

PREA Facility Audit Report: Final

Name of Facility: Taylor County Substance Abuse Treatment Facility

Facility Type: Community Confinement

Date Interim Report Submitted: NA

Date Final Report Submitted: 01/17/2023

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
Auditor Full Name as Signed: Karen d. Murray	Date of Signature: 01/17/2023

AUDITOR INFORMATION	
Auditor name:	Murray, Karen
Email:	kdmconsults1@gmail.com
Start Date of On-Site Audit:	12/12/2022
End Date of On-Site Audit:	12/13/2022

FACILITY INFORMATION	
Facility name:	Taylor County Substance Abuse Treatment Facility
Facility physical address:	1133 South 27th Street, Abilene, Texas - 79602
Facility mailing address:	1133 S. 27th Street, Abilene, Texas - 79602

Primary Contact

Name:	Debbie Rowland
Email Address:	drowland@taylorcscd.org
Telephone Number:	325-691-7407

Facility Director

Name:	Debbie Rowland
Email Address:	drowland@taylorcscd.org
Telephone Number:	325-691-7407

Facility PREA Compliance Manager

Name:	
Email Address:	
Telephone Number:	

Facility Characteristics	
Designed facility capacity:	60
Current population of facility:	58
Average daily population for the past 12 months:	60
Has the facility been over capacity at any point in the past 12 months?	Yes
Which population(s) does the facility hold?	Males
Age range of population:	19 to 65
Facility security levels/resident custody levels:	Community Confinement
Number of staff currently employed at the facility who may have contact with residents:	30
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	0
Number of volunteers who have contact with residents, currently authorized to enter the facility:	21

AGENCY INFORMATION	
Name of agency:	Taylor, Callahan & Coleman Counties Community Supervision and Corrections Department
Governing authority or parent agency (if applicable):	
Physical Address:	450 Pecan Street, Suite 200, Abilene, Texas - 79602
Mailing Address:	
Telephone number:	

Agency Chief Executive Officer Information:

Name:	
Email Address:	
Telephone Number:	

Agency-Wide PREA Coordinator Information

Name:	Jennifer Cauthen	Email Address:	jcauthen@taylorcscd.org
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SUMMARY OF AUDIT FINDINGS

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.

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.

Number of standards exceeded:

4	<ul style="list-style-type: none">• 115.211 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator• 115.265 - Coordinated response• 115.267 - Agency protection against retaliation• 115.273 - Reporting to residents
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Number of standards met:

37

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2022-12-12
2. End date of the onsite portion of the audit:	2022-12-13

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
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<p>a. Identify the community-based organization(s) or victim advocates with whom you communicated:</p>	<p>On 11.20.2022 at 10:16 am, MST, this Auditor contacted the Regional Victim Crisis Center at 310 N. Willis St. Abilene, Texas at 325.677.7895. After proper introductions and the reason for the call, the operator stated we are preventing, and intervention and she is the weekend advocate and stated she is the weekend advocate. She states as long as anyone calls us, they will go to the victim. Normally what happens when a victim calls, they find out if they are safe, if they want to file charges, they will do that later, and what we can do to get help. If the victim does need to go the hospital and an advocate will meet them at the hospital. The hospital calls the police, but if they don't want to file charges the police will leave. They stay with victim through the SANE, give them materials they may need, and encourage them to follow up with an appointment and we assign them to a counselor for counselor. If they do file charges, we stay with them through the court process. We are their advocates as long as they want them, all free to the victim. The agency has been around for 40 years and are established in the community. If we do meet with the victim in the community, the police will accompany the advocate.</p>
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AUDITED FACILITY INFORMATION

<p>14. Designated facility capacity:</p>	<p>60</p>
<p>15. Average daily population for the past 12 months:</p>	<p>58</p>
<p>16. Number of inmate/resident/detainee housing units:</p>	<p>9</p>

<p>17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)</p>
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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

<p>36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:</p>	<p>57</p>
<p>38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:</p>	<p>1</p>
<p>39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:</p>	<p>1</p>

42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0
43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	5
44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	0
45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	0
46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	4
47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	No text provided.

Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit

49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	30
50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	21
51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	0
52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	No text provided.

INTERVIEWS

Inmate/Resident/Detainee Interviews

Random Inmate/Resident/Detainee Interviews

53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	9
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<p>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</p>	<p><input checked="" type="checkbox"/> Age</p> <p><input checked="" type="checkbox"/> Race</p> <p><input type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic)</p> <p><input type="checkbox"/> Length of time in the facility</p> <p><input checked="" type="checkbox"/> Housing assignment</p> <p><input type="checkbox"/> Gender</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> None</p>
<p>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</p>	<p>Upon arriving at the facility on the second day, the Auditor was provided with a roster of targeted and random residents. Roster information had only specific target or housing unit. Eight of the nine targeted residents were interviewed, and the remaining residents were chosen from each dorm.</p>
<p>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>One extra random interview was conducted as a randomly selected resident had voiced, he would refuse; however, the resident did not refuse to the Auditor and an interview was conducted.</p> <p>One informal interview was conducted during the tour; however, unbeknown to the Auditor, the resident was also randomly selected.</p>
<p>Targeted Inmate/Resident/Detainee Interviews</p>	
<p>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>8</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".

60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:

0

a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:

☒ 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.

☐ The inmates/residents/detainees in this targeted category declined to be interviewed.

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).

After a tour, staff and resident interviews and review of resident files, the facility did not appear to have a targeted resident in this category.

61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:

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>After a tour, staff and resident interviews and review of resident files, the facility did not appear to have a targeted resident in this category.</p>
<p>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>After a tour, staff and resident interviews and review of resident files, the facility did not appear to have a targeted resident in this category.</p>
<p>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>1</p>

64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:	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).	After a tour, staff and resident interviews and review of resident files, the facility did not appear to have a targeted resident in this category.
65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	3
66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	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).	<p>After a tour, staff and resident interviews and review of resident files, the facility did not appear to have a targeted resident in this category.</p>
67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:	<p>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>After a tour, staff and resident interviews and review of resident files, the facility did not appear to have a targeted resident in this category.</p>
68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:	<p>5</p>

69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:	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 does not utilize seclusion.
70. 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	
71. Enter the total number of RANDOM STAFF who were interviewed:	4

<p>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
<p>a. Select the reason(s) why you were unable to conduct the minimum number of RANDOM STAFF interviews: (select all that apply)</p>	<p><input type="checkbox"/> Too many staff declined to participate in interviews.</p> <p><input type="checkbox"/> Not enough staff employed by the facility to meet the minimum number of random staff interviews (Note: select this option if there were not enough staff employed by the facility or not enough staff employed by the facility to interview for both random and specialized staff roles).</p> <p><input checked="" type="checkbox"/> Not enough staff available in the facility during the onsite portion of the audit to meet the minimum number of random staff interviews.</p> <p><input type="checkbox"/> Other</p>
<p>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>All security staff from both shifts, this facility has two 12-hours shifts, were interviewed. The facility had four total security staff.</p>

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.

75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):

11

76. Were you able to interview the Agency Head?

☒ Yes

☐ No

77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?

☒ Yes

☐ No

78. Were you able to interview the PREA Coordinator?

☒ Yes

☐ No

79. Were you able to interview the PREA Compliance Manager?

☐ Yes

☐ No

☒ NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

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

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

	<input checked="" type="checkbox"/> Intake staff <input type="checkbox"/> Other
81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of VOLUNTEERS who were interviewed:	1
b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input checked="" type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input type="checkbox"/> Religious <input type="checkbox"/> Other
82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No
83. 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.

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

☒ Yes

☐ No

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

85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?

☒ Yes

☐ No

86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?

☒ Yes

☐ No

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

☒ Yes

☐ No

88. Informal conversations with staff during the site review (encouraged, not required)?	<input checked="checked" type="radio"/> Yes <input type="radio"/> No
89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).	<p>During the tour and an informal interview with a resident, he was asked to follow the instructions to dial an outside call. The resident entered his resident identification number, pressed 1 and dialed 677.7895 and handed the Auditor the phone. The advocate agency answered the call. After proper introductions and the reason for the call, the advocate stated upon receiving a call from a resident they would meet residents at the hospital, help them report, and give them resources and provide ongoing services.</p>
<h2 style="text-align: center;">Documentation Sampling</h2>	
<p>Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.</p>	
90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?	<input checked="checked" type="radio"/> Yes <input type="radio"/> No
91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).	<p>File review for residents was completed by utilizing the PREA Audit - Community Confinement Facilities Documentation Record Review - Resident Files / Records.</p> <p>File review for staff was completed by the agency via a spreadsheet with information in each category of the PREA Audit - Community Confinement Facilities Documentation Record Review - Employee Files / Records. The facility self-reported one date was missing from institutional references and the Human Resource Department was tracking the information for the employee file.</p>

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

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

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

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

0

a. Explain why you were unable to review any sexual abuse investigation files:

The facility has not experienced a sexual abuse allegation in the past 12 months.

<p>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
<p>Inmate-on-inmate sexual abuse investigation files</p>	
<p>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>0</p>
<p>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>Staff-on-inmate sexual abuse investigation files</p>	
<p>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>0</p>
<p>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>

105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	0
a. Explain why you were unable to review any sexual harassment investigation files:	The facility has not experienced a sexual harassment allegation in the past 12 months.
107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input type="radio"/> Yes <input checked="" 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	
108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)

110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input type="radio"/> Yes <input checked="" 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	
111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	The facility has not experienced a sexual harassment or sexual abuse allegation in the past 12 months.

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.

☐ Yes

☒ No

Non-certified Support Staff

116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.

☐ Yes

☒ No

AUDITING ARRANGEMENTS AND COMPENSATION

121. Who paid you to conduct this audit?

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

Identify the name of the third-party auditing entity

PREA Auditors of America

Standards

Auditor Overall Determination Definitions

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

Auditor Discussion Instructions

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

115.211	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Exceeds Standard
	<p>Auditor Discussion</p> <p>Document Review:</p> <ol style="list-style-type: none"> 1. Taylor County SATF PAQ 2. Taylor County SATF PREA Policy, dated 2022 3. Agency Organizational Chart, not dated <p>Interviews:</p> <ol style="list-style-type: none"> 1. Random Residents 2. Targeted Residents 3. Residential Monitors 4. PREA Coordinator 5. Facility Director <p>Through interviews with residents and staff and review of resident and staff files, it is evident that this facility interweaves requirements for this standard in their daily protocols. Both residents and staff could speak to facility PREA practices and protocols being used as is described in the agency's PREA policy.</p> <p>Resident interviews demonstrated each feels protocols for searches, urinalysis were respectable and felt sexually safe in the program.</p> <p>The interview and the pre-audit phase demonstrated the PREA Coordinator has the required time to implement PREA protocols. The interview with the Facility Director demonstrated the facility has three PREA binders throughout the facility ensuring the coordinated response, PREA forms, and the PREA policy are broken out by standard and need for employees should they need to reference PREA protocols for allegations of sexual harassment or sexual abuse.</p> <p>Site Review Observation:</p> <p>During the tour of the facility, the Auditor witnessed multiple Zero Tolerance flyers with information regarding the right to report, multiple internal and external options to report and victim support services. Flyers were witnessed at the entry of the building, in each dorm, the hallway, classrooms and in the dining area. Audit notices were posted on blue paper and posted at the entry of the facility, throughout the hallways and highly trafficked areas in the facility.</p> <p>The facility has multiple dorms, each with a single bathroom and shower behind a full door. Doors to resident dorms are always left open and residents are to change clothing in the bathrooms. The facility cameras were viewed at the control booth and all cameras were in working order. The facility also has grievance and staff relate boxes in the resident hallway that are checked daily by the Facility Director or PREA Coordinator every day.</p> <p>(a) The Taylor County SATF PAQ states the facility mandates zero-tolerance toward</p>

all forms of sexual abuse and sexual harassment in the facility it operates and those directly under contract. The facility has a written policy outlining how it will implement the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. The policy includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment. The policy includes sanctions for those found to have participated in prohibited behaviors. The policy includes a description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of residents.

Taylor County SATF PREA Policy, section Prevention Planning 115.211, first paragraph states, "The Taylor County Community Supervision and Corrections Department (CSCD)/Substance Abuse Treatment Facility (SATF) is committed to providing a safe and healthy environment for residents, staff, visitors, contractors and volunteers. We are committed to protecting residents from sexual abuse and sexual harassment. Sexual abuse and sexual harassment compromise the safety of everyone in our facility and will not be tolerated. The SATF's policy will serve as a mechanism for complying with the Prison Rape Elimination Act (PREA) and the PREA National Standards."

(b) The Taylor County SATF PAQ states The PREA Coordinator has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its community confinement facilities. The position of the PREA Coordinator in the agency's organizational structure. The SATF Supervisor serves as the PREA Coordinator, who reports directly to the Facility Director.

Taylor County SATF PREA Policy, section Prevention Planning 115.211, second paragraph states, "The SATF has mandated a zero-tolerance policy relating to any sexual misconduct and sexual harassment between staff, volunteers, contractors, and residents or their family members. All staff and volunteers will receive training to understand how to prevent, detect and respond to all allegations of sexual abuse and sexual harassment. All staff and volunteers will then use the skills learned in the training to prevent, detect and respond to all allegations of sexual abuse and sexual harassment. All allegations, regardless of the source, of coercive, or consensual sexual misconduct/harassment occurring among residents will be fully investigated, sanctioned (if authority to do so exists), and referred for prosecution if the prohibited conduct violates state criminal laws. When it is learned that a resident is subject to a substantial risk of imminent sexual abuse, immediate action shall be taken to protect the resident. All alleged victims of sexual abuse or harassment will be provided a supportive and protective environment. The SATF has a designated PREA Coordinator, who is the Facility Supervisor, who is given sufficient time and authority to develop, implement, and oversee facility efforts to comply with the PREA standards."

The facility provided an agency organization chart. The organizational chart demonstrates the SATF Supervisor serves as the facility PREA Coordinator who reports directly to the Facility Director.

Through such reviews of the pre-audit phase with all but one required standard uploaded, the facilities obvious culture to ensure PREA is implemented and the

	measures of having PREA resources readily available throughout the program, the facility exceeds the standard requirements.
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115.212	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Review:</p> <p>1. Taylor County SATF PAQ</p> <p>Interviews:</p> <p>1. Facility Director</p> <p>During the pre-audit phase, the Facility Director conveyed the agency is a standalone facility and does not have privatized contracts.</p> <p>(a) The Taylor County SATF PAQ states agency does not contract with private agencies for confinement services of their residents.</p> <p>Through such reviews, the facility meets the standard requirements.</p>

115.213	Supervision and monitoring
	<p data-bbox="279 185 1007 219">Auditor Overall Determination: Meets Standard</p> <p data-bbox="279 264 579 297">Auditor Discussion</p> <p data-bbox="279 342 544 376">Document Review:</p> <ol data-bbox="279 383 1300 584" style="list-style-type: none"> 1. Taylor County SATF PAQ 2. Taylor County SATF PREA Policy, dated 2022 3. Taylor County SATF Staffing Plan, dated 1.24.2022 4. Staffing Plan Deviations, dated 3.1.2022, 2.27.2022 5. Annual Staffing Plan Reviews, dated 3.18.2020, 3.22.2021, 1.24.2022 <p data-bbox="279 622 437 656">Interviews:</p> <ol data-bbox="279 663 603 819" style="list-style-type: none"> 1. Random Residents 2. Targeted Residents 3. Residential Monitors 4. Facility Director <p data-bbox="279 831 1445 909">Interviews with residents and Residential Monitors demonstrated supervisory staff are present and valuable on each shift.</p> <p data-bbox="279 947 526 981">Site Observation:</p> <p data-bbox="279 987 1453 1111">Supervisory staff were observed interacting with resident throughout the onsite review. Female staff were witnessed stating 'Female Staff' before entering resident dorms during the tour, head counts and when sterilizing each area for COVID.</p> <p data-bbox="279 1144 1474 1424">(a) The Taylor County SATF PAQ states the facility requires the facility to develop, document and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect residents against abuse. Since August 20, 2012, or last PREA audit, whichever is later, the average daily number of residents is 54. Since August 20, 2012, or last PREA audit, whichever is later, the average daily number of residents on which the staffing plan was predicated is 54.</p> <p data-bbox="279 1462 1469 1619">Taylor County SATF PREA Policy, section Supervision and Monitoring 115.213, A., states, "The facility has developed a staffing plan that provides for expected levels of program supervision and monitoring to ensure the facility is safe and secure. The facility shall make its best effort to comply on a regular basis with the staffing plan.</p> <p data-bbox="279 1630 1445 1753">The location of video monitoring systems will be considered when determining adequate levels of staffing. In calculating staffing levels and determining the need for video monitoring, the following factors shall be taken into consideration:</p> <ol data-bbox="279 1760 1426 1917" style="list-style-type: none"> 1. The physical layout of each building. 2. The composition of the resident population. 3. the prevalence of substantiated and unsubstantiated incident of sexual abuse. 4. any other relevant factors." <p data-bbox="279 1955 1315 2033">The facility provided a Taylor County SATF Staffing Plan. The staffing plan documents the following elements.</p> <ul data-bbox="279 2040 756 2074" style="list-style-type: none"> • Position/Major Functions, Status

- Staff to Resident Ratios
- Staff Supervision of Residents
- RM (Resident Monitor) Schedules
- On-Call
- Video Monitoring
- Physical Building Characteristics
- Facility Specific Factors Related to Sexual Safety
- Privacy Considerations and Limits to Cross-gender Viewing
- Prevalence of Incidents of Sexual Abuse
- Applicable Laws, Regulations and Findings
- Staffing Plan Review
- Documenting Deviations to the Staffing Plan

The plan is signed and dated by the Facility Director, PREA Coordinator, PREA Compliance Manager and PREA Facility Investigator on 1.24.2022.

(b) The Taylor County SATF PAQ states the facility documents each time the staffing plan is not complied with, the facility documents and justifies deviations. The facility had two deviations from the required ratios of their staffing plan due to no male staff members in the building.

Taylor County SATF PREA Policy, section Supervision and Monitoring 115.213, B., state, "The Supervisor of Floor Operations is responsible for reviewing the staffing plan in conjunction with the daily Residential Monitor Schedule. If a staffing pattern falls below the staffing plan due to absence, the Shift Supervisor shall notify the Supervisor of Floor Operations of the deviation. The Supervisor of Floor Operations shall:

1. Immediately work to remedy the staff plan deviation.
2. Immediately notify the Facility Director."

The facility provided two documented staffing plan deviation memorandums from the facility shift supervisor.

(c) The Taylor County SATF PAQ states at least once every year the facility, reviews the staffing plan to see whether adjustments are needed in (1) the staffing plan, (2) prevailing staffing patterns, (3) the deployment of video monitoring systems and other monitoring technologies, or (4) the allocation of facility/agency resources to commit to the staffing plan to ensure compliance with the staffing plan.

Taylor County SATF PREA Policy, section Supervision and Monitoring 115.213, C., states, "Notify the PREA Coordinator of the deviation within seven calendar days and include a description of any corrective actions that were taken to resolve the deviation. Whenever necessary, but no less frequently than once each year, the PREA team shall assess, determine, and document, using the Staffing Plan Annual Review Form, whether adjustments are needed to the staffing plan:

- a. Prevailing staffing patterns
- b. The facility's deployment of video monitoring and other monitoring technologies
- c. The resources the facility has available to commit to ensure adequate staffing levels."

