded. In 2023, there was one incident of substantiated sexual abuse which required a critical incident review. In 2024, there was one (1) allegation of Staff-on-Youth Sexual Assault with the result of unfounded.</p> <p>(c) The Agency complies with minimum staffing ratios of 1:8 during waking hours and 1:16 during sleeping hours, as required since before the October 1, 2017, deadline. Deviations due to exigent circumstances are rare and fully documented.</p> <p>(d) An annual review of the staffing plan and monitoring systems is conducted by the Agency in coordination with the PREA Coordinator. This review evaluates current practices, video monitoring effectiveness, and resource adequacy, with adjustments documented in the annual assessment.</p> <p>(e) A written policy enforced by the Agency requires intermediate-level or higher supervisors to conduct unannounced rounds on all shifts. The facility follows the policy and PREA requirement as evidenced by the unannounced rounds. Staff are prohibited from alerting others to the timing of rounds. Unannounced rounds were observed.</p>
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115.315	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.315 Limits to Cross-Gender Viewing and Searches</p> <p>Evidence Analyzed:</p> <p>1. Resident Search Policy</p> <p>2. Prevention Plan Document</p>

3. Interviews with random staff and residents. There were no transgender or intersex residents to interview.

4. Site Review: Cross-Gender Viewing & Searches

5. Pre Audit Questionnaire (PAQ)

Findings:

(a) It is the policy of the Tom Green County Juvenile Detention Center that residents are subjected only to the following searches:

1. a pat-down search, conducted by same gender staff, as for facility safety and security.
2. an oral cavity search to prevent concealment of contraband and to ensure the proper administration of medication.
3. a strip search based on the reasonable belief that the resident is in possession of contraband or reasonable belief that the resident presents a threat to the facility's safety and security.
4. a strip search shall be limited to a visual observation of the resident and shall not involve the physical touching of a resident.
5. a strip search shall be performed in an area that ensures the privacy and dignity of the resident.
6. a strip search shall be conducted by a staff member of the same gender as the resident being searched.

The auditor did not observe any cross-gender searches. Staff stated that they do not perform strip searches.

(b) Cross-gender pat-down searches are conducted only under exigent circumstances, with all such occurrences fully justified and documented immediately. According to the PAQ, no cross-gender searches have occurred.

(c) Cross-gender searches, when conducted, must be thoroughly documented to ensure transparency and adherence to policy.

(d) In the facility, staffing patterns and physical barriers are implemented to enable youth to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine room checks. The auditor did not observe any cross-gender viewing during the audit. Residents are provided with private places to undress.

(e) The Agency does not search or physically examine a transgender or intersex youth for the sole purpose of determining the youth's genital status. Strip searches of any resident are prohibited. Anal or genital body cavity searches shall only be performed by a medical practitioner.

(f) Cross-gender searches are prohibited.

115.316	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.316 Residents with Disabilities and Residents Who Are Limited English Proficient</p> <p>Evidence Analyzed:</p> <ol style="list-style-type: none"> 1. PREA Policy 2. PREA Orientation in English and Spanish and visually impaired 3. MOU with Hands Up for Sign language 4. Interviews with the Chief Juvenile Probation Officer, random staff and a resident with a cognitive disability. There were no residents who were limited English proficient (LEP). 5. Site Review: Interpretation Services 6. Pre Audit Questionnaire (PAQ) <p>Findings:</p> <p>(a) The department takes appropriate steps to ensure that youth 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. Such steps include providing access to interpreters and written materials provided in formats or through methods that ensure effective communication. Qualified interpreters are provided for residents who are deaf or hard of hearing, and accessible materials are available for residents with visual or intellectual disabilities. Services are provided without imposing undue burdens or altering core program functions. The auditor ensured that interpretation services are readily available to residents when the need arises.</p> <p>(b) The department 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 for youth who are limited English proficient, including the use of interpreters. Signage in English and Spanish were readily available throughout the facility.</p> <p>(c) The Department does 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.</p>

115.317	Hiring and promotion decisions
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	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.317 Hiring and Promotion Decisions</p> <p>Evidence Analyzed:</p> <ol style="list-style-type: none">1. PREA Policy2. Five Background checks3. Hiring form that ask about prior sexual misconduct4. Interview with HR staff <p>Findings:</p> <p>A. According to the policy the Department shall not hire or promote anyone who may have contact with residents, and shall not enlist the services of any contractors, who may have contact with residents, who:</p> <ol style="list-style-type: none">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.3. Has been civilly or administratively adjudicated to have engaged in the activity described in number 2 above. <p>B. All allegations and incidents of sexual harassment are reviewed and considered in every hiring and promotion decision.</p> <p>C. Prior to hiring, the facility conducts criminal background checks, consults relevant child abuse registries, and makes reasonable efforts to obtain information from prior institutional employers regarding substantiated allegations of sexual abuse or resignations during investigations. The auditor reviewed the criminal background checks.</p> <p>D. Contractors that have resident contact undergo the same vetting process, including background checks and registry consultations.</p> <p>E. The facility conducts criminal history background checks at least every five years for current employees and contractors.</p> <p>F. Applicants and employees are required to disclose any prior misconduct related to sexual abuse. These disclosures are collected during hiring, promotion, and evaluations, and staff remain under a continuing obligation to report such conduct.</p> <p>G. Providing incomplete or inaccurate information regarding sexual misconduct may result in immediate termination.</p>

	H. In compliance with relevant legal requirements, the facility furnishes verified information regarding sexual abuse or harassment to institutional employers upon request when a former employee seeks employment.
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115.318	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.318 Upgrades to Facilities and Technologies</p> <p>Evidenced Analyzed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire (PAQ) 2. Interviews with the Assistant Facility Administrator and the Chief Juvenile Probation Officer <p>Findings:</p> <p>(a) The Agency has incorporated measures for preventing and detecting sexual abuse into the design, construction, expansion, and renovation of its physical facilities. These design elements enhance staff supervision and resident safety. According to information provided in the PAQ the facility has not made any upgrades to the facility.</p> <p>During the site review, the auditor observed that each cell door has a window installed for the protection of residents and visual observations by staff during cell checks; however, the placement of the windows can limit the ability for efficient visual checks by staff. As well, doors swing inward which is also a safety concern. Doors can be blocked from the inside by residents. In discussion with the Chief Juvenile Probation Officer, the facility has acquired quotes for anticipated renovations.</p> <p>(b) When installing or upgrading video monitoring systems, electronic surveillance, or related technologies, the Agency carefully evaluates their potential to improve the detection, prevention, and response to sexual abuse. These considerations guide the selection and placement of equipment to maximize coverage and effectiveness. According to the PAQ the facility has installed only one new camera.</p>

115.321	Evidence protocol and forensic medical examinations
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Auditor Overall Determination: Meets Standard

Auditor Discussion

115.321 Evidence Protocol and Forensic Medical Examinations

Evidenced Analyzed:

1. PREA Policy
2. MOU with Concho Valley Rape Crisis Center
3. Interviews with random staff. There were no residents who reported sexual abuse.

Findings:

(a) To the extent the Department is responsible for investigating allegations of sexual abuse the Department shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.

