

# 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:** 11/12/2025

## Auditor Certification

The contents of this report are accurate to the best of my knowledge.



No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.



I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.



**Auditor Full Name as Signed:** Lynni OHaver

**Date of Signature:** 11/12/2025

## AUDITOR INFORMATION

**Auditor name:** O'Haver, Lynni

**Email:** katmai910@icloud.com

**Start Date of On-Site Audit:** 09/25/2025

**End Date of On-Site Audit:** 09/25/2025

## 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,

## Primary Contact

<b>Name:</b>	Deborah Rowland
<b>Email Address:</b>	drowland@taylorcscd.org
<b>Telephone Number:</b>	3256917407

Facility Director	
<b>Name:</b>	Deborah Rowland
<b>Email Address:</b>	drowland@taylorcscd.org
<b>Telephone Number:</b>	3256917407

Facility PREA Compliance Manager	
<b>Name:</b>	
<b>Email Address:</b>	
<b>Telephone Number:</b>	

Facility Characteristics	
<b>Designed facility capacity:</b>	66
<b>Current population of facility:</b>	60
<b>Average daily population for the past 12 months:</b>	61
<b>Has the facility been over capacity at any point in the past 12 months?</b>	No
<b>What is the facility's population designation?</b>	Men/boys
<b>In the past 12 months, which population(s) has the facility held? Select all that apply (Nonbinary describes a person who does not identify exclusively as a boy/man or a girl/woman. Some people also use this term to describe their gender expression. For</b>	

<b>definitions of “intersex” and “transgender,” please see <a href="https://www.prearesourcecenter.org/standard/115-5">https://www.prearesourcecenter.org/standard/115-5</a>)</b>	
<b>Age range of population:</b>	18 - 62
<b>Facility security levels/resident custody levels:</b>	N/A
<b>Number of staff currently employed at the facility who may have contact with residents:</b>	32
<b>Number of individual contractors who have contact with residents, currently authorized to enter the facility:</b>	0
<b>Number of volunteers who have contact with residents, currently authorized to enter the facility:</b>	19

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

Agency Chief Executive Officer Information:	
<b>Name:</b>	
<b>Email Address:</b>	
<b>Telephone Number:</b>	

**Agency-Wide PREA Coordinator Information****Name:** Jennifer Cauthen**Email Address:** jcauthen@taylorcscd.org**Facility AUDIT FINDINGS****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:**

3

- 115.218 - Upgrades to facilities and technology
- 115.233 - Resident education
- 115.254 - Third party reporting

**Number of standards met:**

38

**Number of standards not met:**

0

## POST-AUDIT REPORTING INFORMATION

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

## GENERAL AUDIT INFORMATION

### On-site Audit Dates

1. Start date of the onsite portion of the audit:	2025-09-25
2. End date of the onsite portion of the audit:	2025-09-25

### Outreach

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

## AUDITED FACILITY INFORMATION

14. Designated facility capacity:	66
15. Average daily population for the past 12 months:	61
16. Number of inmate/resident/detainee housing units:	9
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

<b>23. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:</b>	62
<b>25. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>26. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:</b>	1
<b>27. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>28. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>29. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:</b>	2
<b>30. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:</b>	3

<b>31. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>32. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>33. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</b>	10
<b>34. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>35. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</b>	No text provided.
<b>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</b>	
<b>36. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</b>	33
<b>37. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b>	19

<b>38. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b>	0
<b>39. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:</b>	No text provided.
<b>INTERVIEWS</b>	
<b>Inmate/Resident/Detainee Interviews</b>	
<b>Random Inmate/Resident/Detainee Interviews</b>	
<b>40. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</b>	14
<b>41. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</b>	<div> <input checked="" type="checkbox"/> Age </div> <div> <input checked="" type="checkbox"/> Race </div> <div> <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) </div> <div> <input checked="" type="checkbox"/> Length of time in the facility </div> <div> <input checked="" type="checkbox"/> Housing assignment </div> <div> <input type="checkbox"/> Gender </div> <div> <input type="checkbox"/> Other </div> <div> <input type="checkbox"/> None </div>
<b>42. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</b>	The Auditor was provided with the facility resident roster for selection of a random representation of residents. The facility roster includes the resident's age, gender, race, and housing assignment. This allowed the Auditor to accurately select a random representation of residents for the random interview process.



<b>43. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</b>	<input checked="checked" type="radio"/> Yes  <input type="radio"/> No
<b>44. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b>	No text provided.
<b>Targeted Inmate/Resident/Detainee Interviews</b>	
<b>45. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</b>	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".</p>	
<b>47. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</b>	0
<b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b>	<input checked="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.  <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.

<b>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).</b>	<p>The facility reported no residents with physical impairments housed at the facility at the time of the on-site. The Auditor was able to confirm this information during the Auditor's tour of the facility and during interviews conducted with specialized and random staff.</p>
<b>48. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</b>	<p>1</p>
<b>49. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</b>	<p>0</p>
<b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b>	<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>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).</b>	<p>The facility reported no residents with a vision impairment housed at the facility at the time of the on-site. The Auditor was able to confirm this information during the Auditor's tour of the facility and during interviews conducted with specialized and random staff.</p>
<b>50. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</b>	<p>0</p>

<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></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>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).</b></p>	<p>The facility reported no residents with a hearing impairment housed at the facility at the time of the on-site. The Auditor was able to confirm this information during the Auditor's tour of the facility and during interviews conducted with specialized and random staff.</p>
<p><b>51. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>1</p>
<p><b>52. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>	<p>3</p>
<p><b>53. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<b>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).</b>	<p>The facility reported no residents who identified as transgender or intersex at the facility at the time of the on-site. The Auditor was able to confirm this information during the Auditor's review of resident files, and through interviews conducted with specialized and random staff.</p>
<b>54. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</b>	<p>0</p>
<b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b>	<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>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).</b>	<p>The facility reported no allegations of sexual abuse and sexual harassment were received during the twelve-month auditing period. The Auditor was able to confirm this information during the Auditor's review of resident files, and through interviews conducted with specialized and random staff and residents.</p>
<b>55. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</b>	<p>3</p>

<b>56. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</b>	0
<b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b>	<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>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).</b>	The facility reported no residents were placed in segregated housing/isolation for risk of sexual victimization or who alleged to have suffered sexual abuse. The Auditor was able to confirm this information during the facility tour, the Auditor's review of resident files, and through interviews conducted with staff and residents.
<b>57. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</b>	No text provided.
<b>Staff, Volunteer, and Contractor Interviews</b>	
<b>Random Staff Interviews</b>	
<b>58. Enter the total number of RANDOM STAFF who were interviewed:</b>	12

<b>59. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</b>	<input checked="" type="checkbox"/> Length of tenure in the facility <input checked="" type="checkbox"/> Shift assignment <input checked="" type="checkbox"/> Work assignment <input checked="" type="checkbox"/> Rank (or equivalent) <input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken) <input type="checkbox"/> None
<b>60. Were you able to conduct the minimum number of RANDOM STAFF interviews?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>61. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b>	No text provided.
<b>Specialized Staff, Volunteers, and Contractor Interviews</b>	
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.	
<b>62. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</b>	14
<b>63. Were you able to interview the Agency Head?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>64. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No

<b>65. Were you able to interview the PREA Coordinator?</b>	<input checked="" type="radio"/> Yes  <input type="radio"/> No
<b>66. Were you able to interview the PREA Compliance Manager?</b>	<input type="radio"/> Yes  <input type="radio"/> No  <input checked="" type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

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

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



	<input type="checkbox"/> Other
<b>68. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No
<b>69. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No
<b>70. Provide any additional comments regarding selecting or interviewing specialized staff.</b>	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.

<b>71. Did you have access to all areas of the facility?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>Was the site review an active, inquiring process that included the following:</b>	
<b>72. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No

<b>73. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?</b>	<input checked="" type="radio"/> Yes  <input type="radio"/> No
<b>74. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</b>	<input checked="" type="radio"/> Yes  <input type="radio"/> No
<b>75. Informal conversations with staff during the site review (encouraged, not required)?</b>	<input checked="" type="radio"/> Yes  <input type="radio"/> No
<b>76. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</b>	During the facility tour, the Auditor conducted sixteen informal interviews with residents and inquired to each - <i>Length of time at facility</i> <i>Received PREA Education</i> <i>How would you report an incident of PREA?</i> <i>Do you feel safe at this facility?</i>
<b>Documentation Sampling</b>	
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.	
<b>77. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?</b>	<input checked="" type="radio"/> Yes  <input type="radio"/> No
<b>78. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</b>	Documents from resident files (20): <i>Resident receipt of Resident Rule Book &amp; Policy Manual</i> <i>Resident receipt of PREA Education</i> <i>Initial Risk Assessment and the Reassessment</i> - verifying initial risk screening assessments and reassessments were completed within the required timeframe.

## SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

### Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

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

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

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

**Sexual Abuse and Sexual Harassment Investigation Outcomes**

**Sexual Abuse Investigation Outcomes**

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

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

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

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

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<b>Inmate-on-inmate sexual harassment</b>	0	0	0	0
<b>Staff-on-inmate sexual harassment</b>	0	0	0	0
<b>Total</b>	0	0	0	0

**Sexual Abuse and Sexual Harassment Investigation Files Selected for Review**

**Sexual Abuse Investigation Files Selected for Review**

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

0

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

The facility reported no allegations of sexual abuse or sexual harassment were reported during the twelve-month auditing period.

<b>86. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b>	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)
<b>Inmate-on-inmate sexual abuse investigation files</b>	
<b>87. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b>	0
<b>88. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b>	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
<b>89. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b>	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
<b>Staff-on-inmate sexual abuse investigation files</b>	
<b>90. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b>	0
<b>91. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b>	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)

<b>92. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b>	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
<b>Sexual Harassment Investigation Files Selected for Review</b>	
<b>93. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</b>	0
<b>a. Explain why you were unable to review any sexual harassment investigation files:</b>	The facility reported no allegations of sexual abuse or sexual harassment were reported during the twelve-month auditing period.
<b>94. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b>	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)
<b>Inmate-on-inmate sexual harassment investigation files</b>	
<b>95. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b>	0
<b>96. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</b>	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)



<b>97. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b>	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
<b>Staff-on-inmate sexual harassment investigation files</b>	
<b>98. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b>	0
<b>99. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</b>	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
<b>100. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b>	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
<b>101. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</b>	No text provided.

## SUPPORT STAFF INFORMATION

### DOJ-certified PREA Auditors Support Staff

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

☐ Yes

☒ No

### Non-certified Support Staff

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

☐ Yes

☒ No

## AUDITING ARRANGEMENTS AND COMPENSATION

**108. Who paid you to conduct this audit?**

☐ The audited facility or its parent agency

☐ My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)

☒ A third-party auditing entity (e.g., accreditation body, consulting firm)

☐ Other

**Identify the name of the third-party auditing entity**

Corrections Consulting Services

Standards
Auditor Overall Determination Definitions
<ul style="list-style-type: none"> <li>Exceeds Standard (Substantially exceeds requirement of standard)</li> <li>Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period)</li> <li>Does Not Meet Standard (requires corrective actions)</li> </ul>
Auditor Discussion Instructions
<p>Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.</p>

115.211	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Document Review:</p> <p>Taylor County SATF PAQ</p> <p>Taylor County Substance Abuse Treatment Facility (Taylor County SATF), <i>PREA Policy</i></p> <p>Taylor County Substance Abuse Treatment Facility (Taylor County SATF) Organizational Chart</p> <p>Interviews conducted with:</p> <p>PREA Coordinator</p> <p>Facility Director</p>

Site Review Observations:

During the tour of the facility, the Auditor witnessed standardized bulletin boards throughout the facility, in multiple locations, consisting of the PREA Zero-Tolerance policy and internal and external reporting information for residents. The Audit Notices were printed on brightly colored paper.

Findings (By Provision):

115.211 (a) - Taylor County SATF, *PREA Policy* states the facility maintains a zero-tolerance policy relating to any sexual abuse and sexual harassment between staff, volunteers, contractors, and residents or their family members.

Taylor County Substance Abuse Treatment Facility is committed to providing a safe and healthy environment for residents, staff, visitors, contractors and volunteers. Taylor County SATF is committed to protecting residents from sexual abuse and sexual harassment.

115.211 (b) - Taylor County SATF, *PREA Policy* states the facility has designated the PREA Coordinator to develop, implement and oversee the facility's efforts to comply with PREA standards. The PREA Coordinator is responsible for the coordination and compliance monitoring of PREA. The position of PREA Coordinator in the Taylor County SATF organizational structure is the SATF Supervisor. The agency's organizational chart reflects the PREA Coordinator position is an upper-level position, and she reports to the Taylor County SATF Director.

The Auditor conducted an interview with the PREA Coordinator who verified she has sufficient time and authority in her position to accomplish PREA responsibilities for the facility. The PREA Coordinator reports directly to the Taylor County SATF Director. A review of the Taylor County SATF organizational chart provided evidence that the facility has designated an upper-level position as the PREA Coordinator.