	<p>The facility provided staffing plan reviews. Reviews document the following elements.</p> <ul style="list-style-type: none">• Were there any deviations in the past 12 months?• Does the staffing plan need adjustments?• Are adjustments needed for prevailing staffing patterns?• Are adjustments needed to video or other monitoring technologies?• Are adjustments needed to resources the facility has available to commit to ensuring adequate staffing levels? <p>The staffing plan reviews are signed by the Facility Director, PREA Investigator, PREA Coordinator and PREA Compliance Manager.</p> <p>Through such reviews, the facility meets the standard requirements.</p>
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115.215	Limits to cross-gender viewing and searches
	<p data-bbox="279 185 1007 219">Auditor Overall Determination: Meets Standard</p> <p data-bbox="279 264 579 297">Auditor Discussion</p> <p data-bbox="279 342 544 376">Document Review:</p> <ol data-bbox="279 383 1007 499" style="list-style-type: none"> 1. Taylor County SATF PAQ 2. Taylor County SATF PREA Policy, dated 2022 3. Cross Gender Viewing & Searches Log, not dated <p data-bbox="279 539 437 573">Interviews:</p> <ol data-bbox="279 580 604 779" style="list-style-type: none"> 1. Random Residents 2. Targeted Residents 3. Residential Monitors 4. Facility Director 5. Agency Head <p data-bbox="279 786 1449 949">Interviews with residents demonstrated each had experienced a strip and or pat search at the facility and that those searches and urinalyses were conducted respectfully. At the same time residents were asked if they felt sexually safe in the program and each replied they felt safe.</p> <p data-bbox="279 987 1449 1061">Staff interviewed stated cross-gender searches had been trained annually for both pat and strip searches through the PREA Coordinator and or video training.</p> <p data-bbox="279 1099 635 1133">Site Review Observation:</p> <p data-bbox="279 1140 1465 1384">During the tour the auditor was able to view the area where strip searches and urinalysis testing was conducted. Residents walk through a metal detector, switch out their personal belongings for facility clothing and are taken to their dorm where they are sprayed down individually, for lice, behind a shower curtain. During the delousing process, there are two staff in the dorm with the residents. Cameras are not present in resident dorms.</p> <p data-bbox="279 1422 1476 1749">(a) Taylor County SATF PAQ states the facility does not conduct cross-gender strip or cross-gender visual body cavity searches of their Residents. In the past 12 months the facility has conducted zero cross-gender strip or cross-gender visual body cavity searches of residents. In the past 12 months, the number of cross-gender strip or cross-gender visual body cavity searches of residents were zero. In the past 12 months, the number of cross-gender strip or cross-gender visual body cavity searches of residents that did not involve exigent circumstances or were performed by non-medical staff was zero.</p> <p data-bbox="279 1787 1465 1951">Taylor County SATF PREA Policy, section Cross Gender Viewing & Searches 115.215, A., states, "The facility shall not conduct cross-gender strip searches except in exigent circumstances or when performed by medical practitioners. All instances will be documented by completing the Cross Gender Viewing & Searches."</p> <p data-bbox="279 1989 1458 2022">(b) This provision is not applicable as the facility does not have female residents.</p> <p data-bbox="279 2060 1394 2094">(c) Taylor County SATF PAQ states the facility policy does require that all cross-</p>

gender strip searches, cross-gender visual body cavity searches, and cross-gender pat-down searches be documented and justified as cross-gender strip searches and body cavity searches are not allowed. Policy compliance can be found in provision (a) of this standard.

The facility provided a Cross Gender Viewing & Searches Log. The log documents the following.

- Date
- Resident
- View or Search
- Staff Viewing or Searching
- Exigent Circumstances

(d) Taylor County SATF PAQ states the facility has implemented policies and procedures that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks (this includes viewing via video camera). Policies and procedures 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.

Taylor County SATF PREA Policy, section Cross Gender Viewing & Searches 115.215, B., states, "Residents may 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 living quarter checks."

Taylor County SATF PREA Policy, section Cross Gender Viewing & Searches 115.215, C., states, "Employees of the opposite gender must announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothes."

(e) The Taylor County SATF PAQ states the facility has a policy prohibiting staff from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status. Such searches (described in 115.215(e)-1) occurred in the past 12 months was zero.

Taylor County SATF PREA Policy, section Cross Gender Viewing & Searches 115.215, D., states, "Searches or physical examination of a transgender or intersex resident for the sole purpose of determining the resident's genital status is prohibited. If the resident's genital status is unknown, it may be determined 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. "

(f) The Taylor County SATF PAQ states 100% of all security staff who received training on conducting cross-gender pat-down searches and searches of transgender and intersex residents in a professional and respectful manner,

	<p>consistent with security needs. The PAQ states, “Cross Gender Pat Searches training video and Communicating Effectively and Professionally with LGBTI Offenders both training video both from the PREA Resource Center.”</p> <p>Taylor County SATF PREA Policy, section Cross Gender Viewing & Searches 115.215, D., states, “Facility staff shall be trained on how to conduct cross-gender pat-down searches and searches of transgender and intersex residents, in a manner that is professional, respectful and the least intrusive possible while being consistent with security needs by completing the following training videos from the PREA Resource Center:</p> <ul style="list-style-type: none">a. Communicating Effectively and Professionally with LGBTI Offendersb. Cross Gender Pat Searches” <p>Through such reviews, the facility meets the standard requirements.</p>
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115.216	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Review:</p> <ol style="list-style-type: none"> 1. Taylor County SATF PAQ 2. Taylor County SATF PREA Policy, dated 2022 3. PREA PowerPoint - Slides 34-37 4. Zero Tolerance Posting / Large Font, not dated <p>Interviews:</p> <ol style="list-style-type: none"> 1. Targeted Residents 2. Residential Monitors 3. Facility Director 4. Agency Head <p>Interviews demonstrated the facility had one targeted resident in this category who was hard of hearing and aged. The resident disabled resident was aware of the Zero Tolerance flyers posted throughout the facility, how to report internally and externally and advocate offerings.</p> <p>Interviews with staff demonstrated residents are not used for translation services. Staff were aware they would use another staff to translate, or Language Line services found the facility PREA binders. Barriers were not apparent during interviews and or on the facility tour.</p> <p>Site Observation:</p> <p>Zero Tolerance flyers were witnessed to be in every dorm, the resident hallway, each classroom and the dining area.</p> <p>(a) The Taylor County SATF PAQ states the agency has established procedures to provide disabled residents equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.</p> <p>Taylor County SATF PREA Policy, section Residents with Disabilities/Limited English Proficient 115.216 A.-C., state,</p> <p>A. "In the event a resident has difficulty understanding provided information or procedures outlined in this policy, employees must ensure that such information is effectively communicated to such residents on an individual basis.</p> <p>B. Program Coordinator will assign residents to Counselors based on the needs of the resident including those with limited English skills, reading or writing abilities. Documents and PREA video are available in Spanish and in large font and PREA documents are verbally reviewed with all residents.</p> <p>C. Auxiliary aids that are reasonable, effective, and appropriate to the needs of the resident shall be provided when simple written or oral communication is not effective."</p>

The facility provided a PREA PowerPoint training. Slides 34-37 speak to the following:

- Helping Residents Who Primarily Speak Another Language.
- Can a Resident Provide Interpretation?
- Who Can Provide Interpretation
- Tips for Speaking with Residents Whose English is Limited

The facility provided a Zero Tolerance in large font for individuals with limited sight.

(b) The Taylor County SATF PAQ states the agency has established procedures to provide residents with limited English proficiency equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Policy compliance can be found in provision (a) of this standard.

(c) The Taylor County SATF PAQ states the agency policy prohibits use of resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations. If YES, the agency or facility documents the limited circumstances in individual cases where resident interpreters, readers, or other types of resident assistants are used. In the past 12 months, the number of instances where resident interpreters, readers, or other types of resident assistants have been used and it was not the case that an extended delay in obtaining another interpreter could compromise the resident's safety, the performance of first-response duties under § 115.264, or the investigation of the resident's allegations was zero.

Taylor County SATF PREA Policy, section Residents with Disabilities/Limited English Proficient 115.216 D.-E., state,

D. Residents will not be relied upon to provide interpretation services, act as readers, or provide other types of communication assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-responder duties, or the investigation of the resident's allegations. Such cases will be documented in the daily log and any additional reports.

E. When an interpreter is needed, staff will access Language Line Solutions by calling 1-888-808-9008 and entering the PIN #24162496."

Through such reviews, the facility meets the standard requirements.

115.217	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Review:</p> <ol style="list-style-type: none"> 1. Taylor County SATF PAQ 2. Taylor County SATF PREA Policy, dated 2022 3. Community Supervision and Corrections Department Taylor, Coleman, and Callahan Employer Reference Form 115.217, not dated 4. Applicant PREA Questionnaire Hiring and Promotion 115.217, not dated 5. Applicant PREA Questionnaire Volunteer 115.217, not dated <p>Interviews:</p> <ol style="list-style-type: none"> 1. Human Resource Director <p>The interview with the Human Resource Director demonstrated criminal background checks are completed upon hire and annually thereafter. Applicants answer administrative adjudication questions during the application and interview process. Institutional reference checks are completed for applicable applicants and information on employee involvement in sexual abuse allegations is shared with institutional employers.</p> <p>Site Review Observation:</p> <p>Review of the 30 staff files reviewed, all had current criminal background checks on file. Institutional reference checks had been completed on applicable employees and adjudication questions had been completed during the hiring and promotion processes.</p> <p>(a) The Taylor County SATF PAQ states agency policy prohibits hiring or promoting anyone who may have contact with residents and prohibits enlisting the services of any contractor who may have contact with residents who: (1) Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); (2) Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or (3) Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section.</p> <p>Taylor County SATF PREA Policy, section Hiring and Promotions 115.217 A., states, "Any incident of sexual harassment shall be considered in determining whether to hire or promote any individual or to enlist the services of any contractor, who may have contact with residents.</p> <p>A. To the extent permitted by law, this facility shall not hire or promote and may terminate employment based on material omission regarding such misconduct of anyone and may not enlist the services of any contractor/volunteer who may have:</p> <ol style="list-style-type: none"> 1. Engaged in sexual abuse in a prison, jail, lock up, community confinement facility, juvenile facility, or another institution. 2. Been convicted of engaging or attempting to engage in any type of sexual

misconduct 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. Been civilly or administratively adjudicated to have engaged in any type of sexual misconduct. “

The facility provided both an Applicant PREA Questionnaire Hiring and Promotion 115.217 and an Applicant PREA Questionnaire Volunteer. Questionnaires have applicants and volunteers answer the following questions.

- Have you ever engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution?
- Have you ever 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?
- Have you been civilly or administratively adjudicated to have engaged 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?
- Has there ever been a substantiated allegation of sexual abuse made against you or have you ever resigned during a pending investigation of an allegation of sexual abuse at any previous employer?

(b) The Taylor County SATF PAQ states agency policy requires the consideration of any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents. Policy can be found in provision (a) of this standard.

(c) The Taylor County SATF PAQ states the agency policy requires that before it hires any new employees who may have contact with residents, it (a) conducts criminal background record checks, and (b) consistent with federal, state, and local law, makes its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. In the past 12 months, the number of persons hired who may have contact with residents who have had criminal background record checks is nine.

Taylor County SATF PREA Policy, section Hiring and Promotions 115.217 B. 1.-9., states, “Before hiring new employees or enlisting the service of any contractor/ volunteer that may have contact with residents, the facility shall:

1. Perform a criminal background records check;
2. Ask all applicants the questions included in the Applicant PREA Questions form.
3. Make 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 in consistent with federal, state, and local laws.
4. For potential employees, the information shall be documented on the Employer Reference Form that is completed during the initial interview process and kept in the personnel file.
5. Perform a criminal background records check before enlisting the services of any unescorted contractor who may have contact with the residents.

6. Perform a criminal background check on current employees or contractor who has contact with the residents annually.
7. Ask all applicants and employees about previous sexual misconduct in written applications or interviews for hiring or promotions and impose upon employees a continuing affirmative duty to disclose any such misconduct by completing the Employee Annual PREA Questionnaire at their annual evaluation date.
8. Consider material omissions or the provision of materially false information regarding sexual misconduct grounds for termination.
9. Provide information on substantiated allegations of sexual misconduct involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work, unless prohibited by law.”

The facility provided a Community Supervision and Corrections Department Taylor, Coleman, and Callahan Employer Reference Form. The form requests information on the following.

- Was the above named applicant terminated as a result of a sexual abuse, sexual harassment or sexual assault accusation?
- Did the above named applicant resign as a result of a sexual abuse, sexual harassment or sexual assault accusation, investigation or pending investigation?
- Is there an active, pending, or completed investigation on record as a result of an allegation of sexual abuse, sexual harassment, or sexual assault against the above named applicant?
- If yes, did the investigation determine the accusations were substantiated?

(d) The Taylor County SATF PAQ states the agency policy requires that a criminal background record check be completed before enlisting the services of any contractor who may have contact with residents. In the past 12 months, the number of contracts for services where criminal background record checks were conducted on all staff covered in the contract who might have contact with residents is zero. Policy compliance can be found in provision (b) of this standard.

(e) The Taylor County SATF PAQ states the agency policy requires that either criminal background record checks be conducted at least every five years for current employees and contractors who may have contact with residents or that a system is in place for otherwise capturing such information for current employees. Policy compliance can be found where annual criminal background checks are conducted in provision (b)(6) of this standard.

(g) The Taylor County SATF PAQ states agency policy states that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination. Policy compliance can be found where annual criminal background checks are conducted in provision (b)(8) of this standard.

(h) Policy compliance can be found regarding the agency providing information on substantiated allegations on past employees can be found in provision (b)(9) of this standard.

Through such reviews, the facility meets the standard requirements.

115.218	Upgrades to facilities and technology
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Review:</p> <ol style="list-style-type: none"> 1. Taylor County SATF PAQ 2. Taylor County SATF PREA Policy, dated 2022 <p>Interviews:</p> <ol style="list-style-type: none"> 1. Facility Director <p>The interview with the Facility Director demonstrated the facility had added and or upgraded cameras since the last audit cycle; however, major facility modifications have not taken place.</p> <p>(a) The Taylor County SATF PAQ states the agency has not acquired a new facility or made substantial expansions or modifications to existing facilities since the last PREA audit.</p> <p>Taylor County SATF PREA Policy, section Upgrades to Facilities and Technology, states, "The facility shall consider the effect of the design, acquisition, expansion, or modification upon the facility's ability to protect residents from sexual abuse when designing or acquiring a new facility or installing or upgrading video monitoring systems."</p> <p>(b) The Taylor County SATF PAQ states, the agency/facility has 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. The PAQ states, "July 2021."</p> <p>Through such reviews, the facility meets the standard requirements.</p>

115.221	Evidence protocol and forensic medical examinations
	<p data-bbox="279 185 1005 219">Auditor Overall Determination: Meets Standard</p> <p data-bbox="279 264 579 297">Auditor Discussion</p> <p data-bbox="279 342 544 376">Document Review:</p> <ol data-bbox="279 383 1444 622" style="list-style-type: none"> 1. Taylor County SATF PAQ 2. Taylor County SATF PREA Policy, dated 2022 3. National Protocol for Sexual Assault Medical Forensic Examinations 4. Memorandum of Understanding, Hendrick Medical Center, dated 10.18.2022 5. Memorandum of Understanding, Regional Victim Crisis Center, dated 9.21.2022 6. Memorandum of Understanding, Taylor County Sheriff's Office, dated 9.29.2022 <p data-bbox="279 667 437 701">Interviews:</p> <ol data-bbox="279 707 368 741" style="list-style-type: none"> 1. LVN <p data-bbox="279 748 1473 826">Interviews the LVN demonstrated the facility would use the Hendrick Medical Center for forensic exams.</p> <p data-bbox="279 864 635 898">Site Review Observation:</p> <p data-bbox="279 904 1396 983">The facility has not experienced a sexual assault allegation or had a need for a forensic medical exam in the past 12 months.</p> <p data-bbox="279 1021 1461 1261">(a) The Taylor County SATF PAQ states the agency/facility is responsible for conducting administrative sexual abuse investigations (including resident-on-resident sexual abuse or staff sexual misconduct). The agency/facility is not responsible for conducting criminal sexual abuse investigations (including resident-on-resident sexual abuse or staff sexual misconduct). The Taylor County Sheriff's Department is responsible for conducting sexual abuse investigations.</p> <p data-bbox="279 1299 1477 1585">Taylor County SATF PREA Policy, section Responsive Planning, Evidence Protocol and Forensic Medical Examinations 115.221, A., states, "The investigating entity shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. If the facility is not responsible for investigating such allegations, the facility shall request that the responsible outside agency or entity (i.e., state or local law enforcement, contracting agency, etc.) comply with these requirements.</p> <p data-bbox="279 1592 1465 1709">A. The protocol shall be, as appropriate, adapted from the most recent National Protocol for Sexual Assault Medical Forensic Examinations (www.ncjrs.gov/pdffiles1/ovw/206554.pdf)."</p> <p data-bbox="279 1747 1469 2033">(b) The Taylor County SATF PAQ states the protocol being developmentally appropriate is not developmentally appropriate for youth as the facility does not house youthful offenders. The protocol was adapted from or otherwise based on the most recent edition of the DOJ's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011.</p>

(c) The Taylor County SATF PAQ states the facility offers all residents who experience sexual abuse access to forensic medical examinations. Forensic medical examinations are offered without financial cost to the victim. Where possible, examinations are conducted by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs). When SANEs or SAFEs are not available, a qualified medical practitioner performs forensic medical examinations. The facility documents efforts to provide SANEs or SAFEs. The number of forensic medical exams conducted during the past 12 months is zero. The number of SANEs/SAFEs during the past 12 months was zero. The number of exams performed by a qualified medical practitioner during the past 12 months was zero.

Taylor County SATF PREA Policy, section Responsive Planning, Evidence Protocol and Forensic Medical Examinations 115.221, B., states, "The investigating entity and/or facility shall offer all victims of sexual abuse access to forensic medical examinations, whether onsite or at an outside facility, without financial cost, where evidentiary or medically appropriate. Such examinations shall be performed by a SAFE or SANE where possible. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners. The investigating entity shall document its efforts to provide SAFEs or SANEs."

The facility provided a Memorandum of Understanding, Hendrick Medical Center. The first paragraph states, "The Taylor County Substance Abuse Treatment Facility is committed to providing residents an environment that is free from sexual abuse and sexual harassment. If/when an incident of such is reported, regardless of who the reporting party is or how they chose to report it, the Taylor County SATF will utilize the victim services of Hendrick Medical Center." The memorandum is signed on 10.18.2022 and does not appear to have an expiration date.

(d) The Taylor County SATF PAQ states the facility attempts to make available to the victim a victim advocate from a rape crisis center, either in person or by other means. The efforts are documented. If and when a rape crisis center is not available to provide victim advocate services, the facility provides a qualified staff member from a community-based organization or a qualified agency staff member.

Taylor County SATF PREA Policy, section Responsive Planning, Evidence Protocol and Forensic Medical Examinations 115.221, C., states, "The investigating entity and/or facility shall attempt to make available to the victim a victim advocate from a rape crisis center. The investigating entity and/or facility may utilize a rape crisis center that is part of a government unit as long as the center is not part of the criminal justice system (such a law enforcement agency) and offers a comparable level of confidentiality as a non-governmental entity that provides similar victim services."

The facility provided a Memorandum of Understanding, Regional Victim Crisis Center. The first paragraph states, "The Taylor County Substance Abuse Treatment Facility is committed to providing residents an environment that is free from sexual abuse and sexual harassment. If/when an incident of such is reported, regardless of who the reporting party is or how they chose to report it, the Taylor County SATF will utilize the victim services of Regional Victim Crisis Center." The memorandum is

signed on 9.21.2022 and does not appear to have an expiration date.

(e) The Taylor County SATF PAQ states a qualified staff or community member accompanies and supports the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information and referrals.

Taylor County SATF PREA Policy, section Responsive Planning, Evidence Protocol and Forensic Medical Examinations 115.221, D., states, "As requested by the victim, either the victim advocate, a qualified investigating entity staff member, or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information and referrals."

(f) The facility provided a Memorandum of Understanding, Taylor County Sheriff's Office. The first paragraph states, "The Taylor County Substance Abuse Treatment Facility is committed to providing residents an environment that is free from sexual abuse and sexual harassment. If/when an incident of such is reported, regardless of who the reporting party is or how they chose to report it, the Taylor County SATF will utilize the services of the Taylor County Sheriff's Office Criminal Investigations Division to investigate any and all allegations." The memorandum is signed on 9.29.2022 and does not appear to have an expiration date.