(b) The evidence protocol is developmentally appropriate for youth and is based on or adapted from authoritative national standards, including the DOJ's National Protocol for Sexual Assault Medical Forensic Examinations.

(c) The Department offers all residents who experience sexual abuse access to forensic medical examination off-site 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 Department shall document its efforts to provide SAFEs or SANEs.

(d) The facility provides victims with access to rape crisis center advocates. The facility has a MOU with Concho Valley Rape Crisis Center, and they will: Provide an advocate as soon as possible to provide the victim with support throughout the investigation and examination process and to provide crisis intervention and further referral to other services in the community if appropriate. When unavailable, a qualified staff member or community-based advocate is assigned, and all efforts to secure outside advocacy are documented.

(e) Upon the resident's request, the advocate or qualified staff supports the resident throughout the forensic exam and investigation process, offering emotional support, information, and referrals.

(f) When the facility is not the investigating authority, it requests that the agency responsible follow the evidence protocols detailed in (a) through (e).

(g) The auditor is not required to audit this provision.

(h) Victim advocacy services are provided through an MOU agreement and not

	performed by facility staff.
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115.322	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.322 Policies to Ensure Referrals of Allegations for Investigations</p> <p>Evidenced Analyzed:</p> <ol style="list-style-type: none"> 1. PREA Policy 2. PAQ (Pre-Audit Questionnaire) 3. Interviews with the Chief Juvenile Probation Officer and investigative staff 4. Agency Website <p>Findings:</p> <p>(a) The Department ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. The Department ensures 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 Tom Green County Sheriff's Office is the designated law enforcement agency to conduct investigations of any potentially criminal behavior that stems from sexual abuse or sexual harassment allegation that occurs. Additionally, the Texas Juvenile Justice Department may also conduct an investigation of any sexual abuse or sexual harassment allegation that occurs in a department operated facility in accordance with TAC Chapter 350. In 2024, there was one (1) allegation of Staff-on-Youth Sexual Assault with the result of unfounded.</p> <p>(b) A formal policy requires the referral of all potentially criminal allegations to the relevant legal authorities. This policy is publicly accessible via the agency's website, and all referrals are documented. The auditor reviewed the department's website and investigative protocol.</p> <p>(c) When another entity is responsible for criminal investigations, the department's policy describes the respective responsibilities of the agency and the investigating authority.</p> <p>(d) The auditor is not required to audit this provision.</p> <p>(e) The auditor is not required to audit this provision.</p>

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115.331	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.331 Employee Training</p> <p>Evidenced Analyzed:</p> <ol style="list-style-type: none"> 1. Texas Administrative Code (TAC) 2. PREA Policy 3. Ten Staff PREA Training acknowledgments 4. Interviews with random staff <p>Findings:</p> <p>(a) All employees with potential resident contact receive comprehensive training on the facility's zero-tolerance policy and their responsibilities in prevention, detection, reporting, and response</p> <p>(b) The agency policy mandates PREA-related training for all employees who may have contact with youth. This training is tailored to address the specific needs and attributes of youth in juvenile facilities, and the gender(s) represented at the facility. The training covers several key areas: the zero-tolerance policy for sexual abuse, sexual harassment, and sexual activity; responsibilities of employees to prevent, detect, report, and respond to sexual abuse and sexual harassment; the rights of youth to be free from sexual abuse and harassment; the right of youth and employees to be free from retaliation for reporting sexual abuse and sexual harassment; dynamics of sexual abuse and harassment in juvenile facilities; common reactions of juvenile victims; detecting and responding to signs of threatened and actual sexual abuse; distinguishing between consensual sexual contact and sexual abuse between youth; avoiding inappropriate relationships with youth; effective and professional communication with youth, including those who are lesbian, gay, bisexual, transgender, intersex, or gender nonconforming; compliance with laws related to mandatory reporting of sexual abuse; and relevant laws and rules regarding consent. The agency requires all employees to receive this training annually and documents employees' written verification that they understand the training received. The curriculum addresses the dynamics of abuse in juvenile facilities, victim responses, and how to recognize and respond to signs of abuse. Employees are trained to distinguish between consensual activity and sexual abuse and are instructed on appropriate professional boundaries. Training emphasizes professional communication with all residents, including those who</p>

	<p>identify as LGBTQI+ or gender nonconforming. Staff receive instruction on mandatory reporting laws and relevant age of consent laws. Training is tailored to the gender and developmental needs of the population. Additional training is provided for staff transferred between facilities serving different genders.</p> <p>(c) All new employees receive this training, and existing employees received training within one year of the PREA standards' effective date. Refresher training is conducted every two years, with updates annually in off-years.</p> <p>(d) As evidenced by the training records, employees' understanding is documented through signed or electronic verification. According to the TAC (Texas Administrative Code) requires: Successful completion of the certification exam is required prior to performing the duties of a certified juvenile probation officer. The certification exam for juvenile probation officers is based on the following mandatory training topics:</p> <ol style="list-style-type: none"> (1) role of the probation officer. (2) risk and needs assessment, case planning, and case management. (3) recognizing and supervising youth with mental health issues. (4) officer safety and mechanical restraints. (5) Texas Family Code Title 3 (Juvenile Justice Code) and related laws. (6) legal liabilities. (7) dispositional recommendations and courtroom proceedings. (8) TJJD code of ethics and TJJD disciplinary procedures. (9) preventing, identifying, and reporting abuse, neglect, and exploitation. (10) purpose and goals of the Prison Rape Elimination Act. (11) suicide prevention and intervention. (12) trauma-informed care. (13) adolescent development and behavior; and (14) cultural competency.
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115.332	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.332 Volunteer and Contractor Training</p> <p>Evidenced Analyzed:</p> <ol style="list-style-type: none"> 1. PREA Policy 2. PREA Brochure 3. Sixty Contractor/Volunteer PREA Training Acknowledgements 4. Interviews with volunteers and contractors

	<p>Findings:</p> <p>(a) The Department ensures that all volunteers and contractors who have unsupervised contact with residents have been trained on their responsibilities under the Department's sexual abuse and sexual harassment prevention, detection, and response policies and procedures. The department's PREA Brochure (End the Silence) outlines the right to report, how to report, external reporting options, notice for failure to report and the zero-tolerance policy.</p> <p>(b) The level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with residents, but all volunteers and contractors who have unsupervised contact with residents are trained on the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.</p> <p>(c) Documentation confirms each volunteer, and contractor understands their training responsibilities, verified by signature.</p>
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115.333	Resident education
	<p>Auditor Overall Determination: Exceeds Standard</p>
	<p>Auditor Discussion</p>
	<p>115.333 Resident Education</p> <p>Evidenced Analyzed:</p> <ol style="list-style-type: none"> 1. PREA Policy 2. Resident Orientation Pamphlet 3. Ten Residents PREA Education Acknowledgements 4. Pictures of PREA Posters Posted throughout the facility 5. Interviews with random residents and intake staff 6. Pre Audit Questionnaire (PAQ) 7. Site Review: Intake PREA Information; Interpretation Services <p>Findings:</p> <p>(a) During the intake process, residents receive information explaining, in an age-appropriate fashion, the Department's zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or</p>