The Auditor interviewed the Facility Director and confirmed the responsibilities of the PREA Coordinator assigned to Taylor County SATF. The Facility Director verified that the PREA Coordinator is provided with sufficient time and authority in her position to accomplish these responsibilities.

	<p>Upon review of the policy, the agency organizational chart, and upon completion of interviews, Taylor County Substance Abuse Treatment Facility (Taylor County SATF) demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.</p>
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115.212	Contracting with other entities for the confinement of residents
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>Document Review:</p> <p>Taylor County SATF PAQ</p> <p>Taylor County SATF, <i>PREA Policy</i></p> <p>Findings (By Provision):</p> <p>115.212 (a-b) – Taylor County SATF does not contract for the confinement of its residents with private agencies or other entities, including other government agencies. The Auditor conducted separate interviews with the Facility Director and the Agency Head and confirmed the information previously provided by the facility.</p> <p>Upon review of the policy and upon completion of the interviews, Taylor County SATF demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.</p>

115.213	Supervision and monitoring
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>Document Review:</p> <p>Taylor County SATF PAQ</p>

Taylor County SATF, *PREA Policy*

Taylor County SATF Staffing Plan Report (2025)

Interviews conducted with:

Facility Director or Designee

PREA Coordinator

Site Review Observations:

Daily operational functions

Findings (By Provision):

115.213 (a) – Taylor County SATF, *PREA Policy* states the facility shall develop 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. 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:

- The physical layout of each building
- The composition of the resident population
- The prevalence of substantiated and unsubstantiated incidents of sexual abuse
- Any other relevant factors.

115.213 (b) – Taylor County SATF, *PREA Policy* states 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:

- Immediately work to remedy the staff plan deviation
- Immediately notify the SATF Director

- Document and describe the deviation along with a thorough justification for the deviation
- Notify the PREA Coordinator of the deviation within seven calendar days, to include a description of any corrective actions that were taken to resolve the deviation.

According to the information contained in the PAQ, the average daily number of residents on which the facility-staffing plan was predicted was 66. The facility reported the common deviations from the staffing plan during the auditing period including staff shortages which were specific to no male staff present due to resident transport, sick leave, staff shortage, and medical leave.

The Auditor reviewed documentation of the deviations from the staffing plan that occurred during the twelve-month auditing period. The Auditor conducted an interview with the Facility Director and discussed the deviations from the staffing plan. The Facility Director confirmed that all instances of non-compliance with the staffing plan are documented in accordance with policy. If a staffing pattern falls below the staffing plan due to absence, Supervisory Staff shall immediately work to remedy the deviation and immediately notify the Facility Director. Supervisory Staff must document the deviation via a memorandum in accordance with policy.

115.213 (c) – Taylor County SATF, *PREA Policy* states whenever necessary, but no less frequently than once a year, the PREA team shall assess, determine, and document using the Staffing Plan Annual Review Form, whether adjustments are needed to the staffing plan:

- Prevailing staffing patterns
- The facility’s deployment of video monitoring and other monitoring technologies
- The resources the facility has available to commit to ensure adequate staffing levels

During the pre-on-site phase of the audit, the Auditor reviewed the Taylor County SATF Annual Staffing Plan. The Taylor County SATF Annual Staffing Plan provided a detailed review of the facility’s staffing allocation as well as addressing the required considerations outlined in the facility policy and provision (a) of this standard.

The Auditor conducted an interview with the Facility Director regarding the Taylor

	<p>County SATF Staffing Plan. The Facility Director discussed how the facility develops the staffing levels based on the facility's design, mission, resident population, and custody level. The Facility Director confirmed the PREA Coordinator provide a review of all positions identified in the staffing plans. The Facility Director confirmed when developing a staffing plan, several items are taken into consideration such as internal reviews, components of the physical plant, composition of the resident population, and the prevalence of substantiated and unsubstantiated allegations of sexual abuse. To ensure compliance with the staffing plan, Facility Director and Supervisory Staff conduct rounds throughout the facility for visual verification of staff assignments.</p> <p>The Auditor conducted an interview with the PREA Coordinator and confirmed the process of developing a staffing plan previously described by the Facility Director. The PREA Coordinator also confirmed that an assessment of the facility-staffing plan is conducted annually, and each are consulted regarding any adjustments to the staffing plan.</p> <p>The Auditor reviewed the average daily number of residents' report, staff rosters, facility blueprint, and daily resident activity schedules to verify adequate staff coverage in comparison to resident population, resident movement, and facility size and layout. The Auditor toured the facility and observed the daily operational functions, staff interacting with residents, and general resident movement. These observations provided additional verification of policy and of standard compliance.</p> <p>Upon review of the policies and documentation provided and upon completion of interviews, Taylor County SATF demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.</p>
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<b>115.215</b>	<b>Limits to cross-gender viewing and searches</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Document Review:</p> <p>Taylor County SATF PAQ</p> <p>Taylor County SATF, <i>PREA Policy</i></p> <p>Taylor County SATF Training Curriculum &amp; Attendance Log</p>



Interviews conducted with:

Random sample of Residents

Random sample of Staff

Site Review Observations:

Daily operational functions Staff interaction with Residents

Resident movement

Findings (By Provision):

115.215 (a - c) – Taylor County SATF, *PREA Policy* states the facility shall not conduct cross-gender except in exigent circumstances or when performed by medical practitioners. All instances will be documented by completing the *Cross Gender Viewing & Searches* form.

The Auditor conducted an interview with the Facility Director and the PREA Coordinator and confirmed that no cross-gender strip searches or cross-gender visual body cavity searches were conducted during the twelve-month auditing period.

The Auditor reviewed the documentation provided to include shift rosters, shift assignments, and daily resident activity schedule. The Auditor observed the facility operations throughout the day, to include continuous resident movement throughout the facility, continuous physical interactions between staff and residents, residents participating in-group activities, and residents performing job assignments throughout the facility. The Auditor also observed opposite gender announcements being conducted throughout the facility tour.

115.215 (d) – Taylor County SATF, *PREA Policy* states residents may shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breast, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine living quarter checks. 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.

The Auditor requested an up-to-date facility resident roster. The facility resident roster provides a list of all residents currently at the facility and is organized by housing unit, provides resident characteristics such as age, gender, race, and housing assignment. This allowed the Auditor to accurately select a random representation of residents for the interview process. All residents selected for interviews were selected under the guidance of the National PREA Resource Center, *PREA Compliance Audit Instrument - Interview Guide for Residents*.

The Auditor conducted fourteen resident interviews, and all fourteen residents interviewed confirmed they have privacy while showering, changing clothes, or using the bathroom facilities. Additionally, all fourteen residents interviewed confirmed staff of the opposite gender announce their presence prior to entering the housing unit.

115.215 (e) – Taylor County SATF, *PREA Policy* 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.

The Auditor reviewed documentation provided by the facility showed the facility has had zero searches of a transgender or intersex resident for the sole purpose of determining the resident’s genital status.

The Auditor requested interviews with transgender or intersex residents. The facility provided the Auditor with documentation which depicted there were no transgender residents in custody at the Taylor County SATF, therefore residents in this targeted category were not interviewed.

115.215 (f) – Taylor County SATF, *PREA Policy* states facility staff shall receive additional training 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

	<p>completing the following training videos from the PREA Resource Center: <i>Communicating with LGBTI and Cross-Gender Pat Searches.</i></p> <p>The Auditor reviewed the training records and training curriculum provided to staff members that included how to perform cross-gender pat-down searches and searches of transgender and intersex residents. Training records indicated staff members receive training on the facility's PREA policies and how to perform cross-gender pat-down searches annually. The training curriculum outlined the facility's policy on cross-gender pat-down searches and searches of transgender and intersex residents, policy prohibiting search of residents for the sole purpose of determining the resident's genital status, defining exigent circumstances, and conducting searches in a professional and respectful manner.</p> <p>The Auditor interviewed random staff members and inquired to each if they have received training on how to conduct cross-gender pat-down searches and searches of transgender and intersex residents in a professional manner, consistent with security needs. Each staff member confirmed receiving training on cross-gender searches and searches of transgender and intersex residents annually during Annual Training. Additionally, staff confirmed receiving refresher training throughout the year.</p> <p>Upon review of staff training records and training curriculum, observations during the on-site visit, and information obtained during interviews, Taylor County SATF demonstrated facility-wide practices that are consistent with policy and with the requirements that complies with the PREA standard.</p>
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115.216	Residents with disabilities and residents who are limited English proficient
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Document Review:</p> <p>Taylor County SATF PAQ</p> <p>Taylor County SATF, <i>PREA Policy</i></p> <p>Interviews conducted with:</p>

Facility Director

Targeted Residents (Limited English Proficient, Hearing, Vision, Physical or Cognitive Impaired)

Random sample of Staff

Site Review Observation:

Standardized PREA bulletin boards were observed throughout the facility (English & Spanish)

Findings (By Provision):

115.216 (a) – Taylor County SATF, *PREA Policy* states 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. The 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

115.216 (b) – Taylor County SATF, *PREA Policy* states 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.

115.216 (c) – Taylor County SATF, *PREA Policy* states 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. In the last 12 months the facility has had zero instances where residents were used as interpreters.

The Auditor conducted interviews with random staff members. Each staff member

	<p>confirmed the agency policy prohibiting the use of a resident to provide translation services except in limited circumstances where an extended delay in obtaining an interpreter could compromise the resident's safety; all staff members acknowledged the use of either the language line (interpreter services) or contacting another staff member to translate.</p> <p>The Auditor interviewed targeted residents with either a cognitive impairment or who were limited English proficient. Each resident acknowledged receiving PREA information during the intake process. Each resident described receiving the comprehensive PREA orientation within the first few days after arriving at the facility. Additionally, each resident acknowledged the information was provided to him in an accessible format specific to his individual needs.</p> <p>The Auditor conducted an interview with the PREA Coordinator regarding how the facility takes appropriate steps to ensure that all residents have an equal opportunity to participate in the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The PREA Coordinator detailed the efforts made by the facility to ensure impaired residents are provided opportunities and benefits equal to those of unimpaired residents. Residents with either impairments or LEP residents are provided with alternatives to accommodate participation in the PREA program such as videos and brochures tailored to their primary language. Additionally, every effort is made to provide all training in a format that will be easily understood by residents who have a physical or developmental impairment or who have limited English proficiency.</p> <p>Upon review of the policies, resident intake procedures, and upon completion of interviews, Taylor County SATF demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.</p>
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<b>115.217</b>	<b>Hiring and promotion decisions</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Document Review:</p> <p>Taylor County SATF PAQ</p> <p>Taylor County SATF, <i>PREA Policy</i></p>

Interviews conducted with:

Administrative / Human Resources Staff

Site Review Observation:

Documentation reviewed demonstrated background checks are completed upon hire and every five years thereafter. Administrative questions are asked during the application process.

Findings (By Provision):

115.217 (a) – Taylor County SATF, *PREA 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 may have:

- Engaged in sexual abuse in a prison, jail, lock up, community confinement facility, juvenile facility, or another jurisdiction;
- Been convicted of engaging or attempting to engage in any type of 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; and/or
- Been civilly or administratively adjudicated to have engaged in any sexual abuse.

115.217 (b) – Taylor County SATF, *PREA Policy* states the facility shall also consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents.

115.217 (c, d) – Taylor County SATF, *PREA Policy* states before hiring any new employees or enlisting the service of a contractor/volunteer that may have contact with residents, the agency shall perform a criminal background record check, ask all applicants and employees about previous sexual misconduct, contact any former institutional employers for any information regarding sexual abuse or alleged sexual abuse, and best efforts are made 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.

Taylor County SATF reported, in the twelve months prior to the audit, fifteen criminal background checks were performed of persons hired or promoted who may have contact with residents.

115.217 (e) – Taylor County SATF, *PREA Policy* states the facility shall preform a criminal background check on each employee who has contact with residents annually.

115.217 (f) – Taylor County SATF, *PREA Policy* states the facility shall ask all applicants and staff who may have contact with residents directly about previous misconduct in written applications or in interviews for hiring or promotions and in any written self-evaluations conducted as part of reviews of current employees. The agency shall also impose upon employees a continuing affirmative duty to disclose any such misconduct by completing the Employee Annual PREA Questionnaire at their annual evaluation date.

115.217 (g) – Taylor County SATF, *PREA Policy* states material omissions or the provision of materially false information regarding sexual misconduct shall be grounds for termination.

115.217 (h) – Taylor County SATF, *PREA Policy* states unless prohibited by law, the agency shall provide information on substantiated allegations of sexual abuse involving a former staff upon receiving a request from an institutional employer for whom the staff has applied to work.