(g) Taylor County SATF PREA Policy, section Responsive Planning, Evidence Protocol and Forensic Medical Examinations 115.221, E., states, "A qualified agency staff member or qualified community-based staff member shall be an individual who has been screened for appropriateness to serve in this role and has received education concerning sexual assault and forensic examination issues in general."

Through such reviews, the facility meets the standard requirements.

115.222	Policies to ensure referrals of allegations for investigations
	<p data-bbox="280 185 1007 219">Auditor Overall Determination: Meets Standard</p> <p data-bbox="280 264 579 297">Auditor Discussion</p> <p data-bbox="280 342 544 376">Document Review:</p> <ol data-bbox="280 383 940 456" style="list-style-type: none"> <li data-bbox="280 383 655 416">1. Taylor County SATF PAQ <li data-bbox="280 423 940 456">2. Taylor County SATF PREA Policy, dated 2022 <p data-bbox="280 501 437 535">Interviews:</p> <ol data-bbox="280 542 807 575" style="list-style-type: none"> <li data-bbox="280 542 807 575">1. Program Coordinator / Investigator <p data-bbox="280 582 1477 741">The interview with the investigator demonstrated upon receiving information, suspicion or receipt of any type of allegation, he would investigate all administrative investigations and refer all sexual abuse allegations to the Taylor County Sheriff's Department.</p> <p data-bbox="280 779 635 813">Site Review Observation:</p> <p data-bbox="280 819 1471 893">The facility has not experienced a sexual harassment or sexual abuse in the past 12 months.</p> <p data-bbox="280 931 1471 1135">(a) The Taylor County SATF PAQ states the agency ensures that an administrative or criminal investigations are completed for all allegations of sexual abuse and sexual harassment. In the past 12 months the facility has had one allegation of sexual abuse and sexual harassment that was received. The allegation of abuse resulted in an administrative hearing.</p> <p data-bbox="280 1173 1477 1413">Taylor County SATF PREA Policy, section Policies to Ensure Referrals of Allegations for Investigations 115.222 A., states, "The Facility Director shall ensure that an administrative investigation and a referral to the Taylor County Sheriff's Office for a criminal investigation, where appropriate, are completed for all allegations of sexual abuse and sexual harassment. All referrals are documented and the CSCD Director is kept informed by the Facility Director."</p> <p data-bbox="280 1451 1477 1697">(b) The Taylor County SATF PAQ states the agency has a policy that requires that allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, including the agency if it conducts its own investigations, unless the allegation does not involve potentially criminal behavior. The policy can be found on the agency website at Zero Tolerance Policy Taylor County, TX - Official Website (taylorcountytexas.org).</p> <p data-bbox="280 1736 1471 1895">Taylor County SATF PREA Policy, section Policies to Ensure Referrals of Allegations for Investigations 115.222 B., states, "This policy, along with a list of responsibilities of the Taylor County Sheriff's Office and the facility, will be published on the CSCD website with all other PREA information."</p> <p data-bbox="280 1933 1230 1966">(c) Policy compliance can be found in provision (a) of this standard.</p> <p data-bbox="280 1973 1230 2007">(d) Policy compliance can be found in provision (a) of this standard.</p> <p data-bbox="280 2013 1230 2047">(e) Policy compliance can be found in provision (a) of this standard.</p> <p data-bbox="280 2085 1246 2119">Through such reviews, the facility meets the standard requirements.</p>

115.231	Employee training
	<p data-bbox="280 185 1007 219">Auditor Overall Determination: Meets Standard</p> <p data-bbox="280 264 579 297">Auditor Discussion</p> <p data-bbox="280 342 544 376">Document Review:</p> <ol data-bbox="280 383 1445 584" style="list-style-type: none"> 1. Taylor County SATF PAQ 2. Taylor County SATF PREA Policy, dated 2022 3. PREA PowerPoint Training, not dated 4. Taylor County Substance Abuse Treatment Facility PREA Acknowledgment Form, New Hiring Training 115.231, not dated <p data-bbox="280 622 437 656">Interviews:</p> <ol data-bbox="280 663 571 741" style="list-style-type: none"> 1. Resident Monitors 2. Specialized Staff <p data-bbox="280 748 1469 909">Interviews with Resident Monitors and specialized staff demonstrated each received PREA training upon hire, throughout each year through biannual refreshers and as an annual requirement. Staff were able to articulate training on the agency zero tolerance policy, rights, reporting responsibilities, searches, and investigations.</p> <p data-bbox="280 947 528 981">Site Observation:</p> <p data-bbox="280 987 1417 1104">Review of the 30 personnel files demonstrated each staff interviewed had completed PREA training initial, annually and consistent refresher training every year, for the past two years.</p> <p data-bbox="280 1142 1453 1344">(a) The Taylor County SATF PAQ states the agency trains all employees who may have contact with residents on the agency's zero-tolerance policy for sexual abuse and sexual harassment. The PAQ states, "PREA: What You Need to Know training video, Bi-Annual Training PowerPoint, and PREA Preventing Sexual Misconduct Against Offenders Community Confinement Facilities, SATF PREA Policy."</p> <p data-bbox="280 1382 1477 1664">Taylor County SATF PREA Policy, section Training and Education, Employee Training 115.231, A. states, "The Taylor County SATF has zero tolerance relating to any sexual misconduct between staff, volunteers, or contractors, and residents and their family members. Moreover, all forms of forced or coercive sexual misconduct occurring among residents will be fully investigated, sanctioned (if authority to do so exists), and referred for prosecution if the prohibited conduct violates state criminal laws.</p> <p data-bbox="280 1671 1390 1704">A. All staff members will be trained on the following tailored to male residents:</p> <ol data-bbox="280 1711 1458 2085" style="list-style-type: none"> 1. The zero-tolerance policy on sexual misconduct and sexual harassment. 2. How to fulfill their responsibilities of prevention, detection, reporting, and response to sexual misconduct. 3. Residents' rights to be free from sexual misconduct. 4. The right of residents and employees to be free from retaliation for reporting sexual misconduct. 5. The dynamics of sexual misconduct in confinement. 6. The common reactions of sexual misconduct victims. 7. How to detect and respond to signs of threatened and actual sexual misconduct.

8. How to avoid inappropriate relationships with residents.
9. How to communicate effectively and professionally with residents, including LGBTI and gender non-conforming residents.
10. How to comply with relative laws related to mandatory reporting of sexual misconduct."

The facility provided a PREA PowerPoint Training. The PowerPoint training includes the following elements.

- Zero Tolerance Policy
- Dynamics of Sexual Abuse in Detention
- Detecting Signs of Sexual Abuse
- Monitoring for Safety and Security
- Handling Disclosures of Abuse
- Common Reactions to Abuse
- Responding to a Victimized Resident
- Professional Communication and Boundaries
- Resident Privacy
- Housing Unit Announcements
- Pat Searches and Urine Drops
- Ways Residents Can Report
- Resident Support Services
- Helping Residents Who Primarily Speak Another Language
- Who Provide Interpretation?
- Duty to Report: Knowledge, Suspicion, or Information
- Mandatory Report
- Ways Staff Can Report
- First Responder Duties
- Completing A PREA Incident Report
- Community Confinement Investigations
- Resident Notification
- Encouraging Residents to Report Sexual Abuse

(b) The Taylor County SATF PAQ states training is tailored to the gender of the residents at the facility. Employees who are reassigned from facilities housing the opposite gender are given additional training. The PAQ states, "TDCJ Pat down training video, Cross-Gender Pat Search training video, HR Basics: Sexual Harassment training video."

(c) The Taylor County SATF PAQ states between trainings the agency provides employees who may have contact with residents with refresher information about current policies regarding sexual abuse and harassment. The frequency with which employees who may have contact with residents receive refresher training on PREA requirements annually.

Taylor County SATF PREA Policy, section Training and Education, Employee Training 115.231, B. states, "All current staff members will receive PREA training within one year of hire and refresher training annually thereafter to ensure all employees understand the agency's current sexual misconduct policies and procedures."

(d) The Taylor County SATF PAQ states the agency documents that employees who may have contact with residents understand the training they have received through employee signature or electronic verification

Taylor County SATF PREA Policy, section Training and Education, Employee Training 115.231, C.-D., state,

C. "Employees transferring to a facility that houses a population whose gender is different from their previously assigned facility shall receive additional training specific to the population of the newly assigned facility.

D. Employees shall be required to confirm, by signing the PREA Acknowledgment Form, their understanding of the received training. Signed documentation will be maintained in the employee's training file. "

The facility provided a Taylor County Substance Abuse Treatment Facility PREA Acknowledgment Form, New Hiring, Annual and Bi-Annual Training 115.231.

Employees acknowledge the following, "I have viewed the PREA, What You Need to Know video and understand the information provided by it. I have received a copy of the Taylor County SATF's PREA policy, in its entirety, as well as the PREA Brochure. I have read these documents or have had them read to me and fully understand the information."

Through such reviews, the facility meets the standard requirements.

115.232	Volunteer and contractor training
	<p data-bbox="280 185 1007 219">Auditor Overall Determination: Meets Standard</p> <p data-bbox="280 264 579 297">Auditor Discussion</p> <p data-bbox="280 342 544 376">Document Review:</p> <ol data-bbox="280 383 1477 584" style="list-style-type: none"> 1. Taylor County SATF PAQ 2. Taylor County SATF PREA Policy, dated 2022 3. Taylor, Callahan, Coleman Counties SATF, A Resident's Guide, not dated 4. Taylor County Substance Abuse Treatment Facility PREA Acknowledgement Form – Contact Volunteer Training 115.232, not dated <p data-bbox="280 622 437 656">Interviews:</p> <ol data-bbox="280 663 539 696" style="list-style-type: none"> 1. Facility Director <p data-bbox="280 703 1449 781">The Facility Director interview demonstrated the facility does not utilize contractor and have a total of 21 volunteers.</p> <p data-bbox="280 819 525 853">Site Observation:</p> <p data-bbox="280 860 1362 938">Review of one volunteer file demonstrated the volunteer had completed and acknowledged the completion of PREA training.</p> <p data-bbox="280 976 1437 1301">(a) The Taylor County SATF PAQ states all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response. The number of volunteers and contractors, who may have contact with residents, who have been trained in agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response is 21. The PAQ states, "PREA: What You Need to Know training video, SATF PREA Brochure and SATF PREA policy."</p> <p data-bbox="280 1339 1477 1541">Taylor County SATF PREA Policy, Volunteer and Contractor Training A., states, "Prior to having contact with the residents or beginning their assigned task, volunteers will be notified of the facility's zero-tolerance policy of sexual abuse as well as their responsibility under the facility's misconduct, and harassment prevention, detection, and reporting and response policies and procedures."</p> <p data-bbox="280 1579 1449 1780">(b) The Taylor County SATF PAQ states the level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with residents. All volunteers and contractors who have contact with residents have been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.</p> <p data-bbox="280 1818 1445 1930">Taylor County SATF PREA Policy, Volunteer and Contractor Training B., states, "The level and type of training provided to volunteers shall be based on the services provided and the level of contact they have with residents.</p> <ul data-bbox="280 1937 1430 2016" style="list-style-type: none"> • Volunteers with direct contact with residents will be vetted through a screening process which includes: <p data-bbox="280 2022 1023 2056">(a) Performing a criminal background records check.</p>

(b) Completion of the Volunteer PREA Questionnaire.

- Once approved the volunteer will:

(a) View the PREA: What You Need to Know education video.

(b) Receive the PREA Brochure and a copy of the SATF PREA policy.

(c) Sign the Volunteer PREA Acknowledgement form

- Non-employees who are in the building without direct contact with residents will:

(a) Receive the PREA Brochure

(b) Sign the PREA Acknowledgment”

The facility provided a Taylor, Callahan, Coleman Counties SATF, A Resident’s Guide. The guide speaks to the following topics.

- The Prison Rape Elimination Act
- Sexual Harassment
- Sexual Abuse
- Reporting Abuse or Harassment
- Zero Tolerance
- Outside Confidential Victim Services

(c) The Taylor County SATF PAQ states the agency maintains documentation confirming that volunteers and contractors who have contact with residents understand the training they have received.

Taylor County SATF PREA Policy, Volunteer and Contractor Training C., states, “Documentation acknowledging understanding of the training they received will be maintained by the facility.”

The facility provided a Taylor County Substance Abuse Treatment Facility PREA Acknowledgement Form – Contact Volunteer Training 115.232. Volunteers and Contractors attest to the following, "I have received PREA training which included viewing the PREA, What You Need to Know video and understand the information provided by it. I have received a copy of the Taylor County SATF's PREA policy, in its entirety, as well as the PREA Brochure. I have read these documents or have had them read to me and fully understand the information."

Through such reviews, the facility meets the standard requirements.

115.233	Resident education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Review:</p> <ol style="list-style-type: none"> 1. Taylor County SATF PAQ 2. Taylor County SATF PREA Policy, dated 2022 3. Taylor, Callahan, Coleman Counties SATF, A Resident's Guide, not dated 4. Excerpts from Taylor County SATF Resident Rulebook & Policy Manual, not dated 5. Zero Tolerance Poster, not dated 6. Taylor County Substance Abuse Treatment Facility PREA Acknowledgment Form, Resident Education 115.333, not dated <p>Interviews:</p> <ol style="list-style-type: none"> 1. Random Residents 2. Targeted Residents 3. Substance Abuse LCDC Counselor <p>Interviews with the 16 residents demonstrated each understood their knowledge of PREA, reporting options to staff, anonymous reports, reports through the grievance or staff report process, using the hotline, or people in the free world.</p> <p>The interview with the Substance Abuse LCDC counselor demonstrated he reads the zero-tolerance policy, informs residents of their rights, and how to report through reading the information to them and watching a video during the intake process.</p> <p>Site Observation:</p> <p>Of the 17 resident files reviewed, each demonstrated evidence of PREA education on the same day as intake.</p> <p>(a) The Taylor County SATF PAQ states residents receive information at time of intake about the zero-tolerance policy, how to report incidents or suspicions of sexual abuse or harassment, their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents. The number of residents admitted during past 12 months who were given this information at intake was 94.</p> <p>Taylor County SATF PREA Policy, section Resident Training 115.233 A., states, "During the intake process, all residents, including those transferred from another facility, shall receive information in a manner that is understandable regardless of individual limitations explaining:</p> <ol style="list-style-type: none"> 1. The agency's zero-tolerance policy regarding sexual abuse and sexual harassment 2. How to report incidents or suspicions of sexual abuse or sexual harassment. 3. Their right to be free from sexual abuse and sexual harassment. 4. Their right to be free from retaliation for reporting such incidents. 5. Agency policies and procedures for responding to such incidents.

6. Consequences of false allegations.”

The facility provided an Excerpts from Taylor County SATF Resident Rulebook & Policy Manual. The information includes the following:

- Resident Rights
- PREA Policy
- PREA Grievance Policy
- Emergency Grievance Process

The facility provided a Taylor, Callahan, Coleman Counties SATF, A Resident’s Guide. The guide speaks to the following topics.

- The Prison Rape Elimination Act
- Sexual Harassment
- Sexual Abuse
- Reporting Abuse or Harassment
- Zero Tolerance
- Outside Confidential Victim Services

The facility provided a Zero Tolerance Poster. The poster provides the following information.

Right to Report

How to Report

Victim Support Services

Calls made from the facility maybe recorded – we will provide communication in as confidential a manner as possible.

(b) The Taylor County SATF PAQ states the facility provides residents who are transferred from a different community confinement facility with refresher information referenced in 115.233(a)-1. The number of residents transferred from a different community confinement facility during the past 12 months was zero. The number of residents transferred from a different community confinement facility, during the past 12 months, who received refresher information was zero. Policy compliance can be found in provision (a) of this standard.

(c) The Taylor County SATF PAQ states Resident PREA education is available in formats accessible to all residents, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled and those who have limited reading skills.

Taylor County SATF PREA Policy, section Resident Training 115.233 B., states, “Residents will:

1. View the PREA: What You Need to Know education video
2. Be provided the Taylor County SATF PREA Brochure
3. Receive the Resident Rulebook that includes the PREA Policy
4. Complete the Resident PREA Acknowledgement Form which will be maintained in the resident's CSS file.”

(d) The Taylor County SATF PAQ states the agency maintains documentation of resident participation in PREA education sessions.

The facility provided a Taylor County Substance Abuse Treatment Facility PREA Acknowledgment Form, Resident Education 115.333. The acknowledgment has residents attest to the following. "I have read or had read to me and fully understand each of the above items. I have completed PREA education, to include viewing the PREA: What You Need to Know and have received the PREA Brochure and understand the contents of both."

(e) The Taylor County SATF PAQ states the agency ensures that key information about the agency's PREA policies is continuously and readily available or visible through posters, resident handbooks, or other written formats.

Taylor County SATF PREA Policy, section Resident Training 115.233 C., states, "In addition to providing such education, the facility shall ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats."

Through such reviews, the facility meets the standard requirements.

115.234	Specialized training: Investigations
	<p data-bbox="279 185 1007 219">Auditor Overall Determination: Meets Standard</p> <p data-bbox="279 264 579 297">Auditor Discussion</p> <p data-bbox="279 342 544 376">Document Review:</p> <ol data-bbox="279 383 1430 539" style="list-style-type: none"> 1. Taylor County SATF PAQ 2. Taylor County SATF PREA Policy, dated 2022 3. Certificates of Completion, PREA: Investigating Sexual Abuse in a Confinement Setting <p data-bbox="279 580 437 613">Interviews:</p> <ol data-bbox="279 620 807 654" style="list-style-type: none"> 1. Program Coordinator / Investigator <p data-bbox="279 660 1362 779">Interviews with the Program Coordinator / Investigator demonstrated he had completed specialized investigator training through the National Institute of Corrections.</p> <p data-bbox="279 819 526 853">Site Observation:</p> <p data-bbox="279 860 1433 938">Specialized Investigator training certificates from the National Institute of Corrections were uploaded to the online audit system during the pre-audit phase.</p> <p data-bbox="279 978 1461 1057">(a) The Taylor County SATF PAQ states agency policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings.</p> <p data-bbox="279 1095 1474 1330">Taylor County SATF PREA Policy, section Specialized Training: Investigations 115.234 A., states, "In addition to the general training provided to all employees, the PREA Coordinator shall ensure that, to the extent the facility itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings. The facility shall maintain documentation confirming that investigators have completed the required specialized training."</p> <p data-bbox="279 1370 1457 1572">(b) Taylor County SATF PREA Policy, section Specialized Training: Investigations 115.234 B., states, "Specialized training shall include techniques for interviewing sexual abuse victim, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral."</p> <p data-bbox="279 1612 1474 1731">(c) The Taylor County SATF PAQ states the agency maintains documentation showing that investigators have completed the required training. The number of investigators currently employed who have completed the required training is three.</p> <p data-bbox="279 1771 1426 1890">The facility provided three Certificates of Completion, PREA: Investigating Sexual Abuse in a Confinement Setting. Certificates were provided through the National Institute of Corrections.</p> <p data-bbox="279 1930 1238 1964">Through such reviews the facility meets the standard requirements.</p>