	<p>sexual harassment and their rights to be free sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding Department policies and procedures for responding such incidents. Interpretation service information is readily available to intake staff.</p> <p>(b) Within 10 days of intake, residents receive comprehensive education—either in person or through video—on their rights, protections against retaliation, and the agency’s reporting and response procedures. Exceeding the standard, within 24 hours after intake, residents watch a comprehensive PREA video and sign an acknowledgement of understanding form. During the site review, the auditor observed how comprehensive education is provided and verified that each unit contained continuous PREA information through signage posted.</p> <p>(c) Any residents who had not received education were educated within one year of the standard’s effective date. Residents transferred between facilities receive updated education as applicable.</p> <p>(d) Education is made accessible to residents with limited English proficiency, sensory impairments, developmental disabilities, or low literacy levels. Signage is available in English and Spanish. The PREA video is available in English, Spanish and closed caption.</p> <p>(e) Participation in education sessions is documented for each resident, as evidenced by the education records.</p> <p>(f) Key PREA (Prison Rape Elimination Act) information is continuously posted throughout the facility, including in housing units and common areas, and is included in the resident handbook.</p>
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115.334	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.334 Specialized Training: Investigations</p> <p>Evidenced Analyzed:</p> <ol style="list-style-type: none"> 1. PREA Policy 2. Investigator Training Certificates 3. Investigator Training Curriculum 4. Interview with investigators <p>Findings:</p>

	<p>(a) The agency policy requires staff members who investigate allegations of sexual abuse receive specialized training that includes techniques for interviewing juvenile sexual abuse victims; proper use of Miranda and Garrity warnings; sexual abuse evidence collection in confinement settings; and criteria and evidence required to substantiate a case for administrative action or prosecution referral.</p> <p>(b) As evidenced by the PREA training curriculum, the training covers interviewing juvenile victims, using Miranda and Garrity warnings, evidence collection in secure environments, and the appropriate standards of proof.</p> <p>(c) As evidenced by reviewing the training records, the agency maintains documentation confirming that all investigators have completed this specialized training.</p> <p>(d) The auditor is not required to audit this provision.</p>
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115.335	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.335 Specialized Training: Medical and Mental Health Care</p> <p>Evidenced Analyzed:</p> <ol style="list-style-type: none"> 1. PREA Policy 2. Training Curriculum and Signed Training Acknowledgements 3. Interviews with medical and mental health staff <p>Findings:</p> <p>(a) The agency policy ensures that all full and part-time medical and mental health practitioners who work in agency-operated facilities are trained to: detect and assess signs of sexual abuse and sexual harassment; preserve physical evidence of sexual abuse; respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment; and report allegations or suspicions of sexual abuse and sexual harassment, including to whom such reports must be made. Training records were reviewed.</p> <p>(b) Facility medical staff do not conduct forensic exams.</p> <p>(c) Training records were reviewed.</p> <p>(d) Practitioners also complete either employee training under §115.331 or contractor training under §115.332, based on their classification.</p>

115.341	Obtaining information from residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.341 Screening for Risk of Sexual Victimization and Abusiveness</p> <p>Evidenced Analyzed:</p> <ol style="list-style-type: none"> 1. PREA Policy 2. Ten Resident Screenings 3. Interviews with PREA Coordinator, staff responsible for risk screening, and random residents 4. Site Review: PREA Risk Screening; Record Storage 5. PAQ (pre audit questionnaire) <p>Findings:</p> <p>(a) As evidenced by the resident screenings submitted the agency conducts objective and comprehensive risk screenings for all residents within 72 hours of their arrival. These screenings are designed to assess each resident's risk for sexual victimization or potential abusiveness and are repeated periodically to ensure current and accurate evaluations. During the site review, the auditor asked staff to walk through the process and do a mock intake for demonstration purposes.</p> <p>(b) Assessments are conducted using an objective PREA Screening form.</p> <p>(c) As part of the screening process, the agency gathers relevant information including any history of sexual victimization or sexual abusiveness, gender identity and expression, age, offense history, level of emotional and physical development, any disabilities, and the resident's own perception of vulnerability.</p> <p>(d) The agency enhances the accuracy of risk assessments by reviewing each resident's case files, court documentation, behavioral records, and results from medical and mental health screenings. This multi-source approach ensures a well-informed and individualized evaluation.</p> <p>(e) Access to screening information is strictly limited to staff members who have a clear, legitimate need to know. The agency enforces confidentiality protocols to protect the privacy of residents and ensure the safe and secure handling of sensitive information. Risk screenings are maintained in secure areas with limited access.</p>

115.342	Placement of residents
	<p data-bbox="280 185 981 219">Auditor Overall Determination: Meets Standard</p> <p data-bbox="280 264 564 297">Auditor Discussion</p> <p data-bbox="280 342 1417 421">115.342 Placement of Residents in Housing, Bed, Program, Education, and Work Assignments</p> <p data-bbox="280 454 574 488">Evidenced Analyzed:</p> <ol data-bbox="280 521 1469 947" style="list-style-type: none"> <li data-bbox="280 521 480 555">1. PREA Policy <li data-bbox="280 589 774 622">2. TAC (Texas Administrative Code) <li data-bbox="280 656 1469 869">3. Interviews with PREA Coordinator, staff responsible for risk screening, Assistant Facility Administrator, and medical and mental health staff. There were no residents in isolation for risk of sexual victimization or who alleged to have suffered sexual abuse. There was no transgender, intersex, gay, lesbian, or bisexual residents. There are no staff that supervise isolation. <li data-bbox="280 902 730 936">3. Pre audit questionnaire (PAQ) <p data-bbox="280 981 405 1014">Findings:</p> <ol data-bbox="280 1048 1452 2089" style="list-style-type: none"> <li data-bbox="280 1048 1452 1216">(a) The Departments uses all information obtained pursuant to 115.341 and based on facility limitations to make housing, bed, program, education, and work assignments for residents with the goal of keeping all residents safe and free from sexual abuse. <li data-bbox="280 1249 1417 1373">(b) Information obtained is used to make housing, bed, program, education, and work decisions. Isolation is a last resort, only used temporarily with continued access to education, exercise, medical/mental health visits, and programming. <li data-bbox="280 1406 1428 1529">(c) Lesbian, gay, bisexual, transgender, or intersex youth are not assigned based solely on their identification or status and it is not seen as an indicator of being sexually abusive. <li data-bbox="280 1563 1428 1686">(d) Each transgender or intersex youth's assignment is made case-by-case, considering health, safety, and security concerns, giving serious consideration to the youth's own views. <li data-bbox="280 1720 1388 1798">(e) Placement and programming are reassessed at least twice yearly, with the opportunity for separate showers from other youth. <li data-bbox="280 1832 1374 1910">(f) Transgender and intersex residents' safety and placement preferences are documented and given serious consideration. <li data-bbox="280 1944 1382 2022">(g) Transgender and intersex residents are consistently provided the option to shower separately. All showers are single occupancy. <li data-bbox="280 2056 1461 2089">(h) Residents may be isolated from others only as a last resort when less restrictive