The Auditor conducted an interview with the agency's Administrative/ Human Resources personnel who confirmed the agency conducts the required criminal background checks prior to hiring new staff, staff who are considered for promotions, or enlisting the services of a volunteer are completed annually. The HR Staff Member confirmed the agency's requirement imposed upon all staff to disclose any previous misconduct and the agency's requirement to provide information regarding the former staff upon request of another institution or agency. The HR Staff Member confirmed the agency utilizes the local Sheriff's Department for (NCIC) and the Texas Department of Public Safety for completing criminal background checks. The Texas Department of Public Safety (Texas DPS) utilizes the Rap Back Program which provides a continuous monitoring service. An individual's

	<p>fingerprints are collected during the hiring process and entered into the database, which is continuously monitored. The Texas DPS Rap Back Program sends an electronic notification if the individual engages in any criminal activity where fingerprints are taken and submitted into the Criminal Justice Information System (CJIS). The HR Staff Member also confirmed that criminal record background checks are completed annually on all employees.</p> <p>Upon review of the policies and review of documentation and upon completion of the interview conducted with the Human Resources Staff, the Taylor County SATF demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.</p>
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115.218	Upgrades to facilities and technology
	<p><b>Auditor Overall Determination:</b> Exceeds Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>Document Review:</p> <p>Taylor County SATF PAQ</p> <p>Taylor County SATF, <i>PREA Policy</i></p> <p>Interviews conducted with:</p> <p>Agency Head</p> <p>Facility Director</p> <p>115.218 (a) - Taylor County SATF PAQ states the facility has not acquired a new facility or made substantial expansions or modifications to existing facilities since the last PREA audit.</p> <p>115.218 (b) - Taylor County SATF PAQ states the facility has installed additional cameras and/or updated the video monitoring system since the last PREA audit. The facility has installed twenty-seven additional interior cameras and upgraded five exterior cameras in the twelve-month auditing period.</p>



	<p>The Auditor conducted an interview with the Agency Head and discussed if the agency considers how modifications or expansions to a facility affects the ability to protect residents from sexual abuse. The Agency Head explained how facility modification has always been focused on providing safety to both staff and residents. Modifications or expansions that are not in the best interest of the facility are not given consideration.</p> <p>The Auditor conducted an interview with the Facility Director who confirmed that prior to designing or acquiring any new facility or when planning any substantial expansion or modification, of existing facilities, the facility shall consider the effect of the design, acquisition, expansion, or modification might have upon the facility's ability to protect residents from sexual abuse.</p> <p>The Facility Director also confirmed that prior to the installation of cameras the facility should consider how the addition of such technology would enhance the agency's ability to protect residents from sexual abuse. The Facility Director confirmed to the Auditor that Taylor County SATF has not undergone modifications or expansions to the facility since the last audit, and the Facility Director confirmed twenty-seven additional interior cameras were added and five exterior cameras were upgraded in the twelve-month auditing period. Additionally, the facility added cameras and audio recording to all transport vehicles in 2024.</p> <p>Upon review of the policy and upon completion of the interviews conducted with the Agency Head and the Facility Director, Taylor County SATF demonstrated facility-wide practices that are consistent with policy and the requirements that complies with and exceeds the PREA standard.</p>
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115.221	Evidence protocol and forensic medical examinations
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	Document Review:  Taylor County SATF PAQ  Taylor County SATF, <i>PREA Policy</i>  Taylor County SATF MOU w/Taylor County Sheriff's Office  Taylor County SATF, Regional Victim's Crisis Center

SANes / SAFEs Uniform Evidence Protocol

Interviews conducted with:

Random sample of Staff

Victim Advocate

Findings (By Provision):

115.221 (a) – Taylor County SATF, *PREA Policy* 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.

115.221 (b) – Taylor County SATF, *PREA Policy* states the protocol shall be, as appropriate, adapted from or otherwise based on the most recent edition of the Department of Justice’s Office on Violence against Women publication, *A National Protocol for Sexual Assault Medical Forensic Examinations, Adults or similarly comprehensive and authoritative protocols developed after 2011.*

115.221 (c) – Taylor County SATF, *PREA Policy* states the 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 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 Auditor reviewed the Texas Senate Bill (SB-1191) which requires health care facilities to be equipped to conduct medical forensic exams for sexual abuse victims. Senate Bill 1191 also requires hospitals not designated a forensic exam facility are required to train personnel in the basic sexual assault forensic evidence collection.

According to the information previously reported in the PAQ, there were no forensic exams completed during the twelve months prior to the audit. The Auditor

conducted an interview with the PREA Coordinator who provided the Auditor with an overview of the procedures if a forensic exam was needed, such services are provided at the nearest local hospital with the forensic exam being completed by a certified SANE Nurse. The PREA Coordinator and the Facility Director also confirmed there were no forensic examinations completed within the past twelve months for Taylor County SATF.

The Auditor interviewed random staff members regarding his/her role as a First Responder to an allegation of sexual abuse. The staff members provided specific details of their responsibilities as a First Responder. These responsibilities include separating the victim and abuser, preserving, and protecting the crime scene, requesting that the alleged victim not take any actions that could destroy physical evidence, ensuring the alleged abuser does not take any actions, which would destroy physical evidence, and to immediately notify the PREA Coordinator and an immediate Supervisor. In addition, each staff member acknowledged the importance of the agency's response protocol to a sexual abuse allegation as well as his/her role as a First Responder.

115.221 (d, h) – Taylor County SATF, *PREA Policy* states the facility shall attempt to make available to the victim a victim advocate from a rape crisis center. If a rape crisis center is not available to provide victim advocate services, the agency shall make available to provide these services a qualified staff member from a community-based organization or a qualified agency staff member. Agencies shall document efforts to secure services from rape crisis centers.

115.221 (e) – Taylor County SATF, *PREA Policy* 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.

The Auditor reviewed the existing MOU between Taylor County SATF and Regional Victim's Crisis Center. The contract uses clear and concise language, provides the agency's responsibilities, the advocacy's responsibilities, and the reporting and documentation requirements for each.

Regional Victim's Crisis Center is a non-profit organization, located in Abilene Texas, established to provide victim services, advocacy, and support for survivors of sexual violence. Regional Victim's Crisis Center provides services for victims of sexual

assault and other violent crimes in Abilene and the surrounding areas. Regional Victim's Crisis Center provides immediate access to 24/7 crisis hotline, emotional support, safety planning, rape crisis counseling and support.

The Auditor conducted an interview with an advocate from Regional Victim's Crisis Center, and she confirmed the existing agreement and responsibilities within the agreement and provided an overview of services provided to resident victims of sexual abuse. The services include responding to calls on the 24/7 crisis hotline established by Taylor County SATF phone system, provide emotional support services, crisis counseling, victim advocate upon request during forensic exams or investigatory interviews, and provide follow-up services and crisis intervention contacts to Taylor County SATF resident victims of sexual assault as resources allow.

The Auditor requested interviews with residents who reported an incident of sexual abuse. The Facility Director and the PREA Coordinator informed the Auditor that the facility has not received an allegation of sexual abuse or sexual harassment during the 12-month auditing period. The Auditor conducted multiple specialized staff and random staff interviews and verified the information previously provided by the Facility Director and the PREA Coordinator. Therefore residents in this targeted category were not interviewed.

115.221 (f) – Taylor County SATF, *PREA Policy* states if the facility is not responsible for investigating such allegations, the facility shall request that the responsible outside agency or entity comply with these requirements.

Taylor County SATF has entered into a written Memorandum of Understanding (MOU) with an outside agency (Taylor County Sheriff's Office) investigating agency or entity outlining the roles and responsibilities of the facility and the investigating entity in performing sexual abuse investigations.

115.221 (g) – This provision of the standard does not apply.

Upon review of the policies, documentation, and observations made during the facility tour, and upon completion of interviews conducted prior to and during the on-site visit, Taylor County SATF demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.

115.222	Policies to ensure referrals of allegations for investigations
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Document Review:</p> <p>Taylor County SATF PAQ</p> <p>Taylor County SATF, <i>PREA Policy</i></p> <p>Taylor County SATF MOU w/Taylor County Sheriff's Office</p> <p>Interviews conducted with:</p> <p>Agency Head</p> <p>Investigative Staff</p> <p>Findings (By Provision):</p> <p>115.222 (a) – Taylor County SATF, <i>PREA Policy</i> 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 SATF Director.</p> <p>115.222 (b, c) – Taylor County SATF, <i>PREA Policy</i> states if the facility is not responsible for investigating such allegations, the facility shall request that the responsible outside agency (state or local law enforcement) comply with these requirements. When feasible, the facility shall enter into a written Memorandum of Understanding (MOU) with the outside agency investigating entity outlining the roles and responsibilities of both the facility and the investigating entity in performing sexual abuse investigations.</p> <p>The Auditor conducted an interview with the Agency Head regarding how the agency ensures that an administrative or criminal investigation is completed for allegations of sexual abuse or sexual harassment. The Agency Head explained that allegations of sexual abuse or sexual harassment are investigated either by</p>

designated facility investigators for administrative investigations, or Taylor County Sheriff's Office for criminal investigations.

115.222 (d) – The Auditor is not required to audit this provision.

115.222 (e) – The Auditor is not required to audit this provision.

The Auditor conducted an interview with a Facility Investigator and requested an overview of the investigative process and the documentation required in a case when an allegation of sexual abuse or sexual harassment incident occurs within the facility.

The Facility Investigator explained upon receiving notification of a sexual assault incident, the investigation is initiated promptly and is completed thoroughly and objectively by a qualified investigator who has received training and education and has the authority to conduct such investigations.

The Facility Investigator confirmed that allegations are investigated, initially by a facility investigator, and if during the initial fact-finding process there is an indication that a criminal act was committed, the allegation would be immediately referred to the Taylor County Sheriff's Office for investigation.

The Facility Investigator explained that if an allegation is referred to Taylor County Sheriff's Office for criminal investigation, the Taylor County SATF investigator would continue with the administrative investigation with a focus on determining if policies and staff actions were appropriate and effective. The administrative investigation is considered a fact-finding exercise in order to make appropriate operational and housing changes to maintain a safe and secure environment.

The Facility Investigator provided the Auditor with an overview to include that the initial process includes notifying and consulting with the PREA Coordinator, gathering information from the initial reports, ensuring the resident victim receives victim advocacy support services, collecting evidence, photographs, interview staff, witnesses, review unit documentation pertaining to the investigation, and interviewing the victim – depending on emotional and physical state.

	<p>The Facility Investigator also provided an overview of the various documents contained in each case file to include but not limited to the initial incident reports, notifications, medical and mental health forms, resident rosters, advocacy information, witness statements, victim and alleged aggressor statements, investigative report, and notification of case disposition to resident (resident acknowledgement).</p> <p>During the twelve-month auditing period, the facility did not receive any reports/ allegations of sexual abuse or sexual harassment from residents or staff. The Auditor conducted interviews with staff (specialized and random) and interviews with residents and was able to confirm the initial information provided. Therefore investigative files/documentation were not available to review.</p> <p>Upon review of the policies, documentation, and upon completion of the interviews, Taylor County SATF demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.</p>
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115.231	Employee training
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>Document Review:</p> <p>Taylor County SATF PAQ</p> <p>Taylor County SATF, <i>PREA Policy</i></p> <p>Taylor County SATF Training Roster / Staff Signatures</p> <p>Interviews conducted with:</p> <p>Random sample of Staff</p> <p>Site Review Observations:</p> <p>PREA Awareness Training</p>

Findings (By Provision):

115.231 (a) – Taylor County SATF, *PREA Policy* states the facility has a 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. All staff will be trained in the following:

- The zero-tolerance policy on sexual misconduct and sexual harassment
- How to fulfill their responsibilities of prevention, detection, reporting, and response to sexual misconduct
- Resident rights to be free from sexual misconduct
- The right of residents and employees to be free from retaliation for reporting sexual misconduct
- The dynamics of sexual misconduct in confinement
- The common reactions of sexual misconduct victims
- How to detect and respond to signs of threatened & actual sexual misconduct
- How to avoid inappropriate relationships with residents
- How to communicate effectively and professionally with residents, including LGBTI and gender nonconforming residents
- How to comply with relevant laws related to mandatory reporting of sexual misconduct

115.231 (b) – Taylor County SATF, *PREA Policy* states 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.

115.231 (c) – Taylor County SATF, *PREA Policy* states current staff members will receive PREA training within one year of hire, refresher training annually thereafter to ensure all employees understand the agency's current sexual misconduct policies and procedures.

115.231 (d) – Taylor County SATF, *PREA Policy* states 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 employees' training file.