115.235	Specialized training: Medical and mental health care
	<p data-bbox="279 185 1007 219">Auditor Overall Determination: Meets Standard</p> <p data-bbox="279 264 579 297">Auditor Discussion</p> <p data-bbox="279 342 544 376">Document Review:</p> <ol data-bbox="279 383 1474 539" style="list-style-type: none"> 1. Taylor County SATF PAQ 2. Taylor County SATF PREA Policy, dated 2022 3. Certificate of Completion: PREA: Medical Health Care for Sexual Assault Victims in a Confinement Setting <p data-bbox="279 584 437 618">Interviews:</p> <ol data-bbox="279 624 368 658" style="list-style-type: none"> 1. LVN <p data-bbox="279 665 1430 743">The interview with the LVN demonstrated she had completed specialized Medical and Mental Health PREA training through the National Institution of Corrections.</p> <p data-bbox="279 788 528 822">Site Observation:</p> <p data-bbox="279 828 1479 907">Certificates of completed PREA Medical and Mental Health training were uploaded to the online audit system during the pre-audit phase.</p> <p data-bbox="279 952 1458 1220">(a) The Taylor County SATF PAQ states the agency has a policy related to the training of medical and mental health practitioners who work regularly in its facilities. The number of all medical and mental health care practitioners who work regularly at this facility and have received the training required by agency policy is one. The percent of all medical and mental health care practitioners who work regularly at this facility and have received the training required by agency policy is 100%.</p> <p data-bbox="279 1265 1426 1422">Taylor County SATF PREA Policy, section Specialized Training: Medical and Mental Health Care, states, "All full and part-time Qualified Medical and Mental Health Professionals, who work regularly in the facility, shall receive specialized medical training as outlined below:</p> <ol data-bbox="279 1429 1445 1630" style="list-style-type: none"> 1. How to detect and assess signs of sexual abuse and sexual harassment. 2. How to preserve physical evidence of sexual abuse. 3. How to respond effectively and professionally to victims of sexual abuse and sexual harassment. 4. How and to whom to report allegations of sexual abuse and sexual harassment. <p data-bbox="279 1637 1362 1715">The facility shall maintain documentation confirming that investigators have completed the required specialized training."</p> <p data-bbox="279 1760 1422 1827">(b) Taylor County SATF PAQ states the agency medical staff at this facility do not conduct forensic medical exams.</p> <p data-bbox="279 1872 1458 1984">(c) The Taylor County SATF PAQ states the agency maintains documentation showing that medical and mental health practitioners have completed the required training.</p> <p data-bbox="279 2029 1401 2096">The facility provided a Certificate of Completion: PREA: Medical Health Care for Sexual Assault Victims in a Confinement Setting from the National Institute of</p>

	<p>Corrections.</p> <p>Through such reviews the facility meets the standard requirements.</p>
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115.241	Screening for risk of victimization and abusiveness
	<p data-bbox="280 185 1007 219">Auditor Overall Determination: Meets Standard</p> <p data-bbox="280 264 579 297">Auditor Discussion</p> <p data-bbox="280 342 544 376">Document Review:</p> <ol data-bbox="280 383 1449 499" style="list-style-type: none"> 1. Taylor County SATF PAQ 2. Taylor County SATF PREA Policy, dated 2022 3. Taylor County SATF Sexual Victimization and Abusive Screening Form, not dated <p data-bbox="280 539 437 573">Interviews:</p> <ol data-bbox="280 580 798 696" style="list-style-type: none"> 1. Random Residents 2. Targeted Residents 3. Substance Abuse LCDC Counselor <p data-bbox="280 703 1469 909">Residents interviewed demonstrated each remembered being screened at intake and subsequently thereafter about a month later. Residents recalled being asked questions such as being in jail or prison, if they had been sexually victimized or sexually abused another in the past, their sexual orientation and their perception of safety.</p> <p data-bbox="280 943 1474 1229">The interview with the Substance Abuse LCDC Counselor demonstrated each Counselor completed risk assessments for all intakes on the day of admission and again within 30 days of the intake date. The Counselor stated risk assessments are completed in a private setting and each assesses mental health status, past history of victimization, abuse, sexual orientation and their perception of safety while in the program. The Counselor stated risk assessments are only made available to the Counseling staff, the PREA Coordinator, and the Facility Director.</p> <p data-bbox="280 1267 526 1301">Site Observation:</p> <p data-bbox="280 1308 1458 1386">During review of 17 resident files each had received screening on the day of intake and within 30 days of intake.</p> <p data-bbox="280 1424 1401 1541">(a) The Taylor County SATF PAQ states the agency has a policy that requires screening (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness toward other residents.</p> <p data-bbox="280 1579 1474 1821">Taylor County SATF PREA Policy, section Screening for Risk of Sexual Victimization and Abusiveness A., states, "During the Intake process within the first 72 hours, unless operational needs warrant longer, and upon transfer to another facility, residents shall be screened by assigned staff for their risk of being sexually abused by other residents or sexually abusive towards other residents. Prior criminal history will be considered as well."</p> <p data-bbox="280 1859 1465 2065">(b) The Taylor County SATF PAQ states the agency policy requires that residents be screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their intake. The number of residents entering the facility (either through intake or transfer) within the past 12 months (whose length of stay in the facility was for 72 hours or more) who were screened for risk of sexual victimization</p>

or risk of sexually abusing other residents within 72 hours of their entry into the facility was 91. Policy compliance can be found in provision (a) of this standard. The PAQ states, "Two absconded within 24 hours but we did the screening prior to them absconding."

(c-e) The Taylor County SATF PAQ states the risk assessment is conducted using an objective screening instrument.

Taylor County SATF PREA Policy, section Screening for Risk of Sexual Victimization and Abusiveness B. - I., state,

B. Screenings will be completed and documented by the resident's counselor using the Sexual Victimization and Abusive Screening Form, which will be considered in room assignments and monitoring residents.

1. The Program Coordinator is responsible for room assignments. He/she will ensure that the information gained in the screening form is taken into consideration before making final assignments.

C. Residents who assesses to be at risk for being a victim will receive the PREA Risk Classification of Extra Care - EC and the Program Coordinator will enter this classification into Resident Track.

D. Residents assesses to be at risk for being an aggressor will receive the PREA Risk Classification of Needs Monitoring - NM and the Program Coordinator will enter this classification into Resident Track.

E. All residents classified as EC or NM will be monitored by counselors and all staff for any evidence of a resident victimizing or being victimized which will be immediately reported to any supervisor and/or Facility Director.

F. The Intake screening shall consider, at minimum, the following:

a. Whether the resident has a mental, physical, or developmental disability.

1. The age of the resident.

2. The physical build of the resident.

3. Whether the resident has previously been incarcerated.

4. Whether the resident's criminal history is exclusively non-violent.

5. Whether the resident has prior convictions or sex offense against an adult or child.

6. Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming.

7. Whether the resident had previously experienced sexual victimization.

8. The resident's own perception of vulnerability.

9. Prior sexual acts of abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse as known to the facility.

G. Counselors will confer with the Program Coordinator and make all appropriate referrals using the Sexual Victimization Counseling Referral Form, Sexual Victimization Medical - Counseling Referral Form, and/or Sexual Victimization Mental Health - Counseling Referral Form, based on information gathered by the Sexual Victimization and Abusive Screening Form. The referral/referrals will be scanned into CSS and a copy given to the PREA Coordinator who review, distribute, and follow up to ensure that the referral needs are being met.

H. Upon completion of the Sexual Victimization and Abusive Screening Forms,

counselors will scan a copy into CSS with all other Intake paperwork and will notify the Program Coordinator who will share all pertinent information with the PREA Coordinator and Facility Director.

I. The completed Sexual Victimization and Abusive Screening Forms will be reviewed and discussed at the Treatment Team Meeting following the Intake, which includes the Supervisor/PREA Coordinator, Supervisor of Floor Operations, Program Coordinator, RSOs, and Counselors.”

The facility provided a Taylor County SATF Sexual Victimization and Abusive Screening Form. The screening form documents the following information.

- Room
- Screening Date
- Offender Name
- Age / Gender / Height / Weight
- Prior Incarcerations
- Prior Sexual Offense Convictions
 - o If yes, Against a child and/or against an adult
- Criminal history is exclusively non-violent
- Evidence suggesting offender has history of prior institutional sexual victimization
- Evidence suggesting offender has a history of prior institutional violence or sexual abuse
- Completed PREA education during current intake process
- Prior to incarceration have you ever experienced sexual victimization
 - o While in a juvenile facility, county jail or prison, have you ever
 - ◊ Engaged in sexual activity with another because you believed you would be harmed if you refused?
 - ◊ Been forced to coerced to engage in sexual activity for protections or otherwise
 - ◊ Engaged in non-coerced (willing) sexual activity
 - ◊ Forced another offender by violence, threats, or promise to provide protection to engage in sexual acts
 - ◊ Been disciplined an any other institution for sexual abuse or sexual harassment of another offender
- Do you have any mental, physical, or developmental disabilities?
- Do you feel at risk from assault or harassment from other residents?
- Do you wish to identify yourself as Lesbian, Gay, Bisexual, Heterosexual, Transgender, Intersex?

(f) The Taylor County SATF PAQ states the number of residents entering the facility (either through intake or transfer) within the past 12 months whose length of stay in the facility was for 30 days or more who were reassessed for their risk of sexual victimization or of being sexually abusive within 30 days after their arrival at the facility based upon any additional, relevant information received since intake was 77.

(f) The Taylor County SATF PAQ states the policy requires that a resident’s risk level be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the resident’s risk of sexual victimization or abusiveness. The number of residents entering the facility (either

through intake or transfer) within the past 12 months whose length of stay in the facility was for 30 days or more who were reassessed for their risk of sexual victimization or of being sexually abusive within 30 days after their arrival at the facility based upon any additional, relevant information received since intake was 77.

Taylor County SATF PREA Policy, section Screening for Risk of Sexual Victimization and Abusiveness J.-K., state,

J. "Within 30 days of the resident's arrival, the resident will be reassessed by his assigned counselor using the Sexual Victimization and Abusive Screening Form. The reassessment will include any additional relevant information received by the facility since the initial intake screening. The reassessment will be reviewed by the Treatment Team during the weekly treatment team meeting to insure all additional relevant information is discussed and included.

K. A resident will be reassessed when warranted, due to a referral, request, incident of sexual abuse, or receipt of additional information that may impact the resident's risk of victimization or abusiveness."

(h) The Taylor County SATF PAQ states the policy prohibits disciplining residents for refusing to answer (or for not disclosing complete information related to) the questions regarding: (a) whether or not the resident has a mental, physical, or developmental disability; (b) whether or not the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming; (c) Whether or not the resident has previously experienced sexual victimization; and (d) the resident's own perception of vulnerability.

Taylor County SATF PREA Policy, section Screening for Risk of Sexual Victimization and Abusiveness L., states, "Residents may not be disciplined for refusing to answer, or for not disclosing complete information, in response to questions asked pursuant to the following:

1. Whether the resident has a mental, physical, or developmental disability.
2. Whether the resident is, or is perceived to be, LGBTI or Gender Non-Conforming.
3. Whether the resident has previously experienced sexual victimization.
4. The resident's own perception of vulnerability."

(I) Taylor County SATF PREA Policy, section Screening for Risk of Sexual Victimization and Abusiveness G., states, "The treatment team will not share any information gathered during the initial screening process or screening review process with anyone outside of the treatment team members, other than the Facility Director. If/ when the information is discussed between the treatment team members, it will be done in a private setting."

Through such reviews, the facility meets the standard requirements.

115.242	Use of screening information
	<p data-bbox="279 185 1005 219">Auditor Overall Determination: Meets Standard</p> <p data-bbox="279 264 579 297">Auditor Discussion</p> <p data-bbox="279 342 544 376">Document Review:</p> <ol data-bbox="279 383 940 499" style="list-style-type: none"> 1. Taylor County SATF PAQ 2. Taylor County SATF PREA Policy, dated 2022 3. Room Chart, dated 11.8.2022 <p data-bbox="279 539 437 573">Interviews:</p> <ol data-bbox="279 580 568 696" style="list-style-type: none"> 1. Kitchen staff 2. PREA Coordinator 3. Facility Director <p data-bbox="279 703 1469 864">An informal interview with a kitchen staff demonstrated she is verbally made aware of resident risk level by her supervisor, for those residents working in the kitchen. The kitchen staff stated a current list of risk levels are posted inside the kitchen supervisors office.</p> <p data-bbox="279 904 1469 1021">Interviews with PREA Coordinator and the Facility Director demonstrated risk assessments were documented on paper and were double locked in the Counselor's offices.</p> <p data-bbox="279 1061 1469 1223">(a) The Taylor County SATF PAQ states the agency/facility uses information from the risk screening required by §115.241 to inform housing, bed, work, education, and program assignments with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive.</p> <p data-bbox="279 1263 1469 1458">Taylor County SATF PREA Policy, section Use of Screening Information 115.242 A., states, "The facility shall use the information from the Sexual Victimization and Abusive Screening Form to make housing, bed, work, education, and program assignments with the goal of keeping separate those residents at high risk of being sexually victimized from those at risk of being sexually abusive."</p> <p data-bbox="279 1498 1426 1532">The facility provided a color coded Room Chart. This chart includes the following.</p> <ul data-bbox="279 1538 643 1821" style="list-style-type: none"> • Room Number • Bay • Resident Name • Bunk Assignment • Risk Code/Classification • Employment • Level <p data-bbox="279 1861 1398 1939">(b) The Taylor County SATF PAQ states the agency/facility makes individualized determinations about how to ensure the safety of each resident.</p> <p data-bbox="279 1980 1441 2096">Taylor County SATF PREA Policy, section Use of Screening Information 115.242 B., states, "Should any risk factors be identified, the resident's Counselor will consult with Program Coordinator/Facility Investigator to determine a housing assignment</p>

that ensures the safety of all Residents.”

(c) The Taylor County SATF PAQ states the agency/facility makes housing and program assignments for transgender or intersex residents in the facility on a case-by-case basis.

Taylor County SATF PREA Policy, section Use of Screening Information 115.242 C.-F., state,

C. “The Treatment Team, during their weekly meeting, discusses all residents, paying close attention to those classified as EC or NM, which is documented in their case files.

D. Counselors will monitor any Resident whose Sexual Victimization and Abusive Screening Form showing any signs of risk to be victimized or being an aggressor.

Any evidence that this is occurring shall be immediately reported to the Program Coordinator/Facility Investigator, Facility Supervisor/PREA Coordinator, Supervisor of Floor Operations or Facility Director.

E. While doing headcounts, floor staff utilize the PREA Risk Classification which will appear next to classified resident's names, to watch for signs of victimization or aggression. Any evidence that this is occurring shall be immediately reported to a supervisor, Program Coordinator/Facility Investigator, Facility Supervisor/PREA Coordinator, Supervisor of Floor Operations or Facility Director.

F. In deciding whether to assign a transgender or intersex resident to a facility, for male or female residents, and in making other housing and programming assignments, the facility shall consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether the placement would present management or security problems.”

(d) Taylor County SATF PREA Policy, section Use of Screening Information 115.242 G., states, “A transgender or intersex resident's own view with respect to his or her own safety shall be given serious considerations.”

(e) Taylor County SATF PREA Policy, section Use of Screening Information 115.242 H., states, “A transgender or intersex resident's own view with respect to his or her own safety shall be given serious considerations.”

(f) Taylor County SATF PREA Policy, section Use of Screening Information 115.242 I., states, The facility shall not place lesbian, gay, bisexual, transgender, or intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status, unless such placement is in a dedicated facility unit, or wing established in connection with a con decree, legal settlement, or legal judgment for the purpose of protecting such residents.”

Through such reviews, the facility meets the standard requirements.

115.251	Resident reporting
	<p data-bbox="279 185 1005 219">Auditor Overall Determination: Meets Standard</p> <p data-bbox="279 264 579 297">Auditor Discussion</p> <p data-bbox="279 342 544 376">Document Review:</p> <ol data-bbox="279 383 1270 584" style="list-style-type: none"> 1. Taylor County SATF PAQ 2. Taylor County SATF PREA Policy, dated 2022 3. Taylor, Callahan, Coleman Counties SATF Resident Guide, not dated 4. Zero Tolerance Posting, not dated 5. Regional Victim Crisis Center Brochure, not dated <p data-bbox="279 622 437 656">Interviews:</p> <ol data-bbox="279 663 603 819" style="list-style-type: none"> 1. Random Residents 2. Targeted Residents 3. Residential Monitors 4. Facility Director <p data-bbox="279 831 1458 947">Resident interviews demonstrated each were aware they could report to any staff, use the staff reporting or grievance boxes, through an anonymous process, call the hotline, write a letter or through a third party.</p> <p data-bbox="279 987 1453 1189">Interviews with Residential Monitors demonstrated they would accept verbal, written, third party and anonymous reports seriously and immediately report them to their supervisor. Resident Monitors stated if a resident wanted to call the hotline they would take them in a private room, dial the number for them and leave them to complete the call, confidentially.</p> <p data-bbox="279 1227 541 1261">Site Observations:</p> <p data-bbox="279 1267 1449 1552">During the tour and an informal interview with a resident, he was asked to follow the instructions to dial an outside call. The resident entered his resident identification number, pressed 1 and dialed 677.7895 and handed the Auditor the phone. The advocate agency answered the call. After proper introductions and the reason for the call, the advocate stated upon receiving a call from a resident they would meet residents at the hospital, help them report, and give them resources and provide ongoing services.</p> <p data-bbox="279 1592 1453 1794">(a) The Taylor County SATF PAQ states the agency has established procedures allowing for multiple internal ways for residents to report privately to agency officials about: (a) sexual abuse or sexual harassment; (b) retaliation by other residents or staff for reporting sexual abuse and sexual harassment; and (c) staff neglect or violation of responsibilities that may have contributed to such incidents.</p> <p data-bbox="279 1832 1465 2033">Taylor, Callahan, Coleman Counties SATF, section Resident Reporting 115.251, states, "Residents who are victims of or have knowledge of sexual misconduct shall be encouraged to immediately report the incident. Residents are not required to submit a written report or go through formal steps to report allegations of sexual abuse or sexual harassment.</p> <p data-bbox="279 2040 592 2074">Reports can be made:</p>

1. Verbally
2. In writing
3. Anonymously
4. From third parties.

Residents may report sexual misconduct, retaliation by residents or staff for reporting sexual misconduct, and staff neglect or violations of responsibilities that may have contributed to such incidents any of the following ways:

1. Contact the Facility Director, Debbie Rowland, in person or by phone at 325-691-7407.
2. Report to ANY staff member or volunteer.
3. Submit a grievance, emergency grievance, or staff relate to the locked staff relate box.
4. Contact PREA Coordinator, Jennifer Cauthen, in person or by phone at 325-691-7407.
5. Tell a family member, friend, legal counsel, or anyone else outside the facility who can report on their behalf by calling 325-691-7407 or the Regional Victim Crisis Center at 325-677-7895.
6. Contact the Regional Victim Crisis Center, anonymously or named, by using the resident phones at no cost to them. The resident enters his phone ID number, chooses 1 for collect, then dials 325-677-7895.
7. Submit a letter, named or anonymously, to the Taylor County Sheriff's Office, 450 Pecan Street, Abilene, Texas 79602.

Employees may privately report sexual abuse and sexual harassment of residents by forwarding a letter, sealed and marked "confidential", to the facility Director.

Employees can also make an anonymous report to the Regional Victim Crisis Center at 325-677-7895.

The facility provided a Taylor, Callahan, Coleman Counties SATF, A Resident's Guide. The guide speaks to the following topics.

- The Prison Rape Elimination Act
- Sexual Harassment
- Sexual Abuse
- Reporting Abuse or Harassment
- Zero Tolerance
- Outside Confidential Victim Services

The facility provided a Zero Tolerance Posting. The posting provides residents with the following information.

Right to Report

If you, or someone you know, is experiencing sexual abuse or sexual harassment, Taylor County SATF wants to know. We want you to report right away! We want to keep YOU safe;

- It is your right to be free from sexual abuse and sexual harassment.
- We want to conduct an investigation of the reported incident.
- We want to hold the perpetrator accountable for his/her actions.
- We want to provide YOU with relevant information and support services.

How to Report

The Taylor County SATF offers multiple ways to report sexual abuse and sexual harassment. Reports can be made anonymously.

- Call our Director, Debbie Rowland at (325) 691-7407.
 - Report to the PREA coordinator, Jennifer Cauthen, (325)691-7407.
 - Report in person to ANY staff member or volunteer.
 - Submit a grievance or staff relate.
 - Tell a family member, friend, legal counsel, or anyone else outside the facility.
- They can report on your behalf by calling (325) 691-7407 or 325-677-7895.
- You also can submit a report on someone's behalf, or someone at the facility can report for you using the ways listed here.
 - Call the HOTLINE 24/7 @ (325) 677-7895 or from Resident phones for a free, unrecorded call – enter ID #, 1 for collect, then (325) 677-7895.
 - Send letters to: Regional Victim Crisis Center, PO Box 122, Abilene, Texas 79604 OR Taylor County Sheriff's Office, 450 Pecan, Abilene, Texas 79602 OR PREA Ombudsman Office P.O. Box 99, Huntsville, TX 77342-0099

Victim Support Services

The Taylor County SATF has partnered with REGIONAL VICTIM CRISIS CENTER, ABILENE to provide survivors of sexual abuse with emotional support services.