	<p>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 shall have access to other programs' opportunities to the extent possible.</p> <p>TAC 343.290 (Protective Isolation) states that protective isolation may be ordered when a resident is physically threatened by a resident or group of residents. This must be approved in writing by the Facility Administrator or designee. If the period of protective isolation exceeds 72 hours, then the Facility Administrator or designee shall immediately conduct a documented review of the circumstances surrounding the level of threat faced by the resident and make determination as to whether other less restrictive protective measures are appropriate and available. TAC 343.368 (Illegal Discrimination) requires that residents shall not be subjected to discrimination based on race, national origin, religion, sex, sexual orientation, gender identity, or disability.</p> <p>(I) For any resident placed in isolation under these circumstances, the agency conducts a formal review every 30 days to determine whether continued placement is necessary and to explore any possible alternatives that may allow the resident to safely transition out of isolation.</p>
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115.351	Resident reporting
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>115.351 Resident Reporting</p> <p>Evidenced Analyzed:</p> <ol style="list-style-type: none"> 1. PREA Policy 2. Interviews with random staff and residents. There were no residents who reported sexual abuse. 3. Site Review: Signage; Internal and External Reporting Method; Sending and Receiving Mail; Record Storage; Staff Reporting <p>Findings:</p> <p>(a) The policy requires the facility provide residents with multiple internal methods to report sexual abuse, sexual harassment, staff misconduct, and retaliation. These include verbal or written reports to staff, use of secure grievance forms, direct communication with designated PREA staff, and access to a confidential PREA hotline. The Tom Green County Juvenile Detention Center offers multiple ways to report sexual abuse and sexual harassment. Drop boxes were observed in each unit</p>

	<p>and other areas within the facility and are kept secured. Postal mail is free and goes out five days a week. Reports can be made anonymously.</p> <ul style="list-style-type: none"> • Call the Texas Juvenile Justice Department Hotline at 1-877-786-7263. The hotline number was tested. • Call the Child Protective Services Hotline at 1-800-252-5400. • Report to any staff, volunteer, contractor, Probation Officer or medical or mental health staff. • Submit a grievance form. • Tell a family member, friend, legal counsel, or anyone else outside the facility. They can report on your behalf by calling 1-877-786-7263 or 1-800-252-5400. • You also can submit a report on someone's behalf, or someone at the facility can report for you using the ways listed here. <p>(b) Residents also have at least one external reporting option, Child Protective Services Hotline at 1-800-252-5400. Residents may report anonymously, and the contact information for the external entity is posted in housing units and included in the resident handbook. The hotline number was tested.</p> <p>(c) All staff are trained and required to accept reports made verbally, in writing, anonymously, or by third parties. All verbal reports are immediately documented and addressed with urgency and professionalism.</p> <p>(d) Residents are given ready access to the tools necessary to file written reports, including writing materials, grievance forms, and secure submission boxes in designated areas. Secured grievance boxes are located throughout the facility.</p> <p>(e) Staff are also provided with confidential methods to report any knowledge or suspicion of resident sexual abuse or harassment. Reports can be submitted to the PREA Coordinator or through secure hotlines or email systems. Staff were able to explain this process to the auditor.</p>
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115.352	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.352 Exhaustion of Administrative Remedies</p> <p>Evidenced Analyzed:</p> <p>1. PREA Policy</p>

	<p>2. Resident Grievance Process</p> <p>3. There were no residents who reported a sexual assault to interview.</p> <p>4. Site Review: Signage; Third Party Reporting</p> <p>Findings:</p> <p>(a) (b) (c) (d) (e) (f) (g) Any allegations regarding sexual abuse would not be treated as a grievance by the Department. Rather, it would be reported to the appropriate oversight agency and law enforcement.</p>
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115.353	Resident access to outside confidential support services and legal representation
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>115.353 Resident Access to Outside Support Services and Legal Representation</p> <p>Evidenced Analyzed:</p> <ol style="list-style-type: none"> 1. PREA Policy 2. Resident Handbook 3. Resident Orientation 4. Texas Administrative Code (TAC) 5. PREA Poster 6. MOU with Conch Rape Crisis Center 7. Interviews with Assistant Facility Administrator and random residents. There were no residents who reported sexual abuse. 8. Site Review: Signage; Outside Emotional Support Services; Sending and Receiving Mail <p>Findings:</p> <p>(a) The agency policy provides youth with access to victim advocates for emotional support services related to sexual abuse. This includes making available mailing addresses and telephone numbers of local, state, or national advocacy</p>

	<p>organizations. It also ensures on-site access to representatives and enables confidential communication between youth and these organizations. Signage containing emotional support services is displayed on postings throughout the facility. A test call was made. Postal mail goes out five days a week and postage are free.</p> <p>(b) The agency informs youth of the extent to which communications are monitored and how reports of abuse will be forwarded to authorities as required by law.</p> <p>(c) The agency maintains memoranda of understanding (MOU) with a community-based service provider, Concho Valley Rape Crisis Center, that offers confidential emotional support services to victims of sexual abuse.</p> <p>(d) Confidential communication between residents and their attorneys or legal representatives is ensured. For juvenile residents, the policy also facilitates confidential communication with parents or legal guardians.</p>
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115.354	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.354 Third-Party Reporting</p> <p>Evidenced Analyzed:</p> <ol style="list-style-type: none"> 1. PREA Policy 2. PREA Posters 3. Department Website 4, Site Review: Signage; Third Party Reporting <p>Findings:</p> <p>(a) The Department shall receive third-party reports of sexual abuse and sexual harassment and shall distribute publicly information on how to report any abuse, including sexual abuse and sexual harassment on behalf of a resident. All Department staff, volunteers, and interns are trained on how to report any allegations of abuse, neglect, and exploitation involving a juvenile. Further, required postings and brochures are located throughout public and housing areas of the facility containing information on how to report any alleged abuse, neglect, or exploitation. The Auditor reviewed the department website, and it contained the process for third-party reporting.</p>

115.361	Staff and agency reporting duties
	<p data-bbox="280 185 981 219">Auditor Overall Determination: Meets Standard</p> <p data-bbox="280 264 564 297">Auditor Discussion</p> <p data-bbox="280 338 876 371">15.361 Staff and Agency Reporting Duties</p> <p data-bbox="280 412 574 445">Evidenced Analyzed:</p> <ol data-bbox="280 486 1430 770" style="list-style-type: none"> <li data-bbox="280 486 480 519">1. PREA Policy <li data-bbox="280 555 1313 589">2. Policy Identifying and Reporting ANE (Abuse, Neglect and Exploitation) <li data-bbox="280 624 740 658">3. Pre-Audit Questionnaire (PAQ) <li data-bbox="280 694 1430 770">4. Interviews with the Assistant Facility Administrator, medical and mental health staff, and random staff <p data-bbox="280 810 405 844">Findings:</p> <p data-bbox="280 884 1474 1377">A. The Department requires all staff to report immediately 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 Department; 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. A report of alleged sexual abuse or serious physical abuse must be made to local law enforcement immediately, but no later than one hour after the time a person gains knowledge of or has a reasonable belief that alleged sexual abuse, or serious physical abuse has occurred. A report of alleged sexual abuse or serious physical abuse must be made to TJJD immediately, but no later than four hours after the time a person gains knowledge of or has a reasonable belief that alleged sexual abuse, or serious physical abuse has occurred.</p> <p data-bbox="280 1417 1481 1659">B. The Department shall also require all staff to comply with any applicable mandatory child abuse reporting laws. 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.</p> <p data-bbox="280 1700 1433 1812">C. Staff are prohibited from disclosing any information related to a sexual abuse report except to individuals involved in the resident's treatment, investigation, or security.</p> <p data-bbox="280 1852 1474 2011">D. Medical and mental health practitioners report all suspected sexual abuse to designated supervisors and appropriate agencies, and they inform residents of their reporting responsibilities and limitations on confidentiality prior to providing services.</p> <p data-bbox="280 2051 1390 2085">E. The facility head or designated official promptly notifies appropriate agency</p>