	<p>The Auditor reviewed training curriculum and documentation of staff signatures verifying training comprehension and attendance. The training curriculum outlined the staff member’s responsibilities in preventing, detecting, and response to resident sexual abuse and sexual harassment. The curriculum also provided staff with communicating effectively and professionally with residents, understanding that residents have the right to be free from sexual abuse and sexual harassment.</p> <p>The Taylor County SATF PREA training curriculum provided to the Auditor provides a complete overview and staff’s role within the facility. The curriculum also included a resident’s right to be free from sexual abuse and sexual harassment, including the right to be free from retaliation for reporting, prevention, detection, response and reporting of sexual abuse and sexual harassment, professional boundaries, and effective and professional communication with residents. The training also included the appropriate method to introduce/announce “opposite gender” staff and into an all-male or all-female housing unit and how to conduct cross-gender pat-down searches and searches of transgender and intersex residents in a professional and respectful manner consistent with security correctional environments. The training curriculum was extremely detailed with discussions of the required PREA standards, instruction videos, and group discussion scenarios.</p> <p>The Auditor conducted random staff interviews, and each staff member articulated the agency's zero tolerance policy on sexual abuse and sexual harassment, their role and responsibilities regarding sexual abuse and sexual harassment prevention, detection, reporting, and response, how to communicate effectively and professionally with residents, and a resident right to be free from sexual abuse and sexual harassment. All staff members acknowledged receiving the training every year during his/her In-service training.</p> <p>Upon review of the policies and training documentation listed above and previously discussed, and after completion of interviews, in addition to the files reviewed during the on-site visit, Taylor County SATF demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.</p>
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<b>115.232</b>	<b>Volunteer and contractor training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	Document Review:

Taylor County SATF PAQ

Taylor County SATF, *PREA Policy*

Findings (By Provision):

115.232 (a, b) – Taylor County SATF, *PREA Policy* 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 i their responsibilities under the facility’s misconduct, and harassment prevention, detection, reporting and response policies and procedures. 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.

115.232 (c) – Taylor County SATF, *PREA Policy* states documentation acknowledging understanding of the training they received will be maintained by the facility.

The Volunteer PREA Acknowledgement form serves as verification of the volunteers review and understanding of the contents of this policy and shall be completed by each volunteer who has contact with residents on a recurring basis. A newly signed Volunteer PREA Acknowledgement form will be required for future revisions of this policy.

The Auditor reviewed thirty-eight training records to include training curriculum and acknowledgement forms for volunteer staff. The acknowledgment forms included signatures from each volunteer staff confirming understanding of policies and training received. The volunteer training was tailored based on the services they provide and the level of contact they have with residents and included the facility’s zero-tolerance policy regarding sexual abuse and sexual harassment along with how to report such incidents. Taylor County SATF does not utilize contractor staff; this was confirmed by the Auditor during interviews with the Facility Director and the PREA Coordinator.

Upon review of the policy and after completion of interviews, Taylor County SATF demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.

115.233	Resident education
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<b>Auditor Discussion</b>
	<p>Document Review:</p> <p>Taylor County SATF PAQ</p> <p>Taylor County SATF, <i>PREA Policy</i></p> <p>Taylor County SATF Resident Handbook (multiple languages)</p> <p>Taylor County SATF <i>PREA Acknowledgement Form</i></p> <p>PREA / Sexual Awareness Handout (multiple languages)</p> <p>Interviews conducted with:</p> <p>PREA Coordinator</p> <p>Intake Staff</p> <p>Random Sample of Residents</p> <p>Targeted Residents (Limited English Proficient, Hearing, Vision, Physical or Cognitive Impaired)</p> <p>Site Review Observations:</p> <p>Resident files – Comprehensive PREA Education</p> <p>PREA Informational Signage posted throughout facility</p> <p>Findings (By Provision):</p> <p>115.233 (a, b) – Taylor County SATF, <i>PREA Policy</i> 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> <ul style="list-style-type: none"> <li>• The agency’s zero-tolerance policy regarding sexual abuse and sexual harassment</li> <li>• How to report incidents or suspicions of sexual abuse or sexual harassment</li> </ul>

- Their rights to be free from sexual abuse and sexual harassment
- Their right to be free from retaliation for reporting such incidents
- Agency policies and procedures for responding to such incidents
- Consequences of false allegations

The Auditor reviewed the comprehensive PREA educational video transcript, provided in multiple languages, which is given to all residents upon intake into the facility. During the pre-on-site phase of the audit, the Auditor reviewed documentation from residents that were received into the facility during the twelve-month auditing period, and verification that the resident was provided with comprehensive PREA education. The comprehensive documentation included the PREA Acknowledgement form which included resident signatures and acknowledgment of understanding.

The Auditor requested an up-to-date facility resident roster. The facility resident roster provides a list of all residents currently at the facility and is organized by housing unit, provides resident characteristics such as age, gender, race, and housing assignments. This allowed the Auditor to accurately select a random representation of residents for the interview process. All residents selected for interviews were selected under the guidance of the National PREA Resource Center, *PREA Compliance Audit Instrument - Interview Guide for Residents*.

The Auditor conducted fourteen resident interviews and inquired if each resident had received PREA education upon arrival at the facility. All fourteen residents interviewed recalled receiving both the initial PREA orientation and the comprehensive (video) orientation. All residents interviewed acknowledged the zero-tolerance policy on sexual abuse sexual harassment and the various ways to report such incidents.

Residents referred to utilizing multiple PREA informational bulletins, pamphlets, and brochures, which are posted throughout the facility, as a source of information. All fourteen residents interviewed referred to notifying a staff member, counselor, or family member as the most direct method to report or inquire about PREA information. All residents interviewed also referred to calling a family member as their source outside the facility and all fourteen residents interviewed confirmed knowledge of third-party reporting. All fourteen residents interviewed were aware of the availability of submitting an anonymous PREA report.

115.233 (c) – Taylor County SATF, *PREA Policy* states 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 resident on an individual basis. Program Director or Counselor Supervisor will assign individuals to Counselors based on the needs of the resident including those with limited English skills, reading or writing abilities. Documents available in Spanish and large font.

Taylor County SATF, *PREA Policy* states Clinical Supervisor will assign individuals to Counselors based on the needs of the resident including those with limited English skills, reading or writing abilities. Documents available in Spanish and large font.

The Auditor interviewed targeted residents with either hearing, vision, or cognitive impairment. Each resident acknowledged receiving PREA information during the intake process. Each resident described receiving the comprehensive PREA orientation within the first few days after arriving at the facility. Additionally, each resident acknowledged the information was provided to him in an accessible format specific to his individual needs.

115.233 (d) – Taylor County SATF, *PREA Policy* states upon completion of PREA education, each resident shall complete the Resident PREA Acknowledgement Form which will be maintained in the resident’s CSS file.

Taylor County SATF, *PREA Policy* states staff will document verification of resident orientation and education on PREA by completing the Resident PREA Acknowledgement Form. Staff will maintain the original signed acknowledgement form in the resident’s probation file, maintained by the Residential Community Supervision Officer.

Prior to the on-site, the Auditor reviewed twenty-two *PREA Acknowledgement Forms* which were completed throughout the twelve-month auditing period. Additionally, during the on-site, the Auditor reviewed an additional twenty documents (*PREA Acknowledgement Form*) from the files of residents which were selected for the targeted and random interviews. All forms included the residents’ signature and acknowledgment of understanding. This review provided additional verification that the facility maintains documentation of resident participation in PREA education.

115.233 (e) – Taylor County SATF, *PREA Policy* states in addition to providing such education, the facility shall ensure that key information is continuously and readily

	<p>available or visible to residents through posters, resident handbooks, or other written formats.</p> <p>The Auditor conducted a tour of the facility and observed PREA informational bulletins. These PREA bulletins are posted in multiple languages, located inside every dormitory, as well as several informational bulletins were posted in common areas (educational and vocational buildings) throughout the facility. The bulletins display phone numbers and addresses, advocacy services and are displayed in multiple languages.</p> <p>The Auditor conducted an interview with the PREA Coordinator and discussed the resident comprehensive PREA orientation and documentation process. The PREA Coordinator provided specific details on the process of educating residents including the initial orientation upon intake into the facility, the comprehensive orientation video, and the continued educational process through PREA informational pamphlets, sexual assault prevention brochures, and the signage posted throughout the facility.</p> <p>Upon review of the policy and documentation listed above and previously discussed, and after completion of staff and resident interviews, in addition to the observations made throughout the on-site tour, Taylor County SATF demonstrated facility-wide practices that are consistent with policy and the requirements that complies with and exceeds the PREA standard.</p>
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115.234	Specialized training: Investigations
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Document Review:</p> <p>Taylor County SATF PAQ</p> <p>Taylor County SATF, <i>PREA Policy</i></p> <p>Taylor County SATF, PREA Specialized Training Curriculum &amp; Training Certificates</p> <p>Interviews conducted with:</p> <p>Investigative Staff</p>

Site Review Observations:

Training documentation / file review

Findings (By Provision):

115.234 (a, b) – Taylor County SATF, *PREA Policy* 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, investigators shall receive training in conducting sexual abuse investigations in confinement settings. Specialized training shall include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.

115.234 (c) – Taylor County SATF, *PREA Policy* states the facility shall maintain documentation confirming that investigators have completed the required specialized training.

The Auditor reviewed training records, which included the specialized training curriculum from the National Institute of Corrections, *Specialized Training: Investigating Sexual Abuse in Confinement Settings* and training certificates of completion verifying investigative staff that conduct sexual abuse investigations attended and completed the required specialized training. The specialized training curriculum is extensive and included, but not limited to, the following topics:

- Techniques for interviewing sexual abuse victims
- Sexual abuse evidence collection in confinement settings
- Proper use of *Miranda* and *Garrity*
- Criteria and evidence required to substantiate a case for administrative action or prosecution referral

The Auditor interviewed an Investigator who confirmed attending and successful completion of the required specialized training. The Investigator clearly articulated the comprehensive training received which included investigating sexual harassment allegations, investigating sexual abuse allegations, understanding the

	<p>impact of victim trauma, techniques for interviewing sexual abuse victims, preservation of crime scene and evidence collection, proper use of <i>Miranda</i> and <i>Garrity</i> and the importance of each, and criteria required for administrative action and prosecution referrals. The Investigator provided the Auditor with a complete overview of the investigative process as it relates to sexual abuse and sexual harassment. An allegation of sexual abuse that is deemed possibly criminal in nature, is immediately referred to the Taylor County Sheriff's Office for investigation and all other allegations are investigated by designated facility investigators.</p> <p>Upon review of the policy and documentation listed above and previously discussed, and after completion of interviews, in addition to the observations made throughout the on-site visit, Taylor County SATF demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.</p>
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115.235	Specialized training: Medical and mental health care
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Document Review:</p> <p>Taylor County SATF PAQ</p> <p>Taylor County SATF, <i>PREA Policy</i></p> <p>Interviews conducted with:</p> <p>Facility Director</p> <p>PREA Coordinator</p> <p>Findings (By Provision):</p> <p>115.235 (a) – Taylor County SATF does not have medical or mental health staff. This provision of the standard does not apply.</p> <p>115.235 (b) – Forensic examinations are conducted at the local hospital by SANE/</p>



	<p>SAFE examiners. This provision of the standard does not apply.</p> <p>115.235 (c) – Taylor County SATF does not have medical or mental health staff. This provision of the standard does not apply.</p> <p>The Auditor conducted interviews with the Facility Director and the PREA Coordinator and each confirmed that Taylor County SATF does not employ or contract with medical or mental health personnel.</p> <p>Upon review of the policy and documentation listed above and previously discussed, and after completion of interviews, in addition to the observations made during the on-site visit file review, Taylor County SATF demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.</p>
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115.241	Screening for risk of victimization and abusiveness
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>Document Review:</p> <p>Taylor County SATF PAQ</p> <p>Taylor County SATF, <i>PREA Policy</i></p> <p>Taylor County SATF, <i>Sexual Victimization &amp; Abusive Screening Form</i></p> <p>Interviews conducted with:</p> <p>Random sample of Residents</p> <p>Staff Responsible for Risk Screening</p> <p>PREA Coordinator</p> <p>Site Review Observations:</p> <p>Risk Assessment</p>

Findings (By Provision):

115.241 (a) – Taylor County SATF, *PREA Policy* states during the intake process within the first seventy-two hours to the facility, and upon transfer to/from 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.

115.241 (b) – Taylor County SATF, *PREA Policy* states screenings will be completed and documented by the resident's counselor using the *Sexual Victimization & Abusive Screening Form*, which will be considered in room assignments and monitoring residents. The PREA Coordinator is responsible for room assignments and will ensure that the information gained in the screening form is taken into consideration before making final assignments.

According to information provided in the PAQ, 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 or risk of sexually abusing other residents with 72 hours of their entry into the facility was 106, 100% of residents.

The Auditor requested an up-to-date resident roster, which provides a list of all residents currently at the facility and is organized by housing unit, provides resident characteristics such as age, gender, race, and housing assignments. This allowed the Auditor to accurately select a random representation of residents for the interview process. All residents selected for interviews were selected under the guidance of the National PREA Resource Center, *PREA Compliance Audit Instrument - Interview Guide for Residents*.

The Auditor interviewed fourteen residents, and all fourteen residents recalled the initial risk assessment interview, and twelve of the fourteen residents confirmed receiving the second risk assessment interview occurring within a few weeks after the initial assessment.

115.241 (c, d,) – Taylor County SATF, *PREA Policy* states the risk screening will be

completed using the Sexual Victimization & Abusive Screening Form. The intake screening shall consider, at a minimum, the following criteria to assess residents for risk of sexual victimization:

- The age of resident;
- The physical build of the resident;
- Whether the resident has a mental, physical, or developmental disability;
- Whether the resident has previously been incarcerated;
- Whether the resident's criminal history is exclusively nonviolent;
- Whether the resident has prior convictions for sex offenses against an adult or child;
- Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming;
- Whether the resident has previously experienced sexual victimization; and
- The residents own perception of vulnerability.