Calls made from the facility maybe recorded – we will provide communication in as confidential a manner as possible.

The facility provided a Regional Victim Crisis Center Brochure. The brochure provides the following information.

- Address and telephone contact information
- Facts About RVCC
- Crisis Intervention & Crime Victim Assistance
- Victims of Sexual Assault and other Violence
- Violence Prevention Program and the WHO Program
- Did you know

(b) The Taylor County SATF PAQ states the agency provides at least one way for residents to report abuse or harassment to a public or private entity or office that is not part of the agency. Practice compliance can be found in provision (a) of this standard.

(c) The Taylor County SATF PAQ states the agency has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties. Policy and practice compliance can be found in provision (a) of this standard.

(d) The Taylor County SATF PAQ states the agency has established procedures for staff to privately report sexual abuse and sexual harassment of residents. Employees are made aware of the following through the facility PREA policy training received at orientation and annually thereafter.

Taylor, Callahan, Coleman Counties SATF, section Staff and Agency Duties 115.261

A., states, "Regardless of its source, staff members shall immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment by notifying the PREA Coordinator, Jennifer Cauthen, and a supervisor. The PREA Coordinator or supervisor shall immediately forward all reports to the Facility Director.

1. Staff will be required to submit, to the Facility Director, a detailed summary statement of all reports as soon as possible but not later than the end of the following business day."

Through such reviews, the facility meets the standard requirements.

115.252	Exhaustion of administrative remedies
	<p data-bbox="279 185 1007 219">Auditor Overall Determination: Meets Standard</p> <p data-bbox="279 264 579 297">Auditor Discussion</p> <p data-bbox="279 342 544 376">Document Review:</p> <ol data-bbox="279 383 940 456" style="list-style-type: none"> <li data-bbox="279 383 655 416">1. Taylor County SATF PAQ <li data-bbox="279 423 940 456">2. Taylor County SATF PREA Policy, dated 2022 <p data-bbox="279 501 437 535">Interviews:</p> <ol data-bbox="279 542 584 616" style="list-style-type: none"> <li data-bbox="279 542 584 575">1. Random Residents <li data-bbox="279 582 584 616">2. Targeted Residents <p data-bbox="279 622 1477 696">Residents interviewed were aware of the grievance procedures and understood they could complete a grievance.</p> <p data-bbox="279 741 528 775">Site Observation:</p> <p data-bbox="279 781 1471 855">The facility did not have any grievances filed within the last 12 months. A grievance box and grievance forms were observed in the resident hallway.</p> <p data-bbox="279 893 1458 967">(a) The Taylor County SATF PAQ states the agency has an administrative procedure for dealing with resident grievances regarding sexual abuse.</p> <p data-bbox="279 1005 1461 1122">(b) The Taylor County SATF PAQ states the agency policy or procedure allows a resident to submit a grievance regarding an allegation of sexual abuse at any time, regardless of when the incident is alleged to have occurred.</p> <p data-bbox="279 1160 1406 1276">Taylor County SATF PREA Policy, section Exhaustion of Administrative Remedies 115.252, A., states, "There is no time limit on when a resident may submit a grievance regarding an allegation of sexual abuse."</p> <p data-bbox="279 1314 1471 1516">(c) The Taylor County SATF PAQ states the agency's policy and procedure allows a resident to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint. The agency's policy and procedure require that a resident grievance alleging sexual abuse not be referred to the staff member who is the subject of the complaint.</p> <p data-bbox="279 1554 1406 1628">Taylor County SATF PREA Policy, section Exhaustion of Administrative Remedies 115.252, D. 1-2., state,</p> <ol data-bbox="279 1635 1386 1798" style="list-style-type: none"> <li data-bbox="279 1635 1386 1709">1. "A resident who alleges sexual misconduct may submit a grievance without submitting it to a staff member who is the subject of the complaint. <li data-bbox="279 1715 1386 1798">2. Such grievance is not referred to a staff member who is the subject of the complaint." <p data-bbox="279 1836 1458 2078">(d) The Taylor County SATF PAQ states the agency policy and procedure requires that a decision on the merits of any grievance or portion of a grievance alleging sexual abuse be made within 90 days of the filing of the grievance. In the past 12 months, the number of grievances filed that alleged sexual abuse was zero. In the past 12 months, the number of grievances alleging sexual abuse that reached final decision within 90 days after being filed was zero.</p>

Taylor County SATF PREA Policy, section Exhaustion of Administrative Remedies 115.252, D. 4-6, state, “

4. “Computation of the 90-day time period shall not include time consumed by the residents in preparing any appeal.

5. The agency may claim an extension of time to respond, of up to 70 days, if the normal time period for response is insufficient to make an appropriate decision. The facility shall notify the resident in writing of any such extension and provide a date by which a decision will be made.

6. At any level of the grievance process, including any properly noticed extension, the resident may consider the absence of a response to be a denial at any level.”

(e) The Taylor County SATF PAQ states agency policy and procedure permit third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse and to file such requests on behalf of residents. Agency policy and procedure requires that if a resident decline to have third-party assistance in filing a grievance alleging sexual abuse, the agency documents the resident's decision to decline. The number of grievances alleging sexual abuse filed by residents in the past 12 months in which the resident declined third-party assistance, containing documentation of the resident's decision to decline was zero.

Taylor County SATF PREA Policy, section Exhaustion of Administrative Remedies 115.252, D. 7-9, state, “

7. “Third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, shall be permitted to assist residents in filing requests for a grievance relating to allegations of sexual misconduct, and shall also be permitted to file such requests on behalf of residents.

8. If a third-party file 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 grievance process.

9. If the resident declines to have the request processed on his or her behalf, the agency shall document the resident's decision.”

(f) The Taylor County SATF PAQ states the agency has a policy and established procedures for filing an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse. Agency policy and procedure for emergency grievances alleging substantial risk of imminent sexual abuse requires an initial response within 48 hours. The number of emergency grievances alleging substantial risk of imminent sexual abuse that were filed in the past 12 months was zero. The agency's policy and procedure for emergency grievances alleging substantial risk of imminent sexual abuse requires that a final agency decision be issued within 5 days. The number of grievances alleging substantial risk of imminent sexual abuse filed in the past 12 months that reached final decisions within 5 days was zero.

Taylor County SATF PREA Policy, section Emergency Grievance Process, A., states,

“The emergency grievance process for a resident who is alleging he is subject to imminent sexual abuse is the same as the Sexual Abuse Grievance Process except the facility shall:

1. Review the grievance or any portion of a grievance siting the substantial risk of imminent sexual abuse at a level at which immediate corrective action may be taken
2. Provide an initial response within 48 hours
3. Issue a final decision within 5 calendar days
4. The initial report and final decision shall document the facility's determination whether the resident was at substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance.”

(g) The Taylor County SATF PAQ states the agency has a written policy that limits its ability to discipline a resident for filing a grievance alleging sexual abuse to occasions where the agency demonstrates that the resident filed the grievance in bad faith. In the past 12 months, the number of resident grievances alleging sexual abuse that resulted in disciplinary action by the agency against the resident for having filed the grievance in bad faith was zero.

Taylor County SATF PREA Policy, section Emergency Grievance Process, B., states, “Residents may be disciplined for filing a grievance related to alleged sexual abuse if the facility determines that the resident filed the grievance in bad faith.”

Through such reviews, the facility meets the standard requirements.

115.253	Resident access to outside confidential support services
	<p data-bbox="279 185 1005 219">Auditor Overall Determination: Meets Standard</p> <p data-bbox="279 264 579 297">Auditor Discussion</p> <p data-bbox="279 342 544 376">Document Review:</p> <ol data-bbox="279 383 1444 667" style="list-style-type: none"> 1. Taylor County SATF PAQ 2. Taylor County SATF PREA Policy, dated 2022 3. Betty Hardwick Referral for Support Services – Resident Access to Outside Confidential Services, not dated 4. Zero Tolerance Posting, not dated 5. Regional Victim Crisis Center Brochure, not dated 6. Memorandum of Understanding, Regional Victim Crisis Center, dated 9.21.2022 <p data-bbox="279 707 437 741">Interviews:</p> <ol data-bbox="279 748 603 907" style="list-style-type: none"> 1. Random Residents 2. Targeted Residents 3. Residential Monitors 4. Specialized staff <p data-bbox="279 913 1417 992">Staff and residents interviewed informally and formally were aware of the victim crisis center and the offerings available from the advocacy service.</p> <p data-bbox="279 1032 574 1066">On Site Observation:</p> <p data-bbox="279 1072 1477 1189">Advocacy contact information was posted above resident pay phones in the resident hall. As stated previously, an informal resident interview demonstrated by following directions posted above resident phones access to confidential support services.</p> <p data-bbox="279 1229 1458 1554">(a) The Taylor County SATF PAQ states the facility provides residents with access to outside victim advocates for emotional support services related to sexual abuse. The facility provides residents with access to such services by giving residents mailing addresses and telephone numbers (including toll-free hotline numbers where available) for local, state, or national victim advocacy or rape crisis organizations. The facility provides residents with access to such services by enabling reasonable communication between residents and these organizations in as confidential a manner as possible.</p> <p data-bbox="279 1594 1422 1792">Taylor County SATF PREA Policy, section Resident Access to Outside Confidential Support Services, 115.253 A., states, “The facility shall allow residents access to contact the Regional Victim Crisis Center through their 24-hour hot line at 325-677-7895 or through the mail at Regional Victim Crisis Center, PO Box 122, Abilene, Texas 79604. “</p> <p data-bbox="279 1832 1390 1948">The facility provided a Betty Hardwick Referral for Support Services – Resident Access to Outside Confidential Services. The form provides the following information.</p> <ul data-bbox="279 1955 1458 2072" style="list-style-type: none"> • Date • Resident Name • All communication between you and the Betty Hardwick Center will be done in as

confidential manner as possible but be advised that such communications will be monitored, and all reports of abuse will be forwarded to local authorities in accordance with mandatory reporting laws.

- Resident and staff signature and date

The facility provided a Zero Tolerance posting. The posting provides the following reporting information.

How to Report

The Taylor County SATF offers multiple ways to report sexual abuse and sexual harassment. Reports can be made anonymously.

- Call our Director, Debbie Rowland at (325) 691-7407.
- Report to the PREA coordinator, Jennifer Cauthen, (325)691-7407.
- Report in person to ANY staff member or volunteer.
- Submit a grievance or staff relate.
- Tell a family member, friend, legal counsel, or anyone else outside the facility.

They can report on your behalf by calling (325) 691-7407 or 325-677-7895.

- You also can submit a report on someone's behalf, or someone at the facility can report for you using the ways listed here.

- Call the HOTLINE 24/7 @ (325) 677-7895 or from Resident phones for a free, unrecorded call – enter ID #, 1 for collect, then (325) 677-7895.

- Send letters to: Regional Victim Crisis Center, PO Box 122, Abilene, Texas 79604 OR Taylor County Sheriff's Office, 450 Pecan, Abilene, Texas 79602 OR PREA Ombudsman Office P.O. Box 99, Huntsville, TX 77342-0099

Victim Support Services

The Taylor County SATF has partnered with REGIONAL VICTIM CRISIS CENTER, ABILENE to provide survivors of sexual abuse with emotional support services.

Calls made from the facility maybe recorded – we will provide communication in as confidential a manner as possible.

The facility provided a Regional Victim Crisis Center Brochure. The brochure provides the following information.

- Address and telephone contact information
- Facts About RVCC
- Crisis Intervention & Crime Victim Assistance
- Victims of Sexual Assault and other Violence
- Violence Prevention Program and the WHO Program
- Did you know

(b) The Taylor County SATF PAQ states the facility informs residents, prior to giving them access to outside support services, of the extent to which such communications will be monitored.

Taylor County SATF PREA Policy, section Resident Access to Outside Confidential Support Services, 115.253 B.-D., states,

B. "In unforeseen circumstances where Regional Victim Crisis Center services are not available, the facility shall allow residents access to contact the Betty Hardwick Center through their 24-hour hotline at 800-758-3344 or walk-in assistance Monday

- Friday 8:00am - 3:30pm.

C. All communication between the resident and the Regional Victim Crisis Center and/or Betty Hardwick will be done in as confidential manner as possible.

D. Prior to giving them access, the facility shall inform the resident of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws and have them sign the RVCC Support Services Referral Form or the Betty Hardwick Support Services Referral Form."

(c) The Taylor County SATF PAQ states the agency or facility maintains memorandum of understanding (MOUs) or other agreements with community service providers that are able to provide residents with emotional support services related to sexual abuse.

The facility provided a Memorandum of Understanding, Regional Victim Crisis Center. The first paragraph states, "The Taylor County Substance Abuse Treatment Facility is committed to providing residents an environment that is free from sexual abuse and sexual harassment. If/when an incident of such is reported, regardless of who the reporting party is or how they chose to report it, the Taylor County SATF will utilize the victim services of Regional Victim Crisis Center." The memorandum is signed on 9.21.2022 and does not appear to have an expiration date.

On 11.20.2022 at 10:16 am, MST, this Auditor contacted the Regional Victim Crisis Center at 310 N. Willis St. Abilene, Texas at 325.677.7895. After proper introductions and the reason for the call, the operator stated we are preventing, and intervention and she is the weekend advocate and stated she is the weekend advocate. She states as long as anyone calls us they will go to the victim. Normally what happens when a victim calls, they find out if they are safe, if they want to file charges, they will do that later, and what we can do to get help. If the victim does need to go the hospital and an advocate will meet them at the hospital. The hospital calls the police, but if they don't want to file charges the police will leave. They stay with victim through the SANE, give them materials they may need, and encourage them to follow up with an appointment and we assign them to a counselor for counselor. If they do file charges, we stay with them through the court process. We are their advocates as long as they want them, all free to the victim. The agency has been around for 40 years and are established in the community. If we do meet with the victim in the community, the police will accompany the advocate.

Through such reviews, the facility meets the standard requirements.

115.254	Third party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Review:</p> <ol style="list-style-type: none"> 1. Taylor County SATF PAQ 2. Taylor County SATF PREA Policy, dated 2022 3. Family Handout, not dated <p>Interviews:</p> <ol style="list-style-type: none"> 1. Random Residents 2. Targeted Residents 3. Residential Monitors <p>Residents and staff interviewed demonstrated their reporting knowledge of third-party reporting stating that resident family members, friends and or legal counsel could report sexual harassment or sexual abuse allegations.</p> <p>Site Observation:</p> <p>During tours of all areas of the facility, Zero Tolerance postings were present with third party reporting information.</p> <p>(a) The Taylor County SATF PAQ states the agency or facility provides a method to receive third-party reports of resident sexual abuse or sexual harassment. The agency or facility publicly distributes information on how to report resident sexual abuse or sexual harassment on behalf of residents.</p> <p>Taylor County SATF PREA Policy, section Third Party Reporting, states, "Third party reporting is accepted and may be done by:</p> <ol style="list-style-type: none"> 1. Contacting the Facility Director, Debbie Rowland, in person or by phone at 325-691-7407. 2. Contacting PREA Coordinator, Jennifer Cauthen, in person or by phone at 325-691-7407. 3. Contact the Regional Victim Crisis Center, anonymously or named, by phone at 325-677-7895. 4. Submitting a written report that may sealed and marked "confidential" if so desired <ol style="list-style-type: none"> A. In person to the Facility Director B. Mailed to 1133 S. 27th Abilene, Texas 79602 ATTN: Facility Director C. Mailed to RVCC, PO Box 122, Abilene, Texas 79604 ATTN: Taylor County SATF Facility Director D. Mailed to Taylor County Sheriff's Office, 450 Pecan, Abilene, Texas 79602" <p>The facility provided a Family Handout. The handout provides families with the following information.</p> <p>Prison Rape Elimination Act</p> <p>The SATF has ZERO tolerance for all forms of sexual conduct between residents and</p>

staff, volunteers, contractors, visitors or other offenders. Residents can report any form of sexual misconduct by telling any staff member, filing a grievance and placing it in the Staff Relate box OR by having a family or friend report on their behalf by:

- Contacting the Facility Director, Debbie Rowland, in person or by phone at 325-691-7407.
- Contacting PREA Coordinator, Jennifer Cauthen, in person or by phone at 325-691-7407.
- Contact the Regional Victim Crisis Center, anonymously or named, by phone at 325-677-7895.
- Submitting a written report that may sealed and marked “confidential” if so desired

- o In person to the Facility Director

- o Mailed to 1133 S. 27th Abilene, Texas 79602 ATTN: Facility Director

- o Mailed to RVCC, PO Box 122, Abilene, Texas 79604 ATTN: Taylor County SATF Facility Director

Mailed to Taylor County Sheriff's Office, 450 Pecan, Abilene, Texas 79602

Through such reviews, the facility meets the standard requirements.

115.261	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Review:</p> <ol style="list-style-type: none"> 1. Taylor County SATF PAQ 2. Taylor County SATF PREA Policy, dated 2022 <p>Interviews:</p> <ol style="list-style-type: none"> 1. Random Residents 2. Targeted Residents 3. Residential Monitors <p>Interviews with each staff and residents interviewed demonstrated each actively practices and understood the importance of immediately reporting all allegations of sexual abuse and sexual harassment.</p> <p>Site Observations:</p> <p>The facility has experienced one sexual harassment investigation in the past 12 months. The source of the allegation was the victim reporting by way of a grievance.</p> <p>(a) The Taylor County SATF PAQ states the agency requires all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency. The agency requires all staff to report immediately and according to agency policy retaliation against residents or staff who reported such an incident. The agency requires all staff to report immediately and according to agency policy any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.</p> <p>Taylor County SATF PREA Policy, section Staff and Agencies Duties 115.261, A., states, "Regardless of its source, staff members shall immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment by notifying the PREA Coordinator, Jennifer Cauthen, and a supervisor. The PREA Coordinator or supervisor shall immediately forward all reports to the Facility Director.</p> <ol style="list-style-type: none"> 1. Staff will be required to submit, to the Facility Director, a detailed summary statement of all reports as soon as possible but not later than the end of the following business day. <p>(b) The Taylor County SATF PAQ states, apart from reporting to designated supervisors or officials and designated state or local services agencies, agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions.</p>

Taylor County SATF PREA Policy, section Staff and Agencies Duties 115.261, D., states, "Apart from reporting to the PREA Coordinator, a supervisor, and/or Facility Director, employees shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary, and as specified in this policy, to make treatment, investigation, and other security and management decisions."

(c) Taylor County SATF PREA Policy, section Staff and Agencies Duties 115.261, F., states, "Unless otherwise precluded by federal, state, or local law, medical and mental health professionals shall be required to report sexual abuse or sexual harassment as stated for all staff in (A), (B), and (C) of this section and shall inform residents of her/his duty to report, and the limitations of confidentiality, at the initiation of services."

(d) Taylor County SATF PREA Policy, section Staff and Agencies Duties 115.261, G., states, "If the alleged victim is under the age of 18, the facility shall report the allegation to Child Protective Services @ 325-691-8100."

(e) Taylor County SATF PREA Policy, section Staff and Agencies Duties 115.261, H., states "The facility shall report all allegations of sexual abuse and sexual harassment, including third party and anonymous reports, to the Taylor County Sheriff's Department CID @ 325-674-1334."

Through such reviews, the facility meets the standard requirements.