	<p>officials and the resident's parent or legal guardian when allegations involve a juvenile. If the resident is in child welfare custody, their caseworker is notified. If the juvenile is under the jurisdiction of the juvenile justice system, their attorney or legal representative is also notified within 14 days.</p> <p>F. All allegations, including third-party and anonymous reports, are immediately referred to the appropriate investigators for action.</p>
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115.362	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.362 Agency Protection Duties</p> <p>Evidenced Analyzed:</p> <ol style="list-style-type: none"> 1. PREA Policy 2. Pre-Audit Questionnaire (PAQ) 3. Interviews with the Chief Juvenile Probation Officer, Assistant Facility Administrator, and random staff <p>Findings:</p> <p>(a) Upon learning that a resident is at substantial risk of imminent sexual abuse, the facility takes immediate steps to protect the residents. These measures may include housing reassignments, separation from potential aggressors, and other safety-driven interventions. According to the information in the PAQ, there have been no residents that were in imminent risk of sexual abuse in the past 12 months.</p>

115.363	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.363 Reporting to Other Confinement Facilities</p> <p>Evidenced Analyzed:</p>

	<p>1. PREA Policy</p> <p>2. Pre-Audit Questionnaire (PAQ)</p> <p>3. Interviews with the Chief Juvenile Probation Officer and Assistant Facility Administrator</p> <p>Findings:</p> <p>(a) (b) (c) (d) When a resident discloses that sexual abuse occurred at a different facility, the facility head notifies the head of the other facility and the appropriate investigative agency within 72 hours. These notifications are documented, and the receiving facility is responsible for ensuring that the allegation is properly investigated in accordance with PREA standards. According to the information in the PAQ there have been no reported allegations that a resident was sexually abused while confined at another facility in the last 12 months.</p>
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115.364	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.364 Staff First Responder Duties</p> <p>Evidenced Analyzed:</p> <p>1. PREA Policy</p> <p>2. Pre-Audit Questionnaire (PAQ)</p> <p>3. Interviews with security and non-security staff first responders and random staff. There were no residents who reported sexual abuse.</p> <p>Findings:</p> <p>(a) Upon receiving a report that a resident was sexually abused, the policy requires that the first responding staff member takes the following actions:</p> <p>(1) The alleged victim and abuser are immediately separated to protect the victim and preserve safety.</p> <p>(2) The responder secures and preserves the crime scene until appropriate personnel arrive to collect evidence.</p> <p>(3) If the report is made within a timeframe that allows for the collection of physical evidence, the responder instructs the alleged victim to avoid actions that may</p>

	<p>compromise the evidence, such as washing, brushing teeth, changing clothes, urinating, defecating, smoking, eating, or drinking.</p> <p>(4) Similarly, if the abuse occurred within the evidentiary timeframe, the responder ensures the alleged abuser does not take any actions that could destroy physical evidence.</p> <p>(b) In situations where the first responder is not a security staff member, the responder is required to instruct the alleged victim not to take any actions that could destroy evidence and immediately notify security staff to assume control of the response.</p> <p>According to the information in the PAQ, there has not been an incident that required a first responder protocol.</p>
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115.365	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.365 Coordinated Response</p> <p>Evidenced Analyzed:</p> <ol style="list-style-type: none"> 1. Coordinated Response Plan 2. Interview with the Assistant Facility Administrator <p>Findings:</p> <p>(a) The facility has a written plan for the coordinated actions taken in response to an incident of sexual assault among staff first responders, mental health coordinator, investigators, facility PREA Coordinator, and facility leadership. Staff members will coordinate their response with other facility staff upon receiving an allegation that a youth was sexually abused while in custody</p>

115.366	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	<p>115.366 Preservation of Ability to Protect Residents from Contact with Abusers</p> <p>Evidenced Analyzed:</p> <ol style="list-style-type: none"> 1. Pre Audit Questionnaire (PAQ) 2. Interview with Chief Juvenile Probation Officer <p>Findings:</p> <p>(a) The agency has not entered into any collective bargaining agreements.</p> <p>(b) The auditor is not required to audit this provision.</p>
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115.367	Agency protection against retaliation
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>115.367 The agency policy requires Protection Against Retaliation</p> <p>Evidenced Analyzed:</p> <ol style="list-style-type: none"> 1. PREA Policy 2. Interviews with the Chief Juvenile Probation Officer, Assistant Facility Manager and the designated staff charged with monitoring retaliation. There were no residents in isolation for risk of sexual victimization or who alleged to have suffered sexual abuse and there were no residents who reported sexual abuse. 3. Pre audit questionnaire (PAQ) <p>Findings:</p> <p>(a)The Department has 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. To help prevent retaliation, the agency has designated certain staff members to monitor the person who reported the allegation and the alleged victim to determine whether retaliation is occurring.</p> <p>(b) The agency uses multiple protective measures to protect youth and staff from retaliation, such as housing transfers, removal of the alleged abuser from contact with the alleged victim, and emotional support services for youth or staff who fear retaliation. The agency acts promptly if retaliation is suspected.</p> <p>(c) For at least 90 days following a report, the agency monitors treatment and status of involved individuals. Monitoring may include review of disciplinary actions,</p>

	<p>housing reassignments, and staff evaluations, with extensions as needed.</p> <p>(d) Residents receive periodic status checks to detect and address any signs of retaliation.</p> <p>(e) If an individual raises concerns about retaliation, the agency takes immediate action to address them.</p> <p>(f) The auditor is not required to audit this provision.</p>
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115.368	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.368 Post-Allegation Protective Custody</p> <p>Evidenced Analyzed:</p> <ol style="list-style-type: none"> 1, PREA Policy 2. Texas Administrative Code (TAC) 3. Site Review: isolation 4. Pre audit questionnaire (PAQ) 5. Interviews with Assistant Facility Director, and medical and mental health staff. <p>There were no residents held in isolation or staff that supervise isolation.</p> <p>Findings:</p> <p>(a) According to the policy, the agency does not use segregated housing to protect a youth who is alleged to have suffered sexual abuse. The agency has no reports of sexual abuse or post-allegation protective custody in the last 12 months. According to TAC 343.290 (Protective Isolation), protective isolation may be ordered when a resident is physically threatened by a resident or group of residents. This must be approved in writing by the Facility Administrator or designee. If the period of protective isolation exceeds 72 hours, then the Facility Administrator or designee shall immediately conduct a documented review of the circumstances surrounding the level of threat faced by the resident and make determination as to whether other less restrictive protective measures are appropriate and available. The auditor did not observe any residents being held in isolation. Each resident is provided with a single occupancy sleeping room.</p>