115.241 (e) – Taylor County SATF, *PREA Policy* states the intake screening shall consider prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the agency, in assessing residents for risk of being sexually abusive.

115.241 (f, g) – Taylor County SATF, *PREA Policy* states within 30 days of the resident's arrival at the facility a reassessment of the resident's risk level of victimization or abusiveness will be conducted. The reassessment will include any additional relevant information received by the facility since the initial intake screening and 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.

The Auditor conducted an interview with the Staff Member responsible for conducting risk screenings regarding the responsibility of conducting screenings for risk of victimization and abusiveness. The Staff Member provided the Auditor with a complete overview of the resident classification process and the resident risk screening process to include how all residents are screened within 72 hours (or less) of their arrival at the facility. The Staff Member also confirmed that all interviews are conducted privately, and the interviews include the classification and risk assessment process, program opportunities, qualifications for job assignments, and educational opportunities.

During the pre-on-site, the Auditor reviewed eighteen *Sexual Victimization & Abusive Screening* forms completed during the auditing period. The Auditor

reviewed an additional twenty *Sexual Victimization & Abusive Screening* forms of residents from the random and targeted interviews and residents that risk assessment warranted a referral or reassessment. All forms were filled out accurately and completely and in accordance with agency policy.

The Auditor conducted interviews with residents who disclosed prior sexual victimization during intake. Each resident confirmed to the Auditor that each were offered the opportunity to meet with a counselor during the risk screening process. Two of the three residents interviewed confirmed accepting the meeting with an advocate from Regional Victim's Crisis Center. The third resident declined the need to meet with a victim advocate.

115.241 (h) – Taylor County SATF, *PREA Policy* states residents may not be disciplined for refusing to answer, or for not disclosing complete information in response to the questions asked pursuant to the following:

- Whether the resident has a mental, physical, or developmental disability;
- Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex or gender nonconforming;
- Whether the resident has previously experienced sexual victimization;
- The resident's own perception of vulnerability.

115.241 (i) – Taylor County SATF, *PREA Policy* states the Treatment Care Team will not share any information gathered during the initial screening process or screening review process with anyone outside of the Treatment Care Team members, other than the SATF Director. If/when the information is discussed between the Treatment Care Team members, it will be done in a private setting.

The Auditor conducted an interview with the Staff Member responsible for conducting risk screenings and inquired what, if any, actions are taken against residents who refuse to cooperate or answer the questions in the risk screening process. The Staff Member confirmed that residents are not required to provide answers, if a resident refuses to answer, another staff member will conduct a follow-up interview. The Staff Member confirmed that residents are not disciplined for refusing to cooperate or answer the questions in the risk screening process.

Additionally, the Auditor inquired to the Staff Member how the facility protects such sensitive information obtained from the risk screenings. The Staff Member confirmed access to such information is strictly limited and any information related

	<p>to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to assist with making treatment plans and informed management decisions (housing, work, education, and program assignments).</p> <p>The Auditor inquired with the PREA Coordinator about how the facility protects sensitive information, in particular a resident's risk assessment. The PREA Coordinator explained how risk assessments are maintained and stored securely, and access is limited to authorized staff.</p> <p>Upon review of the policies, on-site file, and documentation review, and upon completion of the interviews, Taylor County SATF demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.</p>
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<b>115.242</b>	<b>Use of screening information</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Document Review:</p> <p>Taylor County SATF PAQ</p> <p>Taylor County SATF, <i>PREA Policy</i></p> <p>Taylor County SATF <i>Sexual Victimization &amp; Abusiveness Risk Screening</i></p> <p>Interviews conducted with:</p> <p>PREA Coordinator</p> <p>Staff Responsible for Risk Screening</p> <p>Non-heterosexual residents</p> <p>Site Observation:</p> <p>Resident initial risk assessment &amp; reassessment</p>

Findings (By Provision):

115.242 (a) – Taylor County SATF, *PREA Policy* states the facility shall use 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 high risk of being sexually abusive. Should any risk factors be identified, the resident's Counselor will consult with Program Coordinator/Facility Investigator to determine a housing assignment that ensures the safety of all Residents.

115.242 (b) – Taylor County SATF, *PREA Policy* states staff will make individualized determinations about how to ensure the safety of each resident.

115.242 (c, d) – Taylor County SATF, *PREA Policy* states in deciding whether to house a transgender or intersex resident in a female housing unit, or when making other housing and programming assignments for such residents, the facility shall consider the transgender or intersex resident's own views with respect to his/her own safety and shall consider on a case-by-case basis whether such a placement would ensure the resident's health and safety and whether the placement would present management or security problems.

115.242 (e) – Taylor County SATF, *PREA Policy* states transgender and intersex residents shall be given the opportunity to shower separately from other residents.

The Auditor conducted an interview with a Staff Member regarding the responsibility to conduct screenings for risk of victimization and abusiveness. The Staff Member provided the Auditor with a complete overview of the resident classification process and the resident risk screening process to include how all residents are screened within 72 hours (or less) of their arrival at the facility.

The Staff Member explained how the facility uses the information obtained from the risk screening assessment interviews to determine housing assignment for each resident, which is done strictly on a case-by-case basis. The Staff Member further explained a transgender or intersex resident's own views on safety is given consideration during this process and if placed in protective custody, such placement is done at the request of the resident or solely based on the resident's classification level.

	<p>The Auditor requested an up-to-date resident roster for gay, bisexual, transgender, and intersex residents to conducted targeted resident interviews. All other resident interviews were conducted with the guidance of the National PREA Resource Center, <i>PREA Compliance Audit Instrument - Interview Guide for Residents</i>.</p> <p>The Auditor conducted interviews with residents who identified as gay or bisexual. The residents were questioned whether they were placed in a housing area only for gay, bisexual, transgender, or intersex residents. Each resident acknowledged being housed in a general population housing area for all residents of the same level of programming. The facility provided the Auditor with documentation which depicted there were no transgender or intersex residents in custody at the Taylor County SATF, therefore residents in this targeted category were not interviewed.</p> <p>115.242 (f) – Taylor County SATF, <i>PREA Policy</i> states Taylor County SATF does not maintain facilities dedicated to LGBTQI residents.</p> <p>The Auditor conducted an interview with the PREA Coordinator and inquired how the agency ensures against placing lesbian, gay, bisexual, transgender, or intersex residents in dedicated facilities or wings. The PREA Coordinator informed the Auditor that agency policy prohibits such placement unless the placement is in a dedicated unit wing established in connection with a consent decree, legal settlement, or legal judgment. The PREA Coordinator confirmed Taylor County SATF is not under such legal judgment.</p> <p>Upon review of the policies and upon completion of the interviews, Taylor County SATF demonstrated facility- wide practices that are consistent with policy and the requirements that complies with the PREA standard.</p>
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<b>115.251</b>	<b>Resident reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Document Review:</p> <p>Taylor County SATF PAQ</p> <p>Taylor County SATF, <i>PREA Policy</i></p>

Taylor County SATF *Resident Rule Book & Policy Manual* (English/Spanish)

Taylor County SATF, PREA Zero-Tolerance Poster (English/Spanish)

Interviews conducted with:

Random sample of Residents

PREA Coordinator

Random sample of Staff

Site Observations:

PREA informational signage

Findings (By Provision):

115.251 (a) – Taylor County SATF, *PREA Policy* 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. Reports can be made verbally, in writing, anonymously or named, and 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, anonymously or named:

- Contact the SATF Director, Debbie Rowland, or PREA Coordinator, Jennifer Cauthen at 325.691.7407
- Report to any staff member or volunteer
- Residents may call (From the resident phones, for a free, unrecorded call – enter ID # then the number) -
  - 24/7 Hotline 325.677.7895
  - Taylor County Sheriff's Office 325.674.1301
  - PREA Ombudsman 936.437.5694
- Tell a family member, friend, legal counsel, or anyone else outside the facility who can report on your behalf
- Send letters to:
  - Regional Victim Crisis Center, PO Box 122, Abilene, Texas 79604



- Taylor County Sheriff's Office 450 Pecan, Abilene, Texas 79602
- PREA Ombudsman Office, PO Box 99, Huntsville, Texas 77342-0099.
- Residents can submit a report on someone's behalf, or someone can report for you using the ways listed here.

Taylor County CSCD SATF, *Resident Rule Book & Policy Manual* and the PREA Zero-Tolerance poster state Taylor County SATF has a “zero tolerance” toward all forms of sexual abuse, abuse, or harassment with residents and shall make every effort to maintain a safe environment for staff and residents.

During the facility tour, the Auditor observed PREA Zero-tolerance informational signage posted in all housing dormitories, resident educational and program areas. The PREA informational signage was posted in multiple languages.

The Auditor conducted informal interviews with residents and inquired to each resident on the various PREA reporting methods available, and each resident confirmed reporting to any staff member, submitting a grievance, or utilizing an outside reporting method – writing the PREA Ombudsman or calling a family member or friend and request a report be submitted on their behalf.

The Auditor requested an up-to-date facility resident roster, organized by housing unit, and provides resident characteristics such as age, gender, race, and housing assignment. This allowed the Auditor to accurately select a random representation of residents for the interview process. All residents selected for interviews were selected under the guidance of the National PREA Resource Center, *PREA Compliance Audit Instrument - Interview Guide for Residents*.

The Auditor conducted fourteen resident interviews and inquired to each resident on the PREA reporting methods. All fourteen residents interviewed referred to notifying a staff member, counselor, or calling a family member as the most direct method to report or inquire about PREA information. All residents interviewed also referred to contacting a family member as their source outside the facility and all fourteen residents interviewed confirmed knowledge of third-party reporting. Thirteen of the fourteen residents interviewed were aware of the availability of submitting an anonymous PREA report.

115.251 (b) – Taylor County SATF, *PREA Policy* states the facility shall provide at

least one way for residents to report abuse or harassment to a public or private entity or office that is not a part of the facility and is able to receive and immediately forward the residents report of sexual misconduct to facility officials, allowing the resident to remain anonymous upon request. Write the Taylor County Sheriff's Department 450 Pecan, Abilene, TX 79602 or write PREA Ombudsman Office, P.O. Box 99, Huntsville, TX 77342-0099.

115.251 (c) - The Taylor County SATF, *PREA Policy* states staff shall accept all allegation seriously including verbal, written, anonymously, and from third parties and shall document any verbal reports.

115.251 (d) - The Taylor County SATF, *PREA Policy* states a method shall be provided for staff to privately report sexual abuse and sexual harassment of residents. Employees may privately report sexual abuse and sexual harassment of residents by forwarding a letter, sealed and marked confidential, to the SATF Director. Employees can also make an anonymous report to the Regional Victim Crisis Center at 325.677.7895 or the PREA Ombudsman at 936.437.5694.

The Auditor-conducted interviews with random staff members and asked each staff member how a resident can privately report sexual abuse and sexual harassment or retaliation by other residents or staff for previously reporting sexual abuse and sexual harassment. Each staff member interviewed was able to articulate the various methods a resident may privately report an allegation of sexual abuse or sexual harassment (family member, third party reporting, PREA Ombudsman). Staff members also explained that reports concerning sexual abuse or sexual harassment, whether reported verbally or in writing, are considered confidential and must be documented immediately.

The Auditor inquired to each staff member how he/she would report an allegation of sexual abuse or sexual harassment of residents privately. Staff responses were evenly divided by either contacting the TDCJ PREA Ombudsman or talking to Human Resources. Staff members expressed confidence in reporting either to the PREA Ombudsman or privately to Human Resources and no one reported fear of retaliation.

The Auditor conducted an interview with the PREA Coordinator to verify reporting methods for sexual abuse or sexual harassment allegations that are available for residents and staff. The PREA Coordinator confirmed the multiple methods of reporting available for residents and staff, and these reports can be made either verbally, in writing, by a third party and may be done so in private or anonymously

	<p>and all reports, no matter of the method used to report, are confidential and handled promptly and professionally.</p> <p>Upon review of the policies, contracts, staff handbook, Taylor County CSCD SATF, <i>Resident Rule Book &amp; Policy Manual</i>, and viewing of the PREA informational brochures and signs and upon completion of interviews conducted, Taylor County SATF demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.</p>
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<b>115.252</b>	<b>Exhaustion of administrative remedies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Document Review:</p> <p>Taylor County SATF PAQ</p> <p>Taylor County SATF, <i>PREA Policy</i></p> <p>Taylor County SATF, <i>Resident Rule Book &amp; Policy Manual</i></p> <p>Findings (By Provision):</p> <p>115.252 (a) – Taylor County SATF, <i>PREA Policy</i> states residents may use the formal grievance process to report sexual abuse.</p> <p>115.252 (b) – Taylor County SATF, <i>PREA Policy</i> states there is no time limit on when a resident may submit a grievance regarding an allegation of sexual abuse. Residents are not required to use the informal grievance process nor is the resident required to attempt to resolve the incident with staff regarding an allegation of sexual misconduct.</p> <p>115.252 (c) – Taylor County SATF, <i>PREA Policy</i> states the resident who alleges sexual misconduct may submit a grievance without submitting it to a staff member who is the subject of the complaint. Such grievance is not referred to a staff</p>

member who is the subject of the complaint.