115.262	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Review:</p> <ol style="list-style-type: none"> 1. Taylor County SATF PAQ 2. Taylor County SATF PREA Policy, dated 2022 <p>Interviews:</p> <ol style="list-style-type: none"> 1. Program Coordinator / Facility Investigator 2. Facility Director <p>Interviews with the Facility Director and the facility investigator demonstrated the facility staff act promptly and responds properly at the discovery of an incident.</p> <p>(a) The Taylor County SATF PAQ states when the agency or facility learns that a resident is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the resident. In the past 12 months, the number of times the agency or facility determined that a resident was subject to a substantial risk of imminent sexual abuse was zero.</p> <p>Taylor County SATF PREA Policy, section Agency Protection Duties 115.262, states, "When it is learned that a resident is subject to a substantial risk of imminent sexual abuse, immediate action shall be taken to protect the resident.</p> <ol style="list-style-type: none"> 1. Staff will notify the Facility Director/PREA Coordinator and/or supervisor and immediately move the alleged perpetrator to the TV room where he will remain until his removal. 1. If the removal cannot happen until the following day, the alleged perpetrator's mattress will be moved into the TV room as well, where he will sleep. 2. He will have his meals in the TV room and will use Room 11 for the restroom. 3. He will be allowed to shower in a room specified by staff who will remain in the room and keep other residents out while he uses the restroom to shower. 4. He will have his own med and mail call specified by staff. 5. His movements in and out of the TV room will be monitored by staff and noted in the daily log. 6. Staff will check on him every 15 minutes which will be noted in the daily log." <p>Through such reviews the facility meets the standard requirements.</p>

115.263	Reporting to other confinement facilities
	<p data-bbox="279 185 1007 219">Auditor Overall Determination: Meets Standard</p> <p data-bbox="279 264 579 297">Auditor Discussion</p> <p data-bbox="279 342 544 376">Document Review:</p> <ol data-bbox="279 383 940 499" style="list-style-type: none"> 1. Taylor County SATF PAQ 2. Taylor County SATF PREA Policy, dated 2022 3. Memorandum for Record <p data-bbox="279 539 437 573">Interviews:</p> <ol data-bbox="279 580 539 613" style="list-style-type: none"> 1. Facility Director <p data-bbox="279 620 1465 824">The interview with the Facility Director demonstrated that she was aware that upon receiving an allegation that a resident was sexually abused while confined at the Taylor County Substance Abuse Treatment Facility or any receiving facility, she had the responsibility to notify the head of the facility where the allegation occurred within 72 hours.</p> <p data-bbox="279 864 1474 1272">(a) The Taylor County SATF PAQ states the agency has a policy requiring that, upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred. During the past 12 months, the number of allegations the facility received that a resident was abused while confined at another facility was one. The PAQ states, "The counselor got specific information from the resident. The Facility Director contacted the other agency. The SATF allowed for an investigator to interview the resident. The Facility Director requested a copy of the final report from the investigator. The Facility Director received a copy of the final report."</p> <p data-bbox="279 1312 1437 1469">Taylor County SATF PREA Policy, section Reporting to Other Confinement Facilities 115.263, A., states, "When receiving an allegation that a resident was sexually abused while confined at another facility, the Facility Director shall notify the appropriate official of the agency where the alleged abuse occurred."</p> <p data-bbox="279 1509 1383 1588">The facility provided a Memorandum for Record. The record demonstrates the facility has documented the receipt of abuse from another agency.</p> <p data-bbox="279 1628 1481 1744">(b) The Taylor County SATF PAQ states the agency policy requires the facility head to provide such notification as soon as possible, but no later than 72 hours after receiving the allegation.</p> <p data-bbox="279 1785 1481 1901">Taylor County SATF PREA Policy, section Reporting to Other Confinement Facilities 115.263, B., states, "Such notification shall be done as soon as possible, but no later than 72 hours after receiving the allegation."</p> <p data-bbox="279 1942 1445 2058">(c) The Taylor County SATF PAQ states the agency or facility documents that it has provided such notification within 72 hours of receiving the allegation. Policy compliance can be found in</p>

Taylor County SATF PREA Policy, section Reporting to Other Confinement Facilities 115.263, C., states, "If the facility where the alleged abuse occurred is aware of and has investigated the allegation, the Taylor County Facility Director shall document the allegation, name and title of the person contacted, noting that the allegation has already been addressed. Under this circumstance, nothing further need occur."

(d) The Taylor County SATF PAQ states the agency or facility policy requires that allegations received from other facilities and agencies are investigated in accordance with the PREA standards. In the past 12 months, the number of allegations of sexual abuse the facility received from other facilities was zero.

Taylor County SATF PREA Policy, section Reporting to Other Confinement Facilities 115.263, D.-E., state,

D. "If the allegation was not reported or investigated, a copy of the statement from the alleged victim resident shall be forwarded to the appropriate official at the location where the incident was reported to have occurred. The Taylor County Facility Director shall document the allegation, any details learned from contact with the facility where the alleged abuse occurred, and their response to the allegation.

E. The Facility Director shall ensure that such notifications are investigated in accordance with PREA policy standards if/when such a notification is received."

Through such reviews the facility meets the standard requirements.

115.264	Staff first responder duties
	<p data-bbox="280 185 1007 219">Auditor Overall Determination: Meets Standard</p> <p data-bbox="280 264 579 297">Auditor Discussion</p> <p data-bbox="280 342 544 376">Document Review:</p> <ol data-bbox="280 383 940 456" style="list-style-type: none"> 1. Taylor County SATF PAQ 2. Taylor County SATF PREA Policy, dated 2022 <p data-bbox="280 499 437 533">Interviews:</p> <ol data-bbox="280 539 711 739" style="list-style-type: none"> 1. Residential Monitors 2. Shift Leader 3. LVN 4. LCDC Counselors 5. Floor Operations Supervisor <p data-bbox="280 745 1465 909">Interviews with each staff interviewed demonstrated they were aware of their first responder responsibilities. Staff stated reporting information is posted throughout the facility and they have access to the 'PREA Binder' for any PREA forms they may need. Staff stated they would document PREA incidents of the Incident Checklist.</p> <p data-bbox="280 947 526 981">Site Observation:</p> <p data-bbox="280 987 1442 1061">The facility has experienced one sexual harassment allegation in the past 12 months. The source of this investigation was a grievance submitted by the victim.</p> <p data-bbox="280 1099 1477 1888">(a) The Taylor County SATF PAQ states the agency has a first responder policy for allegations of sexual abuse. The policy requires that, upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report shall be required to separate the alleged victim and abuser. The policy requires that, upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report shall be required to preserve and protect any crime scene until appropriate steps can be taken to collect any evidence. The policy requires that, upon learning of an allegation that a resident was sexually abused and the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report shall be 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. The policy requires that, upon learning of an allegation that a resident was sexually abused and the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report shall be required to ensure that the alleged abuser not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.</p> <p data-bbox="280 1926 1469 2089">In the past 12 months, zero allegations occurred where a resident was sexually abused. Of these allegations, the number of times the first security staff member to respond to the report separated the alleged victim and abuser was zero. In the past 12 months, there were zero allegations where staff were notified within a time</p>

period that still allowed or the collection of evidence. Of these allegations the number of times the first security staff member to respond to the report was zero. The PAQ states, "PREA Preventing Sexual Misconduct Against Offenders Community Confinement Facilities, PREA: What You Need to Know training video, Bi-Annual Training PowerPoint, PREA Binder, and Checklist."

Taylor County SATF PREA Policy, section Staff First Responder Duties 115.264, A. states, "Upon learning of an allegation of sexual abuse, the staff member who is the first to respond shall ensure the following:

1. The alleged victim is separated and kept safe from the alleged abuser.
2. Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence.
3. If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any action that could destroy physical evidence, including as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, eating or drinking.
4. If the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser not take any action that could destroy physical evidence, including as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, eating or drinking.
5. If necessary, call for an ambulance to transport the victim to Hendrick Medical Center, 1900 Pine Street.
6. Keep all required information concerning the allegation confidential by discussing the information with only those employees who have a direct need to know.
7. Complete PREA First Responder Duties Checklist."

(b) The Taylor County SATF PAQ states the facility's' policy requires that if the first staff responder is not a security staff member, that responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence and notify security staff. Of the allegations that a resident was sexually abused made in the past 12 months, the number of times a non-security staff member was the first responder was zero.

Taylor County SATF PREA Policy, section Staff First Responder Duties 115.264, B.C., states,

A. "The first responder will immediately notify the PREA coordinator who will ask some preliminary questions including but not limited to the following:

1. What type of alleged sexual misconduct occurred?
2. Who was involved in the misconduct?
3. When did the misconduct occur?
4. Where did the misconduct occur?

B. The PREA coordinator will then:

1. Notify the Facility Director who immediately notifies the investigating authority and then notifies the CSCD Director.
2. Ensure the investigation is initiated and documented then act as an ongoing liaison between the facility and the investigating authority.
3. If the allegation involves an employee, ensure steps are taken to place this

	<p>person in a role that does not involve contact with residents.</p> <p>4. Ensure that medical and mental health referrals are completed (when appropriate).</p> <p>5. Ensure appropriate incident reports are completed in accordance with facility PREA policy and procedure.</p> <p>6. Review, secure, and preserve any video recordings of the alleged crime scene from the time period implicated by the allegation.”</p> <p>Through such reviews, the facility meets the standard requirements.</p>
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115.265	Coordinated response
	<p data-bbox="279 185 1037 219">Auditor Overall Determination: Exceeds Standard</p> <p data-bbox="279 264 579 297">Auditor Discussion</p> <p data-bbox="279 342 544 376">Document Review:</p> <ol data-bbox="279 383 1007 499" style="list-style-type: none"> 1. Taylor County SATF PAQ 2. Taylor County SATF PREA Policy, dated 2022 3. PREA Coordinated Response Checklist, not dated <p data-bbox="279 539 437 573">Interviews:</p> <ol data-bbox="279 580 711 904" style="list-style-type: none"> 1. Residential Monitors 2. Shift Leader 3. LVN 4. LCDC Counselors 5. Floor Operations Supervisor 6. Program Coordinator 7. PREA Coordinator 8. Facility Director <p data-bbox="279 911 1461 1030">Interviews with the facility staff demonstrated the response to allegations of sexual assault is written to coordinate actions taken in response to facility coordinated response.</p> <p data-bbox="279 1070 526 1104">Site Observation:</p> <p data-bbox="279 1111 1450 1312">The facility maintains a PREA Binder in three areas of the facility. The binder contains applicable first responder standards, PREA forms and the Coordinated Response ensuring all staff have ready access to information which breaks down their individual responsibilities. In addition, duplicate PREA information is available on the facilities shared drive.</p> <p data-bbox="279 1352 1425 1509">(a) The Taylor County SATF PAQ states the facility has developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership.</p> <p data-bbox="279 1550 1445 1832">Taylor County SATF PREA Policy, section Coordinated Responses 115.265, states, "The PREA Coordinated Response Checklist will be used as a quick reference guideline to ensure that all of the parties involved meet all of the standards when responding to a sexual abuse incident. The checklist will be completed and maintained with the incident packet and will also be used by the PREA Team when conducting sexual abuse incident reviews 115.286 and data review for corrective action 115.288.</p> <p data-bbox="279 1872 1473 2029">A preliminary review of the incident and the facility's response shall be conducted forty-eight (48) to seventy-two (72) hours following a reportable PREA incident. The review will be convened by the PREA Coordinator and Facility Director. At a minimum, the review shall include:</p> <ol data-bbox="279 2036 1442 2069" style="list-style-type: none"> 1. Discussion of the incident, and whether the incident response meets applicable

standards.

2. Appropriate categorization of the incident report.

3. Completion of required notifications.

4. A request for law enforcement involvement (if appropriate).

5. Whether employee actions or failures to act contributed to the sexual abuse.”

Incident Classification

A. Following completion of the investigation, the allegation will be classified as follows:

1. Substantiated – An incident shall be classified as substantiated if the results of the Investigation determine that the allegation did occur.

2. Unsubstantiated – An incident shall be classified as unsubstantiated if the results of the investigation determine that the evidence was insufficient to make a final determination of whether or not the allegation occurred.

3. Unfounded – An incident shall be classified as unfounded if the results of the investigation determine the allegation did not occur.

B. The PREA Team shall determine the appropriate classification of the incident and ensure that the PREA Incident Classification Form is completed and maintained with the incident packet.”

The facility provided a PREA Coordinated Response Checklist. The checklist documents the following.

- Date/Time
- Victim PID#/Suspect PID# or Name
- Type of Allegation
- First Responder Actions
- Shift Supervisor Actions
- Medical Staff Actions
- PREA Coordinator Actions
- PREA Team Actions

Through such reviews of the facility maintaining a PREA Binder in three areas of the facility, the binder containing applicable first responder standards, PREA forms and the Coordinated Response ensuring all staff have ready access to information which breaks down their individual responsibilities and duplicate PREA information being available on the facilities shared drive., the facility exceed the standard requirements.

115.266	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Document Review:</p> <ol style="list-style-type: none"> 1. Taylor County SATF PAQ 2. Taylor County SATF PREA Policy, dated 2022 <p>Interviews:</p> <ol style="list-style-type: none"> 1. Facility Director <p>An interview with the Program Director demonstrated the facility is not responsible for collective bargaining.</p> <p>(a) The Taylor County SATF PAQ states the agency, facility, or any other governmental entity is not responsible for collective bargaining on the agency's behalf has not entered into or renewed any collective bargaining agreement or other agreement since August 20, 2012, or since the last PREA audit, whichever is later.</p> <p>Taylor County SATF PREA Policy, section Preservation of ability to protect residents from contact with abusers, A., states, "Neither the facility nor any other governmental entity responsible for collective bargaining on the facility's behalf shall enter into or renew any collective bargaining agreement or other agreement that limits the facility's ability to remove alleged staff sexual abusers from contact with residents pending the outcome of an investigation or of a determination of whether and to what extent the discipline is warranted."</p> <p>(b) Taylor County SATF PREA Policy, section Preservation of ability to protect residents from contact with abusers, B., states, "Nothing in the standard shall restrict the entering into or renewal of agreements that govern:</p> <ol style="list-style-type: none"> 1. The conduct of the disciplinary process, as long as such agreements are not inconsistent with the provisions or 115.272 and 115.276. 2. Whether a no-contact assignment that is imposed pending the outcome of an investigation shall be expunged from or retained in the staff member's personnel file following a determination that the allegation of sexual abuse in not substantiated." <p>Through such reviews, the facility meets the standard requirements.</p>

115.267	Agency protection against retaliation
	<p data-bbox="279 185 1037 219">Auditor Overall Determination: Exceeds Standard</p> <p data-bbox="279 264 579 297">Auditor Discussion</p> <p data-bbox="279 342 544 376">Document Review:</p> <ol data-bbox="279 383 967 499" style="list-style-type: none"> 1. Taylor County SATF PAQ 2. Taylor County SATF PREA Policy, dated 2022 3. PREA Retaliation Monitoring Report, not dated <p data-bbox="279 539 437 573">Interviews:</p> <ol data-bbox="279 580 612 656" style="list-style-type: none"> 1. LCDC Counselor 2. Department Director <p data-bbox="279 663 1453 1032">The interview with the LCDC Counselor demonstrated he has not had the need to implement retaliation monitoring; however, he would implement monitoring at the receipt of a sexual abuse allegation. The LCDC Counselor stated he would monitor the victims' interactions with other residents and staff, review incident reports and case notes from other counselors. All though the Counselors meet with their residents on a weekly basis through group and other facility programmatic functions, the LCDC Counselor stated he would initially document his first check in with the victim and subsequent monitoring at least every 30 days for as long as is necessary.</p> <p data-bbox="279 1070 1430 1187">The interview with the Department Director demonstrated the facility practices weekly peer groups with residents to make sure they understand PREA, and their rights to be free from sexual harassment, abuse and retaliation.</p> <p data-bbox="279 1225 1481 1467">(a) The Taylor County SATF PAQ states the agency has a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff. The agency designates staff member(s) or charges department(s) with monitoring for possible retaliation. The PAQ states, "The resident's assigned counselor or the Program Coordinator."</p> <p data-bbox="279 1518 1453 1760">Taylor County SATF PREA Policy, section Facility Protection Against Retaliation 115.267, A., states, "Retaliation against residents, employees, or other parties for reporting sexual misconduct will not be tolerated. Those who are found to retaliate shall face disciplinary action up to and including unsuccessful discharge for residents and termination for employees. Protective measures by the facility include but are not limited to the following:</p> <ol data-bbox="279 1767 1477 2009" style="list-style-type: none"> 1. Periodic status checks for residents 2. Room changes or transfer for resident victims or abusers 3. Removal of alleged staff or alleged resident abusers from contact with the alleged victim 4. Provision of emotional support services for residents or staff who fear retaliation for reporting sexual abuse or for cooperating with investigations." <p data-bbox="279 2047 1430 2080">The facility provided a PREA Retaliation Monitoring Report. The report documents</p>

the following:

- Resident name
- Staff assigned
- Date assigned
- Monitoring Day 1-30 / Actions Taken
- Monitoring Day 31-60 / Action Taken
- Monitoring Day 61-90 / Action Taken

(b) Taylor County SATF PREA Policy, section Facility Protection Against Retaliation 115.267, B., states, "For at least 90 days following the report of sexual abuse, the conduct and treatment of residents or staff who reported the sexual abuse and of residents who were reported to have suffered sexual abuse is monitored to see if there are changes that may suggest possible retaliation by residents or staff and if retaliation is confirmed, the facility shall promptly act to remedy the retaliation. The protective measures should include but not be limited to:

1. Resident disciplinary reports
2. Room changes
3. Program changes
4. Negative performance reviews of staff
5. Reassignment of staff "

(c-f) The Taylor County SATF PAQ states the facility monitors the conduct or treatment of residents or staff who reported sexual abuse and of residents who were reported to have suffered sexual abuse to ascertain if there are any changes that may suggest possible retaliation by residents or staff. The facility will monitor conduct or treatment until the resident is discharged. The facility acts promptly to remedy any such retaliation. In the past 12 months, the facility has had zero incidents of retaliation.

Taylor County SATF PREA Policy, section Facility Protection Against Retaliation 115.267, C.-E., state,

C. If any individual who reports sexual misconduct who expresses a report of or fear of retaliation, the facility shall monitor using the PREA Retaliation Monitoring Report form to monitor and protect that individual against retaliation.

D. If any other individual who cooperates with an investigation expresses a fear of retaliation, the facility shall monitor using the PREA Retaliation Monitoring Report form to protect that individual against retaliation.

E. The PREA Coordinator and/or Facility Director will assign the resident's counselor or Program Coordinator who will monitor the resident/residents against retaliation.

Assigned staff will:

1. Complete the report with the resident and report findings once every 30 days to the PREA Coordinator and/or the Facility Director.
2. PREA Coordinator and/or the Facility Director will review the findings.
3. The PREA Coordinator and/or the Facility Director will take active or preventive measures deemed necessary to address any retaliatory issues or potential retaliatory issues.
4. Continue monitoring beyond 90 days if the initial monitoring indicates a continued need."