115.371	Criminal and administrative agency investigations
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	<div data-bbox="280 118 983 152" data-label="Section-Header"><p>Auditor Overall Determination: Meets Standard</p></div> <div data-bbox="280 197 564 230" data-label="Section-Header"><p>Auditor Discussion</p></div> <div data-bbox="280 275 1398 309" data-label="Text"><p>115.371 Criminal and Administrative The agency policy requires Investigations</p></div> <div data-bbox="280 342 574 376" data-label="Text"><p>Evidenced Analyzed:</p></div> <div data-bbox="280 409 1315 703" data-label="List-Group"><ol style="list-style-type: none">1. PREA Policy2. Pre- Audit Questionnaire (PAQ)3. Interviews with Assistant Facility Administrator, PREA Coordinator, and investigator. There were no residents who reported sexual abuse.4. Site Review: Record Storage</div> <div data-bbox="280 745 406 779" data-label="Text"><p>Findings:</p></div> <div data-bbox="280 813 1461 972" data-label="Text"><p>(a) The agency conducts prompt, thorough, and objective investigations for all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports. For investigations of alleged sexual abuse that appear criminal the facility refers the investigation to law enforcement.</p></div> <div data-bbox="280 1014 1394 1088" data-label="Text"><p>(b) The agency uses investigators who have received special training in sexual abuse investigations involving juvenile victims.</p></div> <div data-bbox="280 1131 1453 1326" data-label="Text"><p>(c) Investigators must gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; interview alleged victims, suspected perpetrators, and witnesses; and review prior complaints and reports of sexual abuse involving the suspected perpetrator.</p></div> <div data-bbox="280 1368 1453 1442" data-label="Text"><p>(d) The agency policy will not terminate an investigation solely because the source of the allegation recants the allegation.</p></div> <div data-bbox="280 1485 1386 1644" data-label="Text"><p>(e) When the quality of evidence appears to support criminal prosecution, it is referred to law enforcement and their investigators may conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.</p></div> <div data-bbox="280 1686 1477 1881" data-label="Text"><p>(f) Investigators must assess the credibility of an alleged victim, suspect, or witness on an individual basis and must not determine credibility by the person's status as a youth or staff. The agency does not require youth who allege sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation.</p></div> <div data-bbox="280 1924 1436 2080" data-label="Text"><p>(g) Administrative investigations include a full analysis of whether staff actions or failures to act contributed to the incident. All findings are documented in detailed written reports that describe the evidence considered and the basis for the conclusions reached. Information collected during an investigation, including all</p></div>
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	<p>reports, are maintained in a secure area under lock and key with limited access.</p> <p>(h) Criminal investigations conducted must be documented in a written report that includes a thorough description of physical, testimonial, and documentary evidence; and copies of all documentary evidence, when feasible.</p> <p>(i) Substantiated allegations of conduct that appear to be criminal are referred to law enforcement who will refer for prosecution.</p> <p>(j) The agency maintains all criminal and administrative investigation reports for as long as the alleged abuser is employed by or detained in the agency, plus at least five years.</p> <p>(k) The agency policy requires the facility not terminate investigations solely on the basis that the alleged abuser or victim is no longer employed by or in custody at the agency.</p> <p>(l) The auditor is not required to audit this provision.</p> <p>(m) If an outside conducts an investigation into an allegation of sexual abuse, the agency policy requires staff to cooperate with the outside investigators. Management will attempt to remain informed about the progress of the investigation.</p> <p>According to the annual report in calendar years 2019, 2020, and 2021, there were zero (0) allegations in each of the following:</p> <p>Staff Sexual Misconduct, Staff Sexual Harassment, Youth-on-Youth Nonconsensual Sexual Abuse, Youth on-Youth Abusive Sexual Contact, and Youth-on-Youth Sexual Harassment.</p> <p>In 2022, there was one (1) allegation of Youth-on-Youth Sexual Harassment with the result of unfounded.</p> <p>In 2023, there was one incident of substantiated sexual abuse which required a critical incident review.</p> <p>In 2024, there was one (l) allegation of Staff-on-Youth Sexual Assault with the result of unfounded.</p>
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115.372	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.372 Evidentiary Standard for Administrative Investigations

	<p>Evidenced Analyzed:</p> <ol style="list-style-type: none"> 1. PREA Policy 2. Interview with investigator <p>Findings:</p> <p>(a) In administrative investigations into allegations of sexual abuse or sexual harassment, the investigator's findings must be based on a preponderance of the evidence.</p>
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115.373	Reporting to residents
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>115.373 Reporting to Residents</p> <p>Evidenced Analyzed:</p> <ol style="list-style-type: none"> 1. PREA Policy 2. Pre-Audit Questionnaire (PAQ) 3. Interviews with the Assistant Facility Administrator and investigator. There were no residents who reported sexual abuse to interview. <p>Findings:</p> <p>(a) Upon conclusion of an investigation into a resident's allegation of sexual abuse, the facility ensures that the resident is informed of the outcome—whether substantiated, unsubstantiated, or unfounded. According to the information in the PAQ there was one allegation, but the resident went to a mental health facility, so the facility was unable to make contact.</p> <p>(b) If the investigation is conducted by an outside agency, the facility requests the outcome to ensure the resident receives notification.</p> <p>(c) When the allegation involves staff misconduct, and the allegation is not unfounded, the resident is notified if the staff member:</p> <ol style="list-style-type: none"> 1. Is no longer assigned to the resident's unit; 2. Is no longer employed at the facility; 3. Is indicted on a charge related to the abuse; or 4. Is convicted on a charge related to the abuse.

	<p>(d) If the allegation involves another resident, the facility informs the alleged victim when:</p> <ol style="list-style-type: none"> 1. The alleged abuser is indicted on a related charge; or 2. The alleged abuser is convicted. <p>(e) All notifications and attempts at notification are documented.</p> <p>(f) The auditor is not required to audit this standard.</p>
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115.376	Disciplinary sanctions for staff
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>115.376 Disciplinary Sanctions for Staff</p> <p>Evidenced Analyzed:</p> <ol style="list-style-type: none"> 1. PREA Policy 2. Policy Internal Investigations and Corrective Measures 3. Pre-Audit Questionnaire (PAQ) <p>Findings:</p> <p>(a) Staff are subject to disciplinary sanctions, up to and including termination, for violating the facility's sexual abuse or harassment policies. According to the PAQ there have no disciplinary actions taken against staff in the last 12 months for sexual misconduct.</p> <p>(b) Termination is the presumptive disciplinary action for staff found to have engaged in sexual abuse.</p> <p>(c) In other policy violations, sanctions are based on the nature of the violation, the staff member's history, and consistency with disciplinary actions imposed in similar cases.</p> <p>(d) Any terminations or resignations in lieu of termination related to sexual misconduct are reported to law enforcement, unless the behavior was clearly not criminal, and to any applicable licensing boards</p>