115.252 (d) – Taylor County SATF, *PREA Policy* states the facility shall issue a final 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 shall not include time consumed by the residents in preparing any appeal. The facility may claim an extension of time to respond up to 70 days, if the normal time period for response is insufficient to make an appropriate decision. The facility shall notify a resident in writing of any such extension and provide a date by which a decision will be made. At any level of the administrative process, including any properly noticed extension, the resident may consider the absence of a response to be a denial at any level.

The Auditor requested interviews with residents who reported an incident of sexual abuse. The Facility Director and the PREA Coordinator informed the Auditor that the facility has not received an allegation of sexual abuse or sexual harassment during the 12-month auditing period. The Auditor conducted multiple specialized staff and random staff interviews and verified the information previously provided by the Facility Director and the PREA Coordinator. Therefore residents in this targeted category were not interviewed.

115.252 (e) – Taylor County SATF, *PREA Policy* states 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 abuse, and shall also be permitted to file such requests on behalf of residents. 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 behalf and may also require the alleged victim to personally pursue any subsequent steps in the grievance process. If the resident declines to have the request processed on his behalf, the agency shall document the resident's decision

115.252 (f) – Taylor County SATF, *PREA Policy* states the facility has a policy and established procedures for filing an emergency grievance that a resident is subject to a substantial risk of imminent sexual abuse. After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, the facility shall immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken and shall provide an initial response within 48 hours, and shall issue a final decision within 5 calendar days. The initial response and final decision shall document the facility's determination

	<p>whether the resident is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance.</p> <p>115.252 (g) – Taylor County SATF, <i>PREA Policy</i> states residents may be disciplined for filing a grievance related to alleged sexual abuse only if the facility determines that the resident filed the grievance in bad faith.</p> <p>During the pre-on-site phase of the audit, the Auditor reviewed the Taylor County CSCD SATF, <i>Resident Rule Book &amp; Policy Manual</i>, and confirmed the handbook contains information about the grievance process to include explanation of the two types of grievance, informal and formal. The handbook informs residents that additional and more detailed grievance information is covered during orientation.</p> <p>Upon reviewing policies, documentation, and of the Taylor County CSCD SATF, <i>Resident Rule Book &amp; Policy Manual</i>, and upon completion of interviews conducted during the on-site visit, Taylor County SATF demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.</p>
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115.253	Resident access to outside confidential support services
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Document Review:</p> <p>Taylor County SATF, <i>PREA Policy</i></p> <p>Taylor County SATF, Regional Victim’s Crisis Center</p> <p>Taylor County SATF, <i>Resident Rule Book &amp; Policy Manual</i></p> <p>Taylor County SATF, PREA Zero Tolerance Poster (English/Spanish)</p> <p>Interviews conducted with:</p> <p>Random sample of Residents</p> <p>Site Review Observations:</p>

PREA informational signage

Regional Victim Crisis Center (RVCC) Brochure

Findings (By Provision):

115.253 (a) – Taylor County SATF, *PREA Policy* states the facility shall provide residents access to outside victim advocates for emotional support services related to sexual abuse through Regional Victim’s Crisis Center.

115.253 (b) – Taylor County SATF, *PREA Policy* states residents will be informed 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.

The Auditor requested an up-to-date resident roster, organized by housing unit, which provides characteristics such as age, gender, race, and housing assignment. This allowed the Auditor to accurately select a random representation of residents for the interview process. All residents selected for interviews were selected under the guidance of the National PREA Resource Center, *PREA Compliance Audit Instrument - Interview Guide for Residents*.

The Auditor inquired to each resident interviewed, if needed, are there services available outside of the facility for dealing with sexual abuse. Eleven of the fourteen residents interviewed confirmed being provided such information during the comprehensive PREA orientation as well as informational posters being displayed throughout the housing units. Eleven of the fourteen residents were aware of the Regional Victim’s Crisis Center and the methods available to contact them if ever necessary.

During the tour of the facility, the Auditor conducted informal interviews with residents in the housing dormitories and in various work assignments, and while touring the programs and educational buildings. Throughout the tour, the Auditor noted PREA informational posters and Regional Victim Crisis Center (RVCC) Brochure displayed in all the above areas and buildings.

115.253 (c) – Taylor County SATF, *PREA Policy* outlines the requirements of obtaining

a memorandum of understanding or other agreement with community service providers to provide residents with confidential emotional support services related to sexual abuse.

The Auditor reviewed the existing MOU between Taylor County SATF and Regional Victim's Crisis Center. The contract uses clear and concise language, provides the agency's responsibilities, the advocacy's responsibilities, and the reporting and documentation requirements for each.

Regional Victim's Crisis Center is a non-profit organization, located in Abilene Texas, established to provide victim services, advocacy, and support for survivors of sexual violence. Regional Victim's Crisis Center provides services for victims of sexual assault and other violent crimes in Abilene and the surrounding areas. Regional Victim's Crisis Center provides immediate access to 24/7 crisis hotline, emotional support, safety planning, rape crisis counseling and support.

The Auditor conducted an interview with an advocate from Regional Victim's Crisis Center, and she confirmed the existing agreement and responsibilities within the agreement and provided an overview of services provided to resident victims of sexual abuse. The services include responding to calls on the 24/7 crisis hotline established by Taylor County SATF phone system, provide emotional support services, crisis counseling, victim advocate upon request during forensic exams or investigatory interviews, and provide follow-up services and crisis intervention contacts to Taylor County SATF resident victims of sexual assault as resources allow.

The Auditor requested interviews with residents who reported an incident of sexual abuse. The Facility Director and the PREA Coordinator informed the Auditor that the facility has not received an allegation of sexual abuse or sexual harassment during the 12-month auditing period. The Auditor conducted multiple specialized staff and random staff interviews and verified the information previously provided by the Facility Director and the PREA Coordinator. Therefore residents in this targeted category were not interviewed.

Upon review of the policies and upon completion of the interviews, Taylor County SATF demonstrated facility- wide practices that are consistent with policy and the requirements that complies with the PREA standard.

115.254	Third party reporting
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<b>Auditor Discussion</b>
	<p>Document Review:</p> <p>Taylor County SATF PAQ</p> <p>Taylor County SATF, <i>PREA Policy</i></p> <p>Taylor County SATF website <a href="https://www.taylorcscd.org/satf">https://www.taylorcscd.org/satf</a></p> <p>Taylor County SATF, <i>Resident Rule Book &amp; Policy Manual</i></p> <p>Taylor County SATF, PREA Zero Tolerance Poster (English / Spanish)</p> <p>Interviews conducted with:</p> <p>Random sample of Residents</p> <p>Site Review Observation:</p> <p>PREA informational signage</p> <p>Findings (By Provision):</p>
	<p>115.254 (a) – Taylor County SATF, <i>PREA Policy</i> states the facility has established a method to receive third-party reports of sexual misconduct and shall post this information on the facility website <a href="https://www.taylorcscd.org/satf">https://www.taylorcscd.org/satf</a></p> <p>Taylor County SATF allows for third parties to report sexual abuse or sexual harassment for any resident. Third parties include other residents, family members, and other advocates are permitted to assist residents in filing complaints or reports relating to allegations of sexual abuse and sexual harassment and shall also be permitted to file such requests on behalf of residents.</p> <p>The Auditor requested an updated resident roster, organized by housing unit,</p>



	<p>provides resident characteristics such as age, gender, race, and housing assignment. This allowed the Auditor to accurately select a random representation of residents for the interview process. All residents selected for interviews were selected under the guidance of the National PREA Resource Center, <i>PREA Compliance Audit Instrument - Interview Guide for Residents</i>.</p> <p>The Auditor conducted fourteen resident interviews and inquired if each resident had received PREA education upon arrival at the facility. All fourteen residents interviewed recalled receiving both the initial PREA orientation and the comprehensive (video) orientation. All fourteen residents interviewed acknowledged the zero-tolerance policy on sexual abuse sexual harassment and the various ways to report such incidents.</p> <p>When questioned about third party reporting, all fourteen residents interviewed acknowledged how to submit a third-party report (ask a family member or friend to submit a report, report to the Taylor County Sheriff's Office, or contact the PREA Ombudsman). In addition, several of the residents referred to the informational bulletin posters throughout the facility, which contains directions on how to submit a third-party report.</p> <p>During the pre-on-site phase of the audit, the Auditor visited the agency's website and confirmed the availability for the public to submit a report of sexual abuse or sexual harassment on behalf of a resident. The report may also be submitted anonymously.</p> <p>Upon review of the policies and upon completion of the interviews, Taylor County SATF demonstrated facility- wide practices that are consistent with policy and the requirements that complies with and exceeds the PREA standard.</p>
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<b>115.261</b>	<b>Staff and agency reporting duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Document Review:</p> <p>Taylor County SATF PAQ</p> <p>Taylor County SATF, <i>PREA Policy</i></p>

Interviews conducted with:

Random sample of Staff

Facility Director

Findings (By Provision):

115.261 (a, e) – Taylor County SATF, *PREA Policy* states staff 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 SATF Director.

The Auditor conducted interviews with a random sample of staff members. Each staff member interviewed articulated the agency's zero tolerance policy on sexual abuse and sexual harassment, their role and responsibilities regarding sexual abuse and sexual harassment prevention, detection, reporting, and response, how to communicate effectively and professionally with residents, and a resident right to be free from sexual abuse and sexual harassment. Staff members also acknowledged that reports concerning sexual abuse or sexual harassment, whether reported verbally or in writing, are considered confidential and must be documented immediately.

115.261 (b) – Taylor County SATF, *PREA Policy* states apart from reporting to the PREA Coordinator, a supervisor, and/or SATF 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. Employees shall not share information related to PREA incidents with uninvolved parties. Employees shall not seek or use information related to PREA incidents beyond that needed to perform professional responsibilities.

115.261 (c) – This provision of the standard does not apply.

	<p>115.261 (d) – Taylor County SATF does not house residents under the age of 18 nor residents who are considered vulnerable adults.</p> <p>The Auditor inquired to the Facility Director are allegations of sexual abuse and sexual harassment, to include third party and anonymous sources, reported to designated facility investigators. The Facility Director indicated all allegations of sexual abuse and sexual harassment, no matter the origin of reporting, are reported directly to the designated facility investigators for administrative investigations, or to the Taylor County Sheriff’s Office for criminal investigations.</p> <p>Upon review of the policies and upon completion of the interviews, Taylor County SATF demonstrated facility- wide practices that are consistent with policy and the requirements that complies with the PREA standard.</p>
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115.262	Agency protection duties
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Document Review:</p> <p>Taylor County SATF PAQ</p> <p>Taylor County SATF, <i>PREA Policy</i></p> <p>Interviews conducted with:</p> <p>Agency Head</p> <p>Facility Director</p> <p>Random sample of Staff</p> <p>Findings (By Provision):</p> <p>115.262 (a) – Taylor County SATF, <i>PREA Policy</i> states when it is learned that a resident is subject to a substantial risk of imminent sexual abuse, immediate action</p>

	<p>shall be taken to protect the resident.</p> <p>During the twelve months prior to the audit, the facility reported in the PAQ there were no residents at risk of imminent sexual abuse. During the on-site phase of the audit, the Auditor interviewed facility staff, PREA Coordinator, and the Facility Director and each confirmed the information previously reported in the PAQ.</p> <p>The Auditor conducted interviews with random staff members and inquired about their actions if they received information that a resident was at imminent risk of sexual abuse. Each staff member articulated the agency's response protocol to receiving such information and all staff members interviewed confirmed their priority is ensuring the safety of the residents. Staff indicated they would safeguard the residents and immediately notify their supervisor to investigate the threat to the residents and to find safe housing for the residents.</p> <p>The Auditor conducted an interview with the Facility Director and inquired as to what action is taken upon learning a resident is subject to a substantial risk of imminent sexual abuse. The Facility Director informed the Auditor that once a staff member receives information that a resident may be at risk for sexual abuse, that resident is immediately removed from the risk. The resident victim's housing preference is considered, however the decision on his ultimate placement is driven by the need for protection from possible abuse and/or retaliation.</p> <p>The Auditor conducted an interview with the Agency Head regarding what action is taken upon learning a resident is subject to a substantial risk of imminent sexual abuse. The Agency Head stated if a resident is at risk of imminent sexual abuse the first thing staff will be responsible for separating the victim from the potential abuser. The potential victims will be given the opportunity to speak with a staff member regarding the situation as well as a mental health counselor. If necessary, the resident would be placed in a housing unit which ensures his safety.</p> <p>Upon review of the policy, observations made during the on-site facility tour, and upon completion of the interviews with staff, Taylor County SATF demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.</p>
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<b>115.263</b>	<b>Reporting to other confinement facilities</b>
	<b>Auditor Overall Determination:</b> Meets Standard

**Auditor Discussion**

## Document Review:

Taylor County SATF PAQ

Taylor County SATF, *PREA Policy*

## Interviews conducted with:

Agency Head

Facility Director

## Findings (By Provision):

115.263 (a - c) - Taylor County SATF, *PREA Policy* states upon 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. Such notification shall be done as soon as possible, but no later than 72 hours after receiving the allegation.