	<p>F. The PREA Retaliation Monitoring Report form will be used for this process.”</p>
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	<p>Through such reviews and interviews with facility retaliation monitor, the department director, the facilities numerous efforts to meet with residents on an ongoing weekly basis to ensure retaliation is not occurring, the facility exceed the standard requirements.</p>
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115.271	Criminal and administrative agency investigations
	<p data-bbox="280 185 1007 219">Auditor Overall Determination: Meets Standard</p> <p data-bbox="280 264 579 297">Auditor Discussion</p> <p data-bbox="280 342 544 376">Document Review:</p> <ol data-bbox="280 383 940 461" style="list-style-type: none"> <li data-bbox="280 383 655 416">1. Taylor County SATF PAQ <li data-bbox="280 423 940 461">2. Taylor County SATF PREA Policy, dated 2022 <p data-bbox="280 499 437 533">Interviews:</p> <ol data-bbox="280 539 807 573" style="list-style-type: none"> <li data-bbox="280 539 807 573">1. Program Coordinator / Investigator <p data-bbox="280 580 1477 703">The interview with the facility investigator demonstrated he clearly understands and has set processes for completing investigations, to include a thorough review and in-depth documentation process.</p> <p data-bbox="280 741 528 775">Site Observation:</p> <p data-bbox="280 781 1426 860">The facility has experienced one sexual harassment in the past 12 months which resulted in an administrative investigation.</p> <p data-bbox="280 898 1414 976">(a) The Taylor County SATF PAQ states the agency/facility has a policy related to criminal and administrative agency investigations.</p> <p data-bbox="280 1014 1461 1093">Taylor County SATF PREA Policy, section Criminal and Administrative Investigations, A.-B., state,</p> <ol data-bbox="280 1099 1477 1290" style="list-style-type: none"> <li data-bbox="280 1099 1390 1178">A. "All investigations into allegations will be done so promptly, thoroughly, and objectively regardless of the reporting party. <li data-bbox="280 1184 1477 1290">B. The Taylor County Sheriff's Office CID will conduct investigations of all incidents of sexual abuse and sexual harassment whose staff is trained in sexual abuse investigations." <p data-bbox="280 1328 1461 1574">(b) Taylor County SATF PREA Policy, section Specialized Training: Investigators, A., states, "In addition to the general training provided to all employees, the PREA Coordinator shall ensure that, to the extent the facility itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings. The facility shall maintain documentation confirming that investigators have completed the required specialized training."</p> <p data-bbox="280 1612 1294 1691">(c) Taylor County SATF PREA Policy, section Criminal and Administrative Investigations, C., states, "Their investigators shall:</p> <ol data-bbox="280 1697 1445 1899" style="list-style-type: none"> <li data-bbox="280 1697 1445 1776">1. Gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data. <li data-bbox="280 1783 1246 1816">2. Interview alleged victims, suspected perpetrators, and witnesses. <li data-bbox="280 1823 1445 1899">3. Review all prior complaints and reports of sexual abuse involving the suspected perpetrator." <p data-bbox="280 1937 1477 2094">(d) Taylor County SATF PREA Policy, section Criminal and Administrative Investigations, D., states, "When the quality of evidence appears to support criminal prosecution, the facility/investigating agency shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be</p>

an obstacle for subsequent criminal prosecution.”

(e) Taylor County SATF PREA Policy, section Criminal and Administrative Investigations, E.-F., state,

E. “The credibility of an alleged victim, suspect, or witness, shall be assessed on an individual basis and shall not be determined by the person's status as resident or staff.

F. The facility/investigating agency shall not require a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.”

(f) Taylor County SATF PREA Policy, section Criminal and Administrative Investigations/Administrative Investigations, A.-B., state, “

A. “Shall include an effort to determine whether staff actions or failures to act contributed to the abuse.

B. Shall be documented in written reports that include the description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.”

(g/i) Taylor County SATF PREA Policy, section Criminal and Administrative Investigations/Administrative Investigations, C., states, “These reports, in both criminal and administrative investigations, the facility shall retain all written reports for as long as the alleged abuser is a resident or employee of the facility, plus five years.”

(h) The Taylor County SATF PAQ states substantiated allegations of conduct that appear to be criminal are referred for prosecution. The number of substantiated allegations of conduct that appear to be criminal that were referred for prosecution since the last PREA audit, was zero.

Taylor County SATF PREA Policy, section Criminal and Administrative Investigations, H., states, “Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution.”

(j) Taylor County SATF PREA Policy, section Criminal and Administrative Investigations, H., states, “The departure of the alleged abuser or victim from the employment or control of the facility shall not provide a basis for terminating an investigation.”

(l) Taylor County SATF PREA Policy, section Criminal and Administrative Investigations, J., states, “When outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation.”

Through such reviews, the facility meets the standard requirements.

115.272	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Review:</p> <ol style="list-style-type: none"> 1. Taylor County SATF PAQ 2. Taylor County SATF PREA Policy, dated 2022 <p>Interviews:</p> <ol style="list-style-type: none"> 2. Program Coordinator / Investigator <p>The interview with facility investigator demonstrated the facility shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p>(a) The Taylor County SATF PAQ states the agency imposes a standard of a preponderance of the evidence or a lower standard of proof for determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p>Taylor County SATF PREA Policy, section Evidentiary Standard for Administrative Investigations 115.272, states, “In any sexual abuse or sexual harassment investigation in which the facility is the primary investigating entity, the facility shall utilize a preponderance of the evidence standard for determining whether sexual abuse or sexual harassment has taken place. “</p> <p>Through such reviews, the facility meets the standard requirements.</p>

115.273	Reporting to residents
	<p data-bbox="280 185 1037 219">Auditor Overall Determination: Exceeds Standard</p> <p data-bbox="280 264 579 297">Auditor Discussion</p> <p data-bbox="280 342 544 376">Document Review:</p> <ol data-bbox="280 409 1150 533" style="list-style-type: none"> 1. Taylor County SATF PAQ 2. Taylor County SATF PREA Policy, dated 2022 3. PREA – Residential Allegation Status Notification, not dated <p data-bbox="280 566 437 600">Interviews:</p> <ol data-bbox="280 611 539 645" style="list-style-type: none"> 1. Facility Director <p data-bbox="280 656 1469 902">Interviews with a Facility Director demonstrated she would personally verbally inform the resident of the outcome of an investigation. The Facility Director would also document the verbal notification within the facility investigation documentation. The Facility Director stated she would inform a past resident of the outcome of an investigation, after a resident had departed, if she could find them in the community.</p> <p data-bbox="280 936 1469 1261">(a) The Taylor County SATF PAQ states the agency has a policy requiring that any resident who makes an allegation that he or she suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency. The number of criminal and/or administrative investigations of alleged resident sexual abuse that were completed by the agency/facility in the past 12 months was zero. The PAQ states, “We have never had an alleged sexual abuse investigation.”</p> <p data-bbox="280 1294 1461 1462">Taylor County SATF PREA Policy, section Reporting to Residents, A., states, “Following an investigation into a resident’s allegation of sexual abuse suffered in a facility, the facility shall be informing the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.”</p> <p data-bbox="280 1496 1356 1574">The facility provided a PREA – Residential Allegation Status Notification. The notification documents the following.</p> <ul data-bbox="280 1585 1445 2000" style="list-style-type: none"> • Facility • PREA Incident • Report Date / Date of Incident • Incident Time / Incident Area • Victim Name / Alleged Abuser: Resident/Staff • Based upon review of the evidence, the allegation noted above was found to be: <ul data-bbox="280 1832 1422 2000" style="list-style-type: none"> o Substantiated – investigation determined allegation occurred o Unsubstantiated – investigation determined allegation may have occurred, but there was insufficient evidence to provide o Unfounded – investigation determined allegation did not occur <p data-bbox="280 2011 405 2045">Findings:</p> <p data-bbox="280 2056 488 2089">Abuser Status:</p>

- Resident ____ has been:
 - o Disciplined according resident rulebook sanctions
 - o Indicted on a charge related to sexual abuse within the facility
 - o Convicted on a charge related to sexual abuse within the facility
 - Staff ____ is/has been:
 - o Been disciplined according to policy
 - o Been terminated according to policy
 - o Indicted on a charge related to sexual abuse within the Facility
 - o Convicted on a charge related to sexual abuse within the Facility
- The form is signed and dated by the Resident.

(b) The Taylor County SATF PAQ states an outside entity conducts such investigations, the agency requests the relevant information from the investigative entity in order to inform the resident of the outcome of the investigation. The number of investigations of alleged resident sexual abuse in the facility that were completed by an outside agency in the past 12 months was zero.

Taylor County SATF PREA Policy, section Reporting to Residents, B., states, "If the facility did not conduct the investigation, it shall request the relevant information from the investigative agency in order to inform the resident."

(c) The Taylor County SATF PAQ states following a resident's allegation that a staff member has committed sexual abuse against the resident, the agency/facility subsequently informs the resident (unless the agency has determined that the allegation is unfounded) whenever: (a) the staff member is no longer posted within the resident's unit; (b) the staff member is no longer employed at the facility; (c) the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or (d) the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

Taylor County SATF PREA Policy, section Reporting to Residents, C., states, "Following a resident's allegation that a staff member has committed sexual misconduct against the resident, the facility shall subsequently inform the resident (unless the agency has determined that the allegation is unfounded) whenever:

1. The staff member is no longer posted within the resident's area;
2. The staff member is no longer employed at the facility; and/or
3. The facility learns that the staff member has been indicted or convicted of a charge related to sexual misconduct within the facility."

(d) The Taylor County SATF PAQ states following a resident's allegation that he or she has been sexually abused by another resident in an agency facility, the agency subsequently informs the alleged victim whenever: (a) the agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or (b) the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

Taylor County SATF PREA Policy, section Reporting to Residents, D., states, "Following a resident's allegation that he or she has been involved in an incident of

sexual abuse by another resident, the facility shall subsequently inform the alleged victim whenever it learns:

1. That the alleged abuser, if a resident, has been indicted or convicted on a charge related to sexual abuse within the facility.
2. That the alleged abuser, if a staff member, is no longer employed by the facility and if he/she has been indicted or convicted on a charge related to the sexual abuse within the facility.”

(e) The Taylor County SATF PAQ states the agency has a policy that all notifications to residents described under this standard are documented. In the past 12 months, the number of notifications to residents that were provided pursuant to this standard was zero.

Taylor County SATF PREA Policy, section Reporting to Residents, E.-F., states, E. “All such notifications will be made using the Resident Allegation Status Notification Form.

F. All such notifications or attempted notifications shall be documented. The resident shall sign the forms, verifying that such notification has been received. The signed forms shall be kept in the resident’s file in CSS.”

(f) Taylor County SATF PREA Policy, section Reporting to Residents, G., states, “The facility obligation to report under this standard shall terminate if the resident is released from their care and custody.”

Through such reviews of facility documentation in place and the interview with the Facility Director stating she would provide investigation outcomes to residents after being discharged from the facility, the facility exceeds the standard requirements.

115.276	Disciplinary sanctions for staff
	<p data-bbox="280 185 1007 219">Auditor Overall Determination: Meets Standard</p> <p data-bbox="280 264 579 297">Auditor Discussion</p> <p data-bbox="280 342 544 376">Document Review:</p> <ol data-bbox="280 383 940 456" style="list-style-type: none"> <li data-bbox="280 383 655 416">1. Taylor County SATF PAQ <li data-bbox="280 423 940 456">2. Taylor County SATF PREA Policy, dated 2022 <p data-bbox="280 501 437 535">Interviews:</p> <ol data-bbox="280 542 539 575" style="list-style-type: none"> <li data-bbox="280 542 539 575">1. Facility Director <p data-bbox="280 582 1481 656">The interview with the Facility Director demonstrated there were zero staff who were disciplined for violation of an agency sexual abuse or sexual harassment policy.</p> <p data-bbox="280 701 528 734">Site Observation:</p> <p data-bbox="280 741 1458 815">During the last audit cycle, the facility did not have any staff subject to disciplinary action due to violating sexual abuse or sexual harassment policies.</p> <p data-bbox="280 860 1469 969">(a) The Taylor County SATF PAQ states staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.</p> <p data-bbox="280 1014 1461 1124">Taylor County SATF PREA Policy, Disciplinary Sanctions for Staff 115.276, A., states, "Employees shall be subject to disciplinary sanctions up to and including termination for violating facility sexual abuse or sexual harassment policies.</p> <p data-bbox="280 1131 1469 1205">Termination shall be the presumptive disciplinary sanction for employees who have engaged in sexual abuse."</p> <p data-bbox="280 1249 1449 1359">(b) The Taylor County SATF PAQ states in the last 12 months, there has been zero staff from the facility that had violated agency sexual abuse or sexual harassment policies.</p> <p data-bbox="280 1404 1481 1644">(c) The Taylor County SATF PAQ states disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. In the past 12 months there have zero staff requiring discipline for sexual abuse or sexual harassment.</p> <p data-bbox="280 1688 1465 1928">Taylor County SATF PREA Policy, Disciplinary Sanctions for Staff 115.276, B., states, "Disciplinary sanctions for violations of facility sexual abuse or sexual harassment policies (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the employee's disciplinary history, and the sanctions imposed for comparable offenses by other employees with similar histories."</p> <p data-bbox="280 1973 1477 2083">(d) The Taylor County SATF PAQ states all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are reported to law enforcement</p>

	<p>agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. In the past 12 months, zero staff have been terminated for sexual abuse or harassment.</p> <p>Taylor County SATF PREA Policy, Disciplinary Sanctions for Staff 115.276, C., states, "All terminations for violations of the facility sexual abuse or sexual harassment policies, or resignations by employees who would have been terminated if not for their resignation, shall be reported to law enforcement agencies and to any relevant licensing bodies, unless the activity was clearly not criminal."</p> <p>Through such reviews, the facility meets the standard requirements.</p>
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115.277	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Review:</p> <ol style="list-style-type: none"> 1. Taylor County SATF PAQ 2. Taylor County SATF PREA Policy, dated 2022 <p>Interviews:</p> <ol style="list-style-type: none"> 1. Facility Director <p>The interview with the Facility Director demonstrated there were zero volunteers or contractors who were disciplined for violation of an agency sexual abuse or sexual harassment policy.</p> <p>Site Observation:</p> <p>During the last audit cycle, the facility did not have any volunteers or contractors subject to disciplinary action due to violating sexual abuse or sexual harassment policies.</p> <p>(a) The Taylor County SATF PAQ states agency policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies (unless the activity was clearly not criminal) and to relevant licensing bodies. Agency policy requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with residents. In the past 12 months, contractors or volunteers have not been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of residents. In the past 12 months, the number of contractors or volunteers reported to law enforcement for engaging in sexual abuse of residents was zero.</p> <p>Taylor County SATF PREA Policy, section Corrective Action Plan for Contractors or Volunteers 115.277, A., states, "Any civilian or contractor who engages in sexual abuse shall be prohibited from contact with residents and shall be reported to law enforcement agencies and to any relevant licensing body, unless the activity was clearly not criminal."</p> <p>(b) The Taylor County SATF PAQ the facility takes appropriate remedial measures and considers whether to prohibit further contact with Residents in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.</p> <p>Taylor County SATF PREA Policy, section Corrective Action Plan for Contractors or Volunteers 115.277, B., states, "Any other violation of the facility sexual abuse or sexual harassment policies by a civilian or contractor will result in further prohibitions up to and including termination."</p> <p>Through such reviews, the facility meets the standard requirements.</p>

115.278	Disciplinary sanctions for residents
	<p data-bbox="279 185 1005 219">Auditor Overall Determination: Meets Standard</p> <p data-bbox="279 264 579 297">Auditor Discussion</p> <p data-bbox="279 342 544 376">Document Review:</p> <ol data-bbox="279 383 940 456" style="list-style-type: none"> <li data-bbox="279 383 655 416">1. Taylor County SATF PAQ <li data-bbox="279 423 940 456">2. Taylor County SATF PREA Policy, dated 2022 <p data-bbox="279 501 437 535">Interviews:</p> <ol data-bbox="279 542 539 575" style="list-style-type: none"> <li data-bbox="279 542 539 575">1. Facility Director <p data-bbox="279 582 1458 656">An interview with the Facility Director demonstrated residents would be discharged from the facility if an investigation outcome of sexual abuse was substantiated.</p> <p data-bbox="279 701 1477 1059">(a) The Taylor County SATF PAQ states residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that a resident engaged in resident-on-resident sexual abuse. Residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following a criminal finding of guilt for resident-on-resident sexual abuse. In the past 12 months, the number of administrative findings of resident-on-resident sexual abuse that have occurred at the facility was zero. In the past 12 months, the number of criminal findings of guilt for resident-on-resident sexual abuse that have occurred at the facility was zero.</p> <p data-bbox="279 1104 1458 1301">Taylor County SATF PREA Policy, Disciplinary Sanctions for Residents 115.278, A., states, "All residents found guilty of sexual abuse shall be institutionally disciplined in accordance with the facility disciplinary procedures. Residents may also be institutionally disciplined even though law enforcement officials decline to prosecute."</p> <p data-bbox="279 1346 1477 1496">(b) Taylor County SATF PREA Policy, Disciplinary Sanctions for Residents 115.278, B., states, "Sanctions shall be commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories."</p> <p data-bbox="279 1541 1477 1691">(c) Taylor County SATF PREA Policy, Disciplinary Sanctions for Residents 115.278, C., states, "The disciplinary process shall consider whether a resident's mental disabilities or mental illness contributed to his/her behavior when determining what type of sanction, if any, should be imposed."</p> <p data-bbox="279 1736 1477 2018">(d) The Taylor County SATF PAQ states the facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse. If the facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse, the facility considers whether to require the offending resident to participate in such interventions as a condition of access to programming or other benefits.</p> <p data-bbox="279 2063 1430 2096">Taylor County SATF PREA Policy, Disciplinary Sanctions for Residents 115.278, D.,</p>

states, "If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to require the alleged perpetrator to participate in such interventions as a condition of access to programming or other benefits."

(e) The Taylor County SATF PAQ states the agency disciplines residents for sexual conduct with staff only upon finding that the staff member did not consent to such contact.

Taylor County SATF PREA Policy, Disciplinary Sanctions for Residents 115.278, E., states, "A resident may be disciplined for sexual conduct with an employee only upon finding that the employee did not consent to such contact."

(f) The Taylor County SATF PAQ states the agency prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation.

Taylor County SATF PREA Policy, Disciplinary Sanctions for Residents 115.278, F., states, "A report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation, therefore, the reporting party should not be disciplined."

(g) The Taylor County SATF PAQ states the agency prohibits all sexual activity between residents. If the agency prohibits all sexual activity between residents and disciplines residents for such activity, the agency deems such activity to constitute sexual abuse only if it determines that the activity is coerced.

Taylor County SATF PREA Policy, Disciplinary Sanctions for Residents 115.278, G., states, "Sexual activity of any kind between residents is prohibited and they will be discipline for such activity. However, if it is determined that the activity was not coerced, the activity will not be considered sexual abuse."

Through such reviews, the facility meets the standard requirements.

115.282	Access to emergency medical and mental health services
	<p data-bbox="279 185 1007 219">Auditor Overall Determination: Meets Standard</p> <p data-bbox="279 264 579 297">Auditor Discussion</p> <p data-bbox="279 342 544 376">Document Review:</p> <ol data-bbox="279 383 1473 539" style="list-style-type: none"> 1. Taylor County SATF PAQ 2. Taylor County SATF PREA Policy, dated 2022 3. Access to Emergency Medical Treatment and/or Crisis Intervention Services Form, not dated <p data-bbox="279 584 437 618">Interviews:</p> <ol data-bbox="279 624 368 658" style="list-style-type: none"> 1. LVN <p data-bbox="279 665 1426 743">Interviews with the LVN demonstrated residents would be taken to the Hendricks Medical Center for all emergency services.</p> <p data-bbox="279 788 528 822">Site Observation:</p> <p data-bbox="279 828 1426 862">In the past 12 months the facility has not experienced a sexual abuse allegation.</p> <p data-bbox="279 907 1452 1052">(a) The Taylor County SATF PAQ states resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The nature and scope of such services are determined by medical and mental health practitioners according to their professional judgment.</p> <p data-bbox="279 1097 1460 1332">Taylor County SATF PREA Policy, section Access to Emergency Medical and Mental Health Services 115.282, A., states, "Resident victims of sexual abuse shall receive timely, unimpeded, and ongoing access to emergency medical treatment at Hendrick Medical Center and crisis intervention services as recommended by medical and mental health practitioners according to their professional judgment. Such referrals will be documented."</p> <p data-bbox="279 1377 1378 1444">The facility provided an Access to Emergency Medical Treatment and/or Crisis Intervention Services Form. The form documents the following.</p> <ul data-bbox="279 1456 1078 1780" style="list-style-type: none"> • Resident Name • Date & Time of Incident • Date & Time Services Offered • Date & Time Resident Accepted the Following Services • Emergency Medical Treatment • Crisis Intervention Services • Notes • Staff Signature and Date <p data-bbox="279 1825 1473 2060">(b) Taylor County SATF PREA Policy, section Access to Emergency Medical and Mental Health Services 115.282, B., states, "If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, staff shall take preliminary steps to protect the victim pursuant to 115.262 and shall immediately notify the PREA Coordinator and Facility Director who will make appropriate referrals and document them."</p>

(c) The Taylor County SATF PAQ states, resident victims of sexual abuse while incarcerated are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.