115.377	Corrective action for contractors and volunteers
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	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.377 Corrective Action for Contractors and Volunteers</p> <p>Evidenced Analyzed:</p> <ol style="list-style-type: none"> 1. PREA Policy 2. Pre-Audit Questionnaire (PAQ) 3. Interview with the Assistant Facility Administrator <p>Findings:</p> <p>(a) Any contractor or volunteer who engages in sexual abuse is immediately prohibited from further contact with residents and is referred to law enforcement and licensing agencies, unless the behavior is clearly not criminal. According to the information in the PAQ there were no volunteers or contractors disciplined for sexual misconduct in the last 12 months.</p> <p>(b) For other policy violations by contractors or volunteers, appropriate remedial measures are taken, which may include removal of resident contact privileges.</p>

115.378	Interventions and disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.378 Interventions and Disciplinary Sanctions for Residents</p> <p>Evidenced Analyzed:</p> <ol style="list-style-type: none"> 1. PREA Policy 2. Pre-Audit Questionnaire (PAQ) 3. Interviews with medical and mental health staff and the Assistant Facility Administrator <p>Findings:</p> <p>(a) Residents may be subjected to disciplinary sanctions only after a formal disciplinary process confirms, either administratively or criminally, that the resident</p>

	<p>committed resident-on-resident sexual abuse. According to the PAQ no residents have been disciplined for sexual misconduct in the last 12 months.</p> <p>(b) Sanctions are proportionate to the abuse, the resident's disciplinary history, and comparable sanctions for similar behavior. If isolation is imposed, the resident continues to receive large-muscle exercise, educational programming (including special education if applicable), daily clinical visits, and access to other programs and services as feasible. The facility does not use isolation. Each resident is provided with a single occupancy sleeping room.</p> <p>(c) Disciplinary decisions consider whether a mental illness or disability contributed to the resident's behavior.</p> <p>(d) The facility may require participation in counseling or interventions to address underlying behaviors. However, participation is not required for general access to programs or education.</p> <p>(e) Residents may only be disciplined for sexual contact with staff if it is determined the staff member did not consent.</p> <p>(f) Residents who report sexual abuse in good faith, based on a reasonable belief that the conduct occurred, are not disciplined for false reporting if the allegation is unsubstantiated.</p> <p>(g) The facility prohibits all sexual activity between residents and may discipline residents for engaging in such behavior. Non-coerced sexual activity is not treated as sexual abuse.</p>
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115.381	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.381 Medical and Mental Health Screenings; History of Sexual Abuse</p> <p>Evidenced Analyzed:</p> <ol style="list-style-type: none"> 1. PREA Policy 2. Interviews with medical and mental health staff, staff responsible for risk screening and a resident who disclosed sexual victimization at risk screening. 3. Site Review: Record Storage

	<p>4. Pre audit questionnaire (PAQ)</p> <p>Findings:</p> <p>(a) If a resident reports prior victimization during screening, the facility ensures a follow-up meeting with a qualified medical or mental health practitioner within 14 days.</p> <p>(b) Residents identified as having previously perpetrated sexual abuse are also referred for a mental health follow-up within 14 days.</p> <p>(c) Information on prior victimization or abusiveness is restricted to staff necessary for medical, mental health, or classification decisions, in compliance with all applicable privacy laws. During the site review, medical records were securely maintained with restricted access.</p> <p>(d) All residents are under the age of eighteen and do not require informed consent.</p>
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115.382	Access to emergency medical and mental health services
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>115.382 Access to Emergency Medical and Mental Health Services</p> <p>Evidenced Analyzed:</p> <ol style="list-style-type: none"> 1. PREA Policy 2. Interviews with medical and mental health staff and security and non-security staff first responders. There were no residents who reported sexual abuse. 3. MOU with Concho Valley Rape Crisis Center <p>Findings:</p> <p>(a) As evidenced by the MOU with Concho Valley Rape Crisis Center resident victims of sexual abuse are provided timely, unimpeded access to emergency medical treatment and crisis intervention, as determined by medical professionals.</p> <p>(b) If no qualified practitioners are available at the time of the report, first responders take immediate protective steps and promptly notify medical and mental health staff.</p> <p>(c) Victims are offered timely access to emergency contraception and STI prophylaxis, as medically appropriate and consistent with accepted standards of</p>

	<p>care.</p> <p>(d) All emergency services are provided at no cost to the resident, regardless of whether they identify the abuser or cooperate with the investigation.</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>115.383 Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers</p> <p>Evidenced Analyzed:</p> <ol style="list-style-type: none"> 1. PREA Policy 2. Interviews with medical and mental health staff. There were no residents that reported sexual abuse. <p>Findings:</p> <p>(a) Residents who have experienced sexual abuse are offered medical and mental health evaluations and follow-up treatment.</p> <p>(b) When residents are transferred, released, or moved to another facility, they receive referrals for continued care to ensure continuity of services.</p> <p>(c) All care is provided at a community-level standard to ensure adequate quality.</p> <p>(d) Victims of sexually abusive vaginal penetration while incarcerated are offered pregnancy testing.</p> <p>(e) If pregnancy occurs, the facility provides timely, comprehensive information and access to all lawful pregnancy-related services.</p> <p>(f) STI testing is offered as medically indicated to support the victim's health.</p> <p>(g) All services are provided at no cost to the resident, regardless of participation in the investigation.</p> <p>(h) The facility attempts to conduct a mental health evaluation of any known resident-on-resident abuser within 60 days of discovery and offers treatment where appropriate.</p>

115.386	Sexual abuse incident reviews
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	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.386 Sexual Abuse Incident Reviews</p> <p>Evidenced Analyzed:</p> <ol style="list-style-type: none"> 1. PREA Policy 2. One completed Sexual Abuse Incident Review 3. Pre-Audit Questionnaire (PAQ) 4. Interviews with Assistant Facility Administrator and members of the incident review team <p>Findings:</p> <p>(a) A sexual abuse incident review is conducted following every completed investigation, except in cases determined to be unfounded as evidenced by a review of an incident review.</p> <p>(b) The review occurs within 30 days of the investigation's conclusion. According to the information in the PAQ there was one unfounded incident in the last 12 months.</p> <p>(c) The review team includes upper-level managers and input from supervisors, investigators, and clinical staff.</p> <p>(d) The team examines:</p> <ol style="list-style-type: none"> 1. Whether policy or procedural changes are needed; 2. Potential motivations including bias or group dynamics; 3. Whether the physical layout contributed to the incident; 4. Staffing adequacy at the time of the incident; 5. The use or need for video monitoring or technology improvements; 6. Findings and recommendations are documented and submitted to the facility head and PREA Coordinator. <p>(e) Recommended changes are implemented, or the facility documents reasons for not doing so, ensuring continuous improvement.</p>