In the twelve months prior to the audit, no allegations were received from a Taylor County SATF resident alleging sexual abuse while confined at another facility.

115.263 (d) - Taylor County SATF, *PREA Policy* states if an allegation is received from another facility, the Facility Director will ensure that the allegation is investigated.

In the twelve months prior to the audit, Taylor County SATF reported receiving no allegations of sexual abuse from another facility.

The Auditor conducted an interview with the Facility Director and asked what the process is when your facility receives an allegation from another facility or agency that an incident of sexual abuse or sexual harassment occurred at the facility. The Facility Director explained that the designated facility investigators would initiate an investigation immediately.

	<p>The Auditor conducted an interview with the Agency Head and inquired if another agency or facility refers allegations of sexual abuse that occurred within one of your facilities if there is a designated point of contact. The Agency Head explained that the point of contact for all sexual abuse-related incidents is the Facility Director.</p> <p>Upon review of the policy, documentation, and upon completion of the interviews, Taylor County SATF demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.</p>
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115.264	Staff first responder duties
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>Document Review:</p> <p>Taylor County SATF PAQ</p> <p>Taylor County SATF, <i>PREA Policy</i></p> <p>Interviews conducted with:</p> <p>Security Staff / Non-Security Staff First Responders</p> <p>Random sample of Staff</p> <p>Findings (By Provision):</p> <p>115.264 (a) – Taylor County SATF, <i>PREA Policy</i> states upon learning of an allegation of sexual abuse, the staff member who is the first to respond shall ensure the following:</p> <ul style="list-style-type: none"> <li>• The alleged victim is separated and kept safe from the alleged abuser</li> <li>• Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence.</li> <li>• If the abuse occurred within a time period that still allows for the collection</li> </ul>

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.

- 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.
- If necessary, call for an ambulance to transport the victim to Hendrick Medical Center, 1900 Pine Street.
- Keep all required information concerning the allegation confidential by discussing the information with only those employees who have a direct need to know.
- Complete PREA First Responder Duties Checklist
- Immediately notify the PREA coordinator; PREA coordinator will notify the SATF Director who immediately notifies the investigating authority and then notifies the CSCD Director.

The Auditor conducted random staff interviews and specialized staff interviews regarding his/her role as a First Responder to an allegation of sexual abuse. The Staff Members interviewed provided specific details of his/her responsibilities as a First Responder to include separating the victim and abuser, preserving, and protecting the crime scene, requesting that the alleged victim not take any actions that could destroy physical evidence, ensuring the alleged abuser does not take any actions, which would destroy physical evidence, and to immediately notify immediate Supervisor and/or the Facility Director.

In addition, each Staff Member acknowledged the importance of the agency's response protocol to a sexual abuse allegation as well as his/her role as a First Responder. Each Staff Member interviewed articulated in detail the responsibilities of a First Responder and the importance of his/her responsibility when responding to an incident of sexual abuse or sexual harassment as well as the importance of ensuring the victim is safe.

115.264 (b) – Taylor County SATF, *PREA Policy* states if the first responder is not a staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence and then notify the appropriate staff.

The Auditor requested interviews with residents who reported an incident of sexual abuse. The Facility Director and the PREA Coordinator informed the Auditor that the

	<p>facility has not received an allegation of sexual abuse or sexual harassment during the 12-month auditing period. The Auditor conducted multiple specialized staff and random staff interviews and verified the information previously provided by the Facility Director and the PREA Coordinator. Therefore residents in this targeted category were not interviewed.</p> <p>Upon review of the policy, documentation, and upon completion of the interviews, Taylor County SATF demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.</p>
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<b>115.265</b>	<b>Coordinated response</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Document Review:</p> <p>Taylor County SATF PAQ</p> <p>Taylor County SATF, <i>PREA Policy</i></p> <p>Taylor County SATF, PREA Coordinated Response</p> <p>Interviews conducted with:</p> <p>Facility Director</p> <p>Findings (By Provision):</p> <p>115.265 (a) - Taylor County SATF, <i>PREA Policy</i> states the Facility Director or Facility Supervisor on duty will have immediate responsibility to coordinate staff actions taken in response to an incident of sexual assault or sexual abuse, including communication with among staff first responders, medical and mental health practitioners, investigators, and facility leadership.</p> <p>The Taylor County SATF PREA Coordinated Response provides an outline of the roles and responsibilities for each staff member following an alleged incident of sexual</p>



	<p>abuse. The roles and responsibilities include Staff First Responder, Facility Supervisor or Facility Director, PREA Coordinator, PREA Team (coordinates with victim advocate, outside medical, and criminal investigator – Taylor County Sheriff’s Office). Each role has clear step-by-step instructions that provides guidance for each staff member during a response to an incident of alleged sexual abuse.</p> <p>The Auditor conducted an interview with the Facility Director and inquired about the facility’s institutional plan to coordinate actions taken in response to an incident of sexual abuse. The Facility Director provided an overview of the response plan and each staff member’s responsibility when responding to an allegation of sexual abuse.</p> <p>Upon review of the policies and upon completion of the on-site interview with the Facility Director, the Taylor County SATF demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.</p>
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<b>115.266</b>	<b>Preservation of ability to protect residents from contact with abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Document Review:</p> <p>Taylor County SATF PAQ</p> <p>Interviews conducted with:</p> <p>Agency Head</p> <p>Findings (By Provision):</p> <p>115.266 (a) – Taylor County SATF does not have a collective bargaining agreement.</p> <p>The Auditor verified that the facility does not engage in collective bargaining during</p>

	<p>interviews with the PREA Coordinator, the Facility Director, and Agency Head.</p> <p>Upon review of the policies and upon completion of the interviews, Taylor County SATF demonstrated facility- wide practices that are consistent with policy and the requirements that complies with the PREA standard.</p>
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<b>115.267</b>	<b>Agency protection against retaliation</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Document Review:</p> <p>Taylor County SATF PAQ</p> <p>Taylor County SATF, <i>PREA Policy</i></p> <p>Interviews conducted with:</p> <p>Designated Member Charged with Monitoring Retaliation</p> <p>Agency Head</p> <p>Findings (By Provision):</p> <p>115.267 (a) – Taylor County SATF, <i>PREA Policy</i> states retaliation against residents, employees, or other parties for reporting sexual misconduct will not be tolerated. Those who retaliate may face disciplinary action up to and including unsuccessful discharge for residents and dismissal for employees.</p> <p>115.267 (b) – Taylor County SATF, <i>PREA Policy</i> states protective measures by the facility include but are not limited to periodic status checks for residents, room changes or transfers for resident victims or abusers, removal of alleged staff or alleged resident abusers from contact with alleged victim, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or for cooperating with investigations.</p>

115.267 (c, e) – Taylor County SATF, *PREA Policy* 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 resident disciplinary reports, room changes, program changes, negative performance reviews of staff, and reassignment of staff. The PREA Coordinator and/or SATF Director will assign the resident's counselor or Program Coordinator who will monitor the resident/residents against retaliation.

During the twelve months prior to the audit, the facility reported no allegations of retaliation were reported. Therefore, residents in these targeted categories were not interviewed.

115.267 (d) – Taylor County SATF, *PREA Policy* states the monitoring may go beyond 90 days if the initial monitoring indicates a continuing need. If any other individual who cooperates with an investigation expresses a fear of retaliation, appropriate measures to protect the individual against retaliation shall be taken.

The Auditor requested interviews with residents who reported an incident of sexual abuse. The Facility Director and the PREA Coordinator informed the Auditor that the facility has not received an allegation of sexual abuse or sexual harassment during the 12-month auditing period. The Auditor conducted multiple specialized staff and random staff interviews and verified the information previously provided by the Facility Director and the PREA Coordinator. Therefore residents in this targeted category were not interviewed.

The Auditor conducted an interview with the Facility Staff Member designated with monitoring retaliation. The Staff Member articulated that to prevent retaliation against residents and staff who report sexual abuse or harassment or those who cooperate with an investigation, the Staff Member would monitor those individuals for at least 90 days. The Staff Member reviews disciplinary reports, resident housing or transfers, and negative performance reviews of staff members. If a concern that potential retaliation might occur beyond the 90 days, the Staff Member would continue to monitor conduct and treatment until the issue or threat is resolved.

The Auditor conducted an interview with the Facility Director and inquired on the

	<p>different measures taken to protect residents and staff from retaliation for reporting allegations of sexual abuse or sexual harassment. The Facility Director confirmed the facility would take all necessary steps to protect any person who reports a sexual abuse / harassment incident from retaliation. The Facility Director explained that housing changes or transfers of residents, disciplinary action against staff members – including possible dismissal – or other means of removal of those who retaliate against someone who reports an allegation.</p> <p>The Auditor conducted an interview with the Agency Head and inquired how the agency protects residents or staff from retaliation for sexual abuse or sexual harassment allegations. The Agency Head explained that facilities deploy numerous measures including housing, program, and work assignments changes. All residents who report sexual abuse are monitored for retaliation for at least 90 days. Staff members are required to monitor the residents with periodic status checks every 30 days to ensure they are not experiencing any additional problems.</p> <p>The Agency Head also explained that staff members might be able to change assignments to protect them from retaliation. They are also monitored for retaliation for at least 90 days following a report of sexual abuse or sexual harassment.</p> <p>The Auditor inquired to the Agency Head if an individual cooperates with an investigation expresses a fear of retaliation, what measures the agency takes to protect that individual against retaliation. The Agency Head explained the same process previously described is utilized. The resident will also be subject to 90-day monitoring.</p> <p>Upon review of the policy and upon completion of the interviews, Taylor County SATF demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.</p>
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<b>115.271</b>	<b>Criminal and administrative agency investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Document Review:</p> <p>Taylor County SATF PAQ</p>

Taylor County SATF, *PREA Policy*

Interviews conducted with:

Investigative Staff

Findings (By Provision):

115.271 (a, h) – Taylor County SATF, *PREA Policy* states all investigations into allegations will be done so promptly, thoroughly, and objectively regardless of the reporting party. Whenever feasible, the facility shall enter into a written Memorandum of Understanding (MOU) with the outside agency investigating agency or entity outlining the roles and responsibilities of both the facility and the investigating entity in performing sexual abuse investigations. 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.

115.271 (b) – Taylor County SATF, *PREA Policy* states investigations where sexual abuse is alleged will be investigated by staff receiving special training in sexual abuse investigations as outlined in §115.234.

115.271 (c) – Taylor County SATF, *PREA Policy* states administrative investigations shall be documented and shall detail the investigative facts, physical and testimonial evidence, interview alleged victims, alleged abuser and witnesses, and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator.

The Auditor interviewed an Investigator who confirmed attending and successful completion of the required specialized training. The Investigator clearly articulated the comprehensive training received which included investigating sexual harassment allegations, investigating sexual abuse allegations, understanding the impact of victim trauma, techniques for interviewing sexual abuse victims, preservation of crime scene and evidence collection, proper use of *Miranda* and *Garrity* and the importance of each, and criteria required for administrative action and prosecution referrals. The Investigator provided the Auditor with a complete overview of the investigative process as it relates to sexual abuse and sexual harassment. An allegation of sexual abuse that is deemed possibly criminal in

nature, is immediately referred to the Taylor County Sheriff's Office investigation and all other allegations are investigated by designated facility investigators.

115.271 (d) – This provision of the standard does not apply; Taylor County SATF refers criminal investigations to Taylor County Sheriff's Office.

115.271 (e) – Taylor County SATF, *PREA Policy* states the credibility of an alleged victim, suspect, or witness will be on an individual basis and not based on an individual's status as a resident or employee. 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.

The Auditor requested interviews with residents who reported an incident of sexual abuse. The Facility Director and the PREA Coordinator informed the Auditor that the facility has not received an allegation of sexual abuse or sexual harassment during the 12-month auditing period. The Auditor conducted multiple specialized staff and random staff interviews and verified the information previously provided by the Facility Director and the PREA Coordinator. Therefore residents in this targeted category were not interviewed.

115.271 (f) – Taylor County SATF, *PREA Policy* states administrative investigations shall include an effort to determine whether staff actions or failures to act contributed to the abuse. Administrative investigations shall be documented in written reports and include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

115.271 (g, l) – Taylor County SATF, *PREA Policy* 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.

115.271 (i) – Taylor County SATF, *PREA Policy* states 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.