Taylor County SATF PREA Policy, section Access to Emergency Medical and Mental Health Services 115.282, C., states, "Resident victims of sexual abuse shall be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis in accordance with professionally accepted standards of care, where medically appropriate."

(d) The Taylor County SATF PAQ states, treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

Taylor County SATF PREA Policy, section Access to Emergency Medical and Mental Health Services 115.282, D., states, "Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident."

Through such reviews, the facility meets the standard requirements.

115.283	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Document Review:</p> <ol style="list-style-type: none"> 1. Taylor County SATF PAQ 2. Taylor County SATF PREA Policy, dated 2022 <p>Interviews:</p> <ol style="list-style-type: none"> 1. LVN <p>Interviews with the LVN demonstrated she follow any orders she received for ongoing care for residents returning from a sexual abuse forensic exam.</p> <p>(a/b) The Taylor County SATF PAQ states the facility offers medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.</p> <p>Taylor County SATF PREA Policy, section Ongoing medical and mental health care for sexual victims and abusers, A., states, "The evaluation and treatment of sexual abuse victims shall include, as appropriate, follow-up services, treatment plans, and whenever necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody."</p> <p>(c) Taylor County SATF PREA Policy, section Ongoing medical and mental health care for sexual victims and abusers, B., states, "The facility shall provide such victims with medical and mental health services consistent with the community level of care."</p> <p>(d) This is provision is not applicable as the facility does not care for female residents.</p> <p>(e) This is provision is not applicable as the facility does not care for female residents.</p> <p>(f) The Taylor County SATF PAQ states resident victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate.</p> <p>Taylor County SATF PREA Policy, section Ongoing medical and mental health care for sexual victims and abusers, C., states, "Resident victims of sexual abuse while at the facility shall be offered tests for sexually transmitted infections as medically appropriate."</p> <p>(g) Taylor County SATF PREA Policy, section Ongoing medical and mental health care for sexual victims and abusers, D., states, "Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out the incident."</p>

(h) The Taylor County SATF PAQ states the facility does attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate by mental health practitioners.

Taylor County SATF PREA Policy, section Ongoing medical and mental health care for sexual victims and abusers, E., states, "Upon learning a resident has a history of resident-on-resident abuse, the counselor will refer the resident to the Program Coordinator who will refer them to Betty Hardwick Center for a mental health evaluation who will also offer treatment when deemed appropriate. This will be done within 60 days of learning of such abuse history."

Through such reviews, the facility meets the standard requirements.

115.286	Sexual abuse incident reviews
	<p data-bbox="280 185 1005 219">Auditor Overall Determination: Meets Standard</p> <p data-bbox="280 264 579 297">Auditor Discussion</p> <p data-bbox="280 342 544 376">Document Review:</p> <ol data-bbox="280 383 1136 499" style="list-style-type: none"> 1. Taylor County SATF PAQ 2. Taylor County SATF PREA Policy, dated 2022 3. Taylor County SATF PREA Incident Review Form, not dated <p data-bbox="280 539 437 573">Interviews:</p> <ol data-bbox="280 580 568 696" style="list-style-type: none"> 1. Floor Supervisor 2. PREA Coordinator 3. Facility Director <p data-bbox="280 703 1461 904">The team on-site clearly articulated their review of all incidents reported and investigations of sexual harassment and sexual abuse. The team considers demographics of residents, facility area where abuse was alleged to have occurred, staffing patterns and technology when reviewing incidents of sexual harassment or sexual abuse.</p> <p data-bbox="280 945 1473 1146">(a) The Taylor County SATF PAQ states the facility conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded. In the past 12 months there has been zero criminal and or administrative investigations of alleged sexual abuse completed at the facility,</p> <p data-bbox="280 1187 1469 1388">Taylor County SATF PREA Policy, section Sexual Abuse Incident Reviews 115.286, A., states, “The facility PREA Team shall conduct a sexual abuse incident review within 30 days of the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined unfounded.”</p> <p data-bbox="280 1429 1414 1496">The facility provided a Taylor County SATF PREA Incident Review Form. The form documents the following.</p> <ul data-bbox="280 1503 1433 2085" style="list-style-type: none"> • PREA Incident Data • Date of Review • Incident Outcome • Check any of the following factors appear to have motivated the incident: <ul style="list-style-type: none"> o Race o Ethnicity o Gender Identity o LGBTI and/or Gender Non-Conforming Identification o Perceived Status o Gang Affiliation o Group Dynamics of the Facility o Other • Check when completed: <ul style="list-style-type: none"> o Examine the area in the facility where the incident allegedly occurred to assess

whether physical barriers in the area may enable abuse.

- o Assess the adequacy of staffing levels in that area during different shifts.
- o Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff.
- o Does the investigation indicate a need to change policy or practice to better prevent, detect or respond to sexual abuse?

◊ If yes, please explain

- PREA Review Team Name and Signature

(b) The Taylor County SATF PAQ states sexual abuse incident reviews are ordinarily conducted within 30 days of concluding the criminal or administrative investigation. In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility that were followed by a sexual abuse incident review within 30 days, excluding only “unfounded” incidents were zero. Policy compliance can be found in provision (a) of this standard.

(c) The Taylor County SATF PAQ states the sexual abuse incident review team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners.

Taylor County SATF PREA Policy, section Sexual Abuse Incident Reviews 115.286, B., states, “The PREA review team consists of the PREA Coordinator, Supervisor of Operations, and Program Coordinator, with input from line supervisors, investigators, and medical and mental health practitioners.”

(d) The Taylor County SATF PAQ states the facility prepares a report of its findings from sexual abuse incident reviews, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1) -(d)(5) of this section, and any recommendations for improvement and submits such report to the facility head and Facility Director.

Taylor County SATF PREA Policy, section Sexual Abuse Incident Reviews 115.286, C., states, “The review team shall:

1. Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect or respond to sexual abuse.
2. Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; LGBTI and/or Gender Non-Conforming identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility.
3. Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse.
4. Assess the adequacy of staffing levels in that area during different shifts.
5. Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff.
6. Prepares a report of its findings using the PREA Incident Review Form and any recommendations for improvement to Facility Director.
7. The facility shall implement the PREA review team's recommendations for improvement or shall document reasons for not doing so.”

	<p>(e) The Taylor County SATF PAQ states, the facility implements the recommendations for improvement or documents its reasons for not doing so. Policy compliance can be found in provision (d) of this standard.</p> <p>Through such reviews, the facility meets the standard requirements.</p>
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115.287	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Review:</p> <ol style="list-style-type: none"> 1. Taylor County SATF PAQ 2. Taylor County SATF PREA Policy, dated 2022 <p>(a) The Taylor County SATF PAQ states the agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions.</p> <p>Taylor County SATF PREA Policy, section Data Collection 115.287, A., states, “The facility shall collect and compile accurate, uniform data for every allegation of sexual abuse using the most recent version of the Survey of Sexual Violence by the Department of Justice. This data should be compiled annually.”</p> <p>(b) The Taylor County SATF PAQ states the agency aggregates the incident-based sexual abuse at least annually. Policy compliance can be found in provision (a) of this standard.</p> <p>(c) The Taylor County SATF PAQ states the standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice. Policy compliance can be found in provision (a) of this standard.</p> <p>(d) The Taylor County SATF PAQ states the agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.</p> <p>Taylor County SATF PREA Policy, section Data Collection 115.287, B., states, “The facility shall maintain, review, and collect data as needed from all available incident-based documentation including reports, investigation files, and sexual abuse incident reviews.”</p> <p>(e) This provision is not applicable as the Taylor County SATF does do not have private facilities.</p> <p>(f) The Taylor County SATF PAQ states the agency did not provide DOJ with data from the previous calendar year.</p> <p>Taylor County SATF PREA Policy, section Data Collection 115.287, C., states, “Upon request, the facility shall provide all such data from the previous calendar year to the Department of Justice no later than June 30.”</p> <p>Through such reviews, the facility meets the standard requirements.</p>

115.288	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Review:</p> <ol style="list-style-type: none"> 1. Taylor County SATF PAQ 2. Taylor County SATF PREA Policy, dated 2022 3. Taylor County Substance Abuse Treatment Facility Annual Report Calendar Years 2019- 2021 <p>(a) The Taylor County SATF PAQ states the agency reviews data collected and aggregated pursuant to §115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, response policies, and training, including: (a) identifying problem areas; (b) taking corrective action on an ongoing basis; and (c) preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole.</p> <p>Taylor County SATF PREA Policy, section Data Review for Corrective Action 115.288, A., states, “The PREA Team shall review data collected pursuant to 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training including:</p> <ol style="list-style-type: none"> 1. Identifying problem areas. 2. Taking corrective action on an ongoing basis. 3. Preparing an annual report of its findings and corrective actions.” <p>The facility provided a Taylor County Substance Abuse Treatment Facility Annual Report Calendar Year 2021. The Annual Report documents the following information.</p> <ul style="list-style-type: none"> • Data Storage, Publication, and Destruction • Inmate on Inmate Nonconsensual Sexual Acts / Classification / Amount / Total <ul style="list-style-type: none"> o Definition of Sexual Acts • Resident on Resident Abusive Sexual Contact Classification / Amount / Total <ul style="list-style-type: none"> o Definition Abusive Sexual Contact • Resident on Resident Sexual Harassment / Classification / Amount / Total <ul style="list-style-type: none"> o Definition Inmate on Inmate Sexual Harassment • Staff Sexual Misconduct / Classification / Amount / Total <ul style="list-style-type: none"> o Definition of any behavior of a sexual nature directed toward a Resident • Staff Sexual Harassment / Classification / Amount / Total <ul style="list-style-type: none"> o Definition of repeated verbal comments or gestures • Summary <p>The plan is signed by the Taylor County CSCD Director on 3.2.2022.</p> <p>(b) The Taylor County SATF PAQ states the annual report includes a comparison of the current year’s data and corrective actions to those from prior years. The annual report provides an assessment of the agency’s progress in addressing sexual abuse.</p>

Taylor County SATF PREA Policy, section Data Review for Corrective Action 115.288, B., states, "The facility's report shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of the facility's progress in addressing sexual abuse."

(c) The Taylor County SATF PAQ states the agency makes its annual report readily available to the public, at least annually, through its website. Annual reports are approved by the agency head. The Annual Report is available at www.taylorcscd.org.

Taylor County SATF PREA Policy, section Data Review for Corrective Action 115.288, C., states, "The facility's report shall be approved by the CSCD Director and made readily available to the public through its website."

(d) The Taylor County SATF PAQ states 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.

Taylor County SATF PREA Policy, section Data Review for Corrective Action 115.288, D., states, "The facility and/or CSCD may redact specific material from the reports when the reports publication would present a clear and specific threat to safety and security of a facility but must indicate the nature of the material redacted."

Through such reviews, the facility meets the standard requirements.

115.289	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Review:</p> <ol style="list-style-type: none"> 1. Taylor County SATF PAQ 2. Taylor County SATF PREA Policy, dated 2022 <p>(a) The Taylor County SATF PAQ states the agency ensures that incident-based and aggregate data are securely retained.</p> <p>Taylor County SATF PREA Policy, section Data Storage, Publication, and Destruction 115.289, A., states, “The facility shall ensure that data collected pursuant to 115.287 is securely maintained.</p> <ol style="list-style-type: none"> 1. All documentation from each individual investigation will be maintained in the Facility Director's office in the file cabinet marked PREA. Outside of business hours, the office will remain locked but the file cabinet will remain unlocked allowing the CSCD Director and/or PREA Team access.” <p>(b) The Taylor County SATF PAQ states the agency policy requires that aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts be made readily available to the public at least annually through its website.</p> <p>Taylor County SATF PREA Policy, section Data Storage, Publication, and Destruction 115.289, B., states, “The facility shall make all aggregated sexual abuse data readily available to the public at least annually through its website. But before making the data public, the facility shall remove all personal identifiers.”</p> <p>(c) The Taylor County SATF PAQ states before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers. Policy compliance can be found in provision (b) of this standard.</p> <p>(d) Taylor County SATF PREA Policy, section Data Storage, Publication, and Destruction 115.289, C., states, “The PREA Coordinator shall maintain sexual abuse</p>

	<p>collected data for at least 10 years from the date of the initial collection unless Federal, State, or local law requires otherwise.”</p> <p>Through such reviews, the facility meets the standard requirements.</p>
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115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a) This standard is not applicable as the facility is a standalone facility and not part of an agency of facilities.</p> <p>(b) This is the second audit cycle for Taylor County Substance Abuse Treatment Center and the first year of the fourth audit cycle.</p> <p>(h) The Auditor was granted complete access to, and the ability to observe, all areas of the facility.</p> <p>(i) The Auditor was permitted to request and receive copies of any relevant documents (including electronically stored information).</p> <p>(m) The Auditor was permitted to conduct private interviews with residents.</p> <p>(n) Residents were permitted to send confidential information or correspondence to the Auditor in the same manner as if they were communicating with legal counsel.</p> <p>Through such reviews, the facility meets the standard requirements.</p>

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	(b) The agency has their 2019 audit report posted on their facility website. Through such reviews, the facility meets the standard requirements.

Appendix: Provision Findings		
115.211 (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
115.211 (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 community confinement facilities?	yes
115.212 (a)	Contracting with other entities for the confinement of residents	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities, including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na
115.212 (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.)	na

115.212 (c)	Contracting with other entities for the confinement of residents	
	If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	na
	In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	na
115.213 (a)	Supervision and monitoring	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring to protect residents against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The physical layout of each facility?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
115.213 (b)	Supervision and monitoring	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (NA if no deviations from staffing plan.)	yes

115.213 (c)	Supervision and monitoring	
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing staffing patterns?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels?	yes
115.215 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip searches or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.215 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if the facility does not have female inmates.)	na
	Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)	na
115.215 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female residents?	no

115.215 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing?	yes
115.215 (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 the resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
115.215 (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

115.216 (a)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing?	yes
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication	yes

	with residents with disabilities including residents who: Have intellectual disabilities?	
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision?	yes
115.216 (b)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.216 (c)	Residents with disabilities and residents who are limited English proficient	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations?	yes

115.217 (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 two questions immediately above ?	yes
	Does the agency prohibit the enlistment of the 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 the 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 the 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 questions immediately above ?	yes
115.217 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with residents?	yes
	Does the agency consider any incidents of sexual harassment in determining to enlist the services of any contractor who may have contact with residents?	yes

115.217 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency, 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
115.217 (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
115.217 (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
115.217 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes

115.217 (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
115.217 (h)	Hiring and promotion decisions	
	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
115.218 (a)	Upgrades to facilities and technology	
	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
115.218 (b)	Upgrades to facilities and technology	
	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 any video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012 or since the last PREA audit, whichever is later.)	yes
115.221 (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

115.221 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth where applicable? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	na
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
115.221 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all victims of 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
115.221 (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

115.221 (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
115.221 (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 agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	yes
115.221 (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? (N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above).	yes
115.222 (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

115.222 (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
115.222 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).)	yes

115.231 (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 confinement?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims?	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?	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

115.231 (b)	Employee training	
	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
115.231 (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
115.231 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.232 (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
115.232 (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

115.232 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.233 (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
	During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents?	yes
	During intake, do residents receive information regarding agency policies and procedures for responding to such incidents?	yes
115.233 (b)	Resident education	
	Does the agency provide refresher information whenever a resident is transferred to a different facility?	yes

115.233 (c)	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
115.233 (d)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.233 (e)	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
115.234 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes

115.234 (b)	Specialized training: Investigations	
	Does this specialized training include: Techniques for interviewing sexual abuse victims?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(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 criminal or administrative sexual abuse investigations. See 115.221(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 criminal or administrative sexual abuse investigations. See 115.221(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 criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
115.234 (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 criminal or administrative sexual abuse investigations. See 115.221(a).)	yes

115.235 (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 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
115.235 (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 does not employ medical staff or the medical staff employed by the agency do not conduct forensic exams.)	na
115.235 (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

115.235 (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 §115.231? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	yes
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	yes
115.241 (a)	Screening for risk of victimization and abusiveness	
	Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
	Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
115.241 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.241 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes

115.241 (d)	Screening for risk of victimization and abusiveness	
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident's criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has prior convictions for sex offenses against an adult or child?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the resident about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the resident is gender non-conforming or otherwise may be perceived to be LGBTI)?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability?	yes

115.241 (e)	Screening for risk of victimization and abusiveness	
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse?	yes
115.241 (f)	Screening for risk of victimization and abusiveness	
	Within a set time period not more than 30 days from the resident's arrival at the facility, does the facility reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes
115.241 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess a resident's risk level when warranted due to a: Referral?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Request?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness?	yes
115.241 (h)	Screening for risk of victimization and abusiveness	
	Is it the case that residents are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes

115.241 (i)	Screening for risk of victimization and abusiveness	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	yes
115.242 (a)	Use of screening information	
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
115.242 (b)	Use of screening information	
	Does the agency make individualized determinations about how to ensure the safety of each resident?	yes

115.242 (c)	Use of screening information	
	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
115.242 (d)	Use of screening information	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
115.242 (e)	Use of screening information	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes

115.242 (f)	Use of screening information	
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: transgender residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
115.251 (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: 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

115.251 (b)	Resident reporting	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
115.251 (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
115.251 (d)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
115.252 (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

115.252 (b)	Exhaustion of administrative remedies	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes
115.252 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: a resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
115.252 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension is 70 days per 115.252(d)(3)), does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes

115.252 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	yes

115.252 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
115.252 (g)	Exhaustion of administrative remedies	
	If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes

115.253 (a)	Resident access to outside confidential support services	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility enable reasonable communication between residents and these organizations, in as confidential a manner as possible?	yes
115.253 (b)	Resident access to outside confidential support services	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.253 (c)	Resident access to outside confidential support services	
	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
115.254 (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

115.261 (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 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 regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
115.261 (b)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
115.261 (c)	Staff and agency reporting duties	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.261 (d)	Staff and agency reporting duties	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes

115.261 (e)	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
115.262 (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
115.263 (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
115.263 (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
115.263 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.263 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes

115.264 (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
115.264 (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
115.265 (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

115.266 (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
115.267 (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
115.267 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes

115.267 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency:4. 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 reassignment of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes

115.267 (d)	Agency protection against retaliation	
	In the case of residents, does such monitoring also include periodic status checks?	yes
115.267 (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
115.271 (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/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).)	yes
115.271 (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 as required by 115.234?	yes
115.271 (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

115.271 (d)	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
115.271 (e)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.271 (f)	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
115.271 (g)	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
115.271 (h)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes

115.271 (i)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
115.271 (j)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes
115.271 (l)	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 any form of administrative or criminal sexual abuse investigations. See 115.221(a).)	yes
115.272 (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
115.273 (a)	Reporting to residents	
	Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.273 (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

115.273 (c)	Reporting to residents	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.273 (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

115.273 (e)	Reporting to residents	
	Does the agency document all such notifications or attempted notifications?	yes
115.276 (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
115.276 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.276 (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
115.276 (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

115.277 (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
115.277 (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
115.278 (a)	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, are residents subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
115.278 (b)	Disciplinary sanctions for residents	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
115.278 (c)	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

115.278 (d)	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 require the offending resident to participate in such interventions as a condition of access to programming and other benefits?	yes
115.278 (e)	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
115.278 (f)	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
115.278 (g)	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
115.282 (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

115.282 (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 security staff first responders take preliminary steps to protect the victim pursuant to § 115.262?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.282 (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
115.282 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.283 (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
115.283 (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
115.283 (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

115.283 (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. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
115.283 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
115.283 (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
115.283 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.283 (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

115.286 (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
115.286 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.286 (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
115.286 (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 §§ 115.286(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes

115.286 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.287 (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
115.287 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.287 (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
115.287 (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
115.287 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	na
115.287 (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

115.288 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
115.288 (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
115.288 (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
115.288 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
115.289 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.287 are securely retained?	yes

115.289 (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
115.289 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.289 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	yes
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	na

115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with residents?	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