115.387	Data collection
	Auditor Overall Determination: Meets Standard

	Auditor Discussion
	<p>115.387 Data Collection</p> <p>Evidenced Analyzed:</p> <ol style="list-style-type: none"> 1. PREA Policy 2. Annual Report, Findings and Action Plan 3. Annual Data Report 4. Agency Website <p>Findings:</p> <p>(a) The agency collects standardized, uniform data on all allegations of sexual abuse.</p> <p>(b) Data is aggregated at least annually to identify patterns and trends.</p> <p>(c) The agency ensures that its data addresses all questions from the most recent DOJ Survey of Sexual Violence.</p> <p>(d) Data collection includes incident reports, investigation outcomes, and review findings.</p> <p>(e) The agency does not contract for the confinement of its residents</p> <p>(f) DOJ has not requested agency data.</p>

115.388	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.388 Data Review for Corrective Action</p> <p>Evidenced Analyzed:</p> <ol style="list-style-type: none"> 1. PREA Policy 2. Annual Report 3. Agency Website 4. Interviews with the Chief Juvenile Probation Officer and the PREA Coordinator <p>Findings:</p>

	<p>(a) Aggregated data is reviewed to evaluate the effectiveness of the agency's prevention and response efforts. This includes:</p> <ol style="list-style-type: none"> 1. Identifying areas needing improvement. 2. Taking corrective actions as needed. 3. Preparing an annual report outlining findings and responses. <p>(b) The annual report compares current and past data and actions to assess progress.</p> <p>(c) The agency head approves the report and ensures public availability via the agency's website or other accessible means. The Auditor reviewed the department website and all information required is posted.</p> <p>(d) When the agency redacts material from an annual report for publication, the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility.</p>
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115.389	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.389 Data Storage, Publication, and Destruction</p> <p>Evidenced Analyzed:</p> <ol style="list-style-type: none"> 1. PREA Policy 2. Agency Website 3. Site Review: Record Storage 4. Interview with PREA Coordinator <p>Findings:</p> <p>(a) The agency securely stores all collected sexual abuse data to prevent unauthorized access.</p> <p>(b) The facility does not contract private facilities for the confinement of its</p>

	<p>residents.</p> <p>(c) Personal identifiers are removed before publication to protect resident privacy. The department website contains all information required by this standard. The website was reviewed to verify that sexual abuse data is publicly made available and does not include any personally identifiable information.</p> <p>(d) All data is retained for at least 10 years unless a longer period is required by law. Historical data was reviewed on the agency website.</p>
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115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.401 Frequency and Scope of Audits</p> <p>Evidenced Analyzed:</p> <ol style="list-style-type: none"> 1. Agency Website 2. Site Review: Notice of Audit; Access to Facility 3. Issue Log 4. Notice of Audit <p>Findings:</p> <p>(a) (b) The agency operates a single facility. This facility has had an audit during each PREA cycle. Audit reports are available on the agency website. This is the third year of the current cycle.</p> <p>(h) The auditor had access to and was able to observe during the site review all areas of the facility.</p> <p>(i) The auditor received copies of any relevant documents requested.</p> <p>(m) Resident interviews were conducted in a private room without staff present.</p> <p>(n) A Notice of Audit was provided to the facility by the auditor at least six weeks in advance. The Notice provided information pertaining to the audit and provided a name and mailing address of the auditor should residents wish to send confidential correspondence to the auditor. No correspondence was received. The Notice was observed posted in each unit and other areas within the facility. The Notice was dated with the posting date and photos were provided to the auditor with written assurance that the Notice was posted at least six weeks in advance of the audit.</p>

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.403 Audit Contents and Findings</p> <p>Evidenced Analyzed:</p> <p>1. Agency Website</p> <p>Findings:</p> <p>(a) All PREA audit reports from the facility are published on the agency website.</p>

Appendix: Provision Findings		
115.311 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.311 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes
115.311 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	na
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	na
115.312 (a)	Contracting with other entities for the confinement of residents	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	yes
115.312 (b)	Contracting with other entities for the confinement of residents	

	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.312(a)-1 is "NO".)	yes
115.313 (a)	Supervision and monitoring	
	Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has implemented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Generally accepted juvenile detention and correctional/secure residential practices?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any judicial findings of inadequacy?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from Federal investigative agencies?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate	yes

	staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies?	
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The composition of the resident population?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The number and placement of supervisory staff?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Institution programs occurring on a particular shift?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any applicable State or local laws, regulations, or standards?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any other relevant factors?	yes
115.313 (b)	Supervision and monitoring	
	Does the agency comply with the staffing plan except during limited and discrete exigent circumstances?	yes
	In circumstances where the staffing plan is not complied with, does the facility fully document all deviations from the plan? (N/A if no deviations from staffing plan.)	yes
115.313 (c)	Supervision and monitoring	
	Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes

	Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes
	Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A only until October 1, 2017.)	yes
	Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.)	yes
	Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph?	yes
115.313 (d)	Supervision and monitoring	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes
115.313 (e)	Supervision and monitoring	
	Has the facility implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? (N/A for non-secure facilities)	yes
	Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities)	yes
	Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational	yes

	functions of the facility? (N/A for non-secure facilities)	
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	yes

	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?	
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:	yes

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

	safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations?	
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	Hiring and promotion decisions	

(c)		
	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	yes

	employees?	
	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.)	yes
115.321 (a)	Evidence protocol and forensic medical examinations	

	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.321 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.321 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.321 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes

	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.321 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.321 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency is 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?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes

115.322 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.322 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.321(a))	yes
115.331 (a)	Employee training	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment	yes
	Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment?	yes

	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
	Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent?	yes
115.331 (b)	Employee training	
	Is such training tailored to the unique needs and attributes of residents of juvenile facilities?	yes
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes
115.331 (c)	Employee training	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes

115.331 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.332 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.332 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes
115.332 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.333 (a)	Resident education	
	During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	Is this information presented in an age-appropriate fashion?	yes
115.333 (b)	Resident education	
	Within 10 days of intake, does the agency provide age-appropriate	yes

	comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	
	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	yes

	the agency attempt to ascertain information about: Age?	
	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	yes

	pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	
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	yes

	making facility and housing placement decisions and programming assignments?	
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	yes

	entity or office that is not part of the agency?	
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
	Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment?	yes
115.351 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.351 (d)	Resident reporting	
	Does the facility provide residents with access to tools necessary to make a written report?	yes
115.351 (e)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
115.352 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes
115.352 (b)	Exhaustion of administrative remedies	

	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	na
	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.)	na
115.352 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	na
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	na
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.)	na
	If the agency determines that the 90 day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension of time to respond is 70 days per 115.352(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.)	na
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	na
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.)	na
	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.)	na
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	na
	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.)	na
	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.)	na
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.)	na
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	na

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

	the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	
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	yes

	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?	
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	yes

	the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.)	
	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	yes

	accordance with these standards?	
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	yes

	of sexual abuse, does the agency: Act promptly to remedy any such 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: 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	Criminal and administrative agency investigations	

(f)		
	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	yes

	does not provide a basis for terminating an investigation?	
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	yes

	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?	
	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	yes

	cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	
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	yes

	cooperates with any investigation arising out of the incident?	
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	na

	the confinement of its residents.)	
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.)	na
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	yes

	publication would present a clear and specific threat to the safety and security of a facility?	
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.)	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.)	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
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