115.271 (j) – Taylor County SATF, *PREA Policy* states the departure of the alleged abuser or victim from the employment or control of the facility shall not provide a

	<p>basis for terminating an investigation.</p> <p>115.271 (k) – The Auditor is not required to audit this provision.</p> <p>During the twelve-month auditing period, the facility did not receive any reports/ allegations of sexual abuse or sexual harassment from residents or staff. The Auditor conducted interviews with staff (specialized and random) and interviews with residents and was able to confirm the initial information provided. Therefore investigative files/documentation was not available to review.</p> <p>Upon review of the policies and documentation listed above, and upon completion of the interviews, Taylor County SATF demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.</p>
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115.272	Evidentiary standard for administrative investigations
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>Document Review:</p> <p>Taylor County SATF PAQ</p> <p>Taylor County SATF, <i>PREA Policy</i></p> <p>Interviews conducted with:</p> <p>Investigative Staff</p> <p>Findings (By Provision):</p> <p>115.272 (a) – Taylor County SATF, <i>PREA Policy</i> 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>The Auditor conducted an interview with an Investigator who provided the Auditor with a complete overview of the investigative process to include verifying specialized training credentials. The Auditor inquired to the Investigator what standard of evidence is required to substantiate allegations of sexual abuse or sexual harassment. The Investigator explained that the agency should impose no standard higher than a preponderance of the evidence.</p> <p>Upon review of the policy and upon completion of the interviews, Taylor County SATF demonstrated facility- wide practices that are consistent with policy and the requirements that complies with the PREA standard.</p>
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<b>115.273</b>	<b>Reporting to residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Document Review:</p> <p>Taylor County SATF PAQ</p> <p>Taylor County SATF, <i>PREA Policy</i></p> <p>Interviews conducted with:</p> <p>Investigative Staff</p> <p>Facility Director</p> <p>Findings (By Provision):</p> <p>115.273 (a) – Taylor County SATF, <i>PREA Policy</i> states following an investigation into a resident’s allegation of sexual misconduct 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>



115.273 (b) – Taylor County SATF, *PREA Policy* 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.

115.273 (c) – Taylor County SATF, *PREA Policy* states following a resident’s allegation that a staff member has committed sexual misconduct against the resident, the facility shall subsequently inform the resident whenever:

- The staff member is no longer posted within the residents’ area.
- The staff member is no longer employed at the Facility.
- The facility learns that the staff member has been indicted or convicted on a charge related to sexual misconduct within the facility.

115.273 (d) – Taylor County SATF, *PREA Policy* states following a resident’s allegation that he or she has been involved in an incident of sexual misconduct by another resident, the facility shall subsequently inform the alleged victim whenever the facility learns that the alleged abuser has been indicated on or convicted of any charge related to sexual abuse within the facility.

115.273 (e) – Taylor County SATF, *PREA Policy* states all such notifications or attempted notifications shall be documented. All such notifications will be made using the Resident Allegation Status Notification Form. 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.

115.273 (f) – The Auditor is not required to audit this provision.

The Auditor requested interviews with residents who reported an incident of sexual abuse. The Facility Director and the PREA Coordinator informed the Auditor that the facility has not received an allegation of sexual abuse or sexual harassment during the 12-month auditing period. The Auditor conducted multiple specialized staff and random staff interviews and verified the information previously provided by the Facility Director and the PREA Coordinator. Therefore residents in this targeted category were not interviewed.

The Auditor inquired the Investigator about the agency’s notification procedures, to an alleged victim of sexual abuse, when the case is closed and whether the allegation has a final determination of substantiated, unsubstantiated, or

	<p>unfounded. The Investigator confirmed such notifications are completed by either the PREA Coordinator or the Investigator and are documented upon completion.</p> <p>The Auditor conducted an interview with the Facility Director and inquired regarding how the facility notifies a resident who makes an allegation of sexual abuse when the case is closed and a determination as to either substantiated, unsubstantiated, or unfounded. The Facility Director confirmed that either the PREA Coordinator or the Investigator would complete the resident notification process for all investigations.</p> <p>Upon review of the policies and upon completion of the interviews with specialized staff, Taylor County SATF demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.</p>
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115.276	Disciplinary sanctions for staff
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>Document Review:</p> <p>Taylor County SATF PAQ</p> <p>Taylor County SATF, <i>PREA Policy</i></p> <p>Interviews conducted with:</p> <p>Administrative (Human Resources) Staff</p> <p>Findings (By Provision):</p> <p>115.276 (a, b) – Taylor County SATF, <i>PREA Policy</i> states employees shall be subject to disciplinary sanctions up to and including termination for violating facility sexual abuse or sexual harassment policies. Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse.</p>

	<p>115.276 (c) – Taylor County SATF, <i>PREA Policy</i> states disciplinary sanctions for violations of facility sexual abuse or sexual harassment policies, that do not involve actual 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 staff with similar histories.</p> <p>115.276 (d) – Taylor County SATF, <i>PREA Policy</i> states all terminations for violations of the facility sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.</p> <p>The facility reported no staff violations, resignations prior to termination, or terminations for violating the agency’s sexual abuse or sexual harassment policies during the twelve months prior to the audit.</p> <p>The Auditor conducted an interview with Administrative / HR Staff Member who confirmed that Taylor County SATF had no staff members violate, resign prior to termination, or be terminated for violating the agency’s policy against sexual abuse or sexual harassment during the past twelve months.</p> <p>Upon review of the policy, facility documentation, and upon completion of interviews, Taylor County SATF demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.</p>
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115.277	Corrective action for contractors and volunteers
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Document Review:</p> <p>Taylor County SATF PAQ</p> <p>Taylor County SATF, <i>PREA Policy</i></p> <p>Interviews conducted with:</p>

	<p>Facility Director</p> <p>Findings (By Provision):</p> <p>115.277 (a, b) – Taylor County SATF, <i>PREA Policy</i> 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 relevant licensing bodies. Any other violation of sexual abuse or sexual harassment policies by a civilian or contractor will result in further prohibitions.</p> <p>The facility reported there have been no contractor or volunteer violations or terminations of the agency’s sexual abuse or sexual harassment policies during the twelve months prior to the audit as the contractor resigned prior to allegations being reported.</p> <p>The Auditor conducted an interview with the Facility Director regarding any violation of the facility’s sexual abuse and sexual harassment by a contractor or volunteer. The Facility Director explained that the incident would be reported to the Taylor County Sheriff’s Office, and an investigation would be conducted. If the investigation shows the activity was criminal, then the incident would be reported to any relevant licensing boards, and the contractor or volunteer would be prohibited from any further contact at Taylor County SATF.</p> <p>Upon review of the policy and upon completion of interviews, Taylor County SATF demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.</p>
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<b>115.278</b>	<b>Disciplinary sanctions for residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Document Review:</p> <p>Taylor County SATF PAQ</p>

Taylor County SATF, *PREA Policy*

Taylor County SATF, *Resident Rule Book & Policy Manual*

Interviews conducted with:

Facility Director

PREA Coordinator

Findings (By Provision):

115.278 (a) – Taylor County SATF, *PREA Policy* states all residents found guilty of sexual abuse shall be institutionally disciplined in accordance with the facility disciplinary procedures.

115.278 (b) – Taylor County SATF, *PREA Policy* 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.

115.278 (c) – Taylor County SATF, *PREA Policy* states the disciplinary process shall consider whether a resident’s mental disabilities or mental illness contributed to his behavior when determining what type of sanction, if any, should be imposed.

115.278 (d) – Taylor County SATF, *PREA Policy* 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.

115.278 (e) – Taylor County SATF, *PREA Policy* states a resident may be disciplined for sexual contact with an employee only upon finding that the staff did not consent to such contact.

	<p>115.278 (f) – Taylor County SATF, <i>PREA Policy</i> 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.</p> <p>115.278 (g) – Taylor County SATF, <i>PREA Policy</i> 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.</p> <p>The Auditor conducted an interview with the Facility Director and discussed the facility's policy on disciplinary sanctions for a resident after an administrative or criminal finding that the resident engaged in resident-on-resident sexual abuse. The Facility Director referred to the existing policy that a resident would be subject to disciplinary sanctions, which would be conducted in accordance with the formal disciplinary process to include termination from the program.</p> <p>The Auditor conducted an interview with the Facility Director and PREA Coordinator and discussed the victim advocacy services available to residents and counseling services available for abusers. Both the Facility Director and PREA Coordinator explained that the services provided include counseling and support groups. These services are offered for victims of sexual abuse or sexual harassment as well as residents of sexual abuse.</p> <p>Upon review of the policy, Taylor County SATF, and upon completion of interviews, Taylor County SATF demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.</p>
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115.282	Access to emergency medical and mental health services
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Document Review:</p> <p>Taylor County SATF PAQ</p> <p>Taylor County SATF, <i>PREA Policy</i></p>

Taylor County SATF, MOU w/Hendrick Medical Center

Interviews conducted with:

Security Staff / Non-Security Staff First Responders

PREA Coordinator

Findings (By Provision):

115.282 (a, d) – Taylor County SATF, *PREA Policy* 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.

115.282 (b) – Taylor County SATF, *PREA Policy* 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 SATF Director who will make appropriate referrals and document them.

The Auditor conducted interviews with random staff members regarding his/her role as a First Responder to an allegation of sexual abuse. The staff members provided specific details of their responsibilities as a First Responder. These responsibilities include separating the victim and abuser, preserving, and protecting the crime scene, requesting that the alleged victim not take any action that could destroy physical evidence, ensuring the alleged abuser does not take any actions, which would destroy physical evidence, and to immediately notify the Facility Director and PREA Coordinator. In addition, each staff member acknowledged the importance of the agency's response protocol to a sexual abuse allegation as well as his/her role as a First Responder.

115.282 (c) – Taylor County SATF, *PREA Policy* states resident victims of sexual abuse while at the facility shall be offered tests for sexually transmitted infections as medically appropriate.

	<p>The Auditor requested interviews with residents who reported an incident of sexual abuse. The Facility Director and the PREA Coordinator informed the Auditor that the facility has not received an allegation of sexual abuse or sexual harassment during the 12-month auditing period. The Auditor conducted multiple specialized staff and random staff interviews and verified the information previously provided by the Facility Director and the PREA Coordinator. Therefore residents in this targeted category were not interviewed.</p> <p>The Auditor conducted an interview with the PREA Coordinator who confirmed resident victims are provided immediate access to medical treatment at Hendrick Medical Center as well as crisis intervention, therapy, and counseling services. Medical treatment is provided at the Hendrick Medical Center, and Regional Victim's Crisis Center would be contacted for crisis intervention services and accompany the resident during a forensic exam.</p> <p>Upon review of the policy and upon completion of staff interviews, Taylor County SATF demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.</p>
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<b>115.283</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Document Review:</p> <p>Taylor County SATF PAQ</p> <p>Taylor County SATF, <i>PREA Policy</i></p> <p>Interviews conducted with:</p> <p>PREA Coordinator</p> <p>Findings (By Provision):</p>



115.283 (a, b) – Taylor County SATF, *PREA Policy* 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.

115.283 (c) – Taylor County SATF, *PREA Policy* states the facility shall provide such victims with medical and mental health services consistent with the community level of care.

115.283 (d) – This provision of the standard do not apply.

115.283 (e) – This provision of the standard do not apply.

115.283 (f) – Taylor County SATF, *PREA Policy* states resident victims of sexual abuse while at the facility shall be offered tests for sexually transmitted infections as medically appropriate.

115.283 (g) – Taylor County SATF, *PREA Policy* 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.

115.283 (h) – Taylor County SATF, *PREA Policy* 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.

The Auditor conducted an interview with the PREA Coordinator who confirmed that resident victims are provided immediate access to medical treatment at the local hospital and victim advocacy services are provided through Regional Victim's Crisis Center.

The Auditor requested interviews with residents who reported an incident of sexual abuse. The Facility Director and the PREA Coordinator informed the Auditor that the

	<p>facility has not received an allegation of sexual abuse or sexual harassment during the 12-month auditing period. The Auditor conducted multiple specialized staff and random staff interviews and verified the information previously provided by the Facility Director and the PREA Coordinator. Therefore residents in this targeted category were not interviewed.</p> <p>Upon review of the policy and upon completion of interviews, Taylor County SATF demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.</p>
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<b>115.286</b>	<b>Sexual abuse incident reviews</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Document Review:</p> <p>Taylor County SATF PAQ</p> <p>Taylor County SATF, <i>PREA Policy</i></p> <p>Interviews conducted with:</p> <p>Facility Director</p> <p>Incident Review Team</p> <p>Findings (By Provision):</p> <p>115.286 (a, b) – Taylor County SATF, <i>PREA Policy</i> 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>115.286 (c) – Taylor County SATF, <i>PREA Policy</i> 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.</p>

115.286 (d) – Taylor County SATF, *PREA Policy* states the review shall

- Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;
- Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility;
- Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;
- Assess the adequacy of staffing levels in that area during different shifts;
- Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff.

115.286 (e) – Taylor County SATF, *PREA Policy* states prepares a report of its findings using the PREA Incident Review Form and any recommendations for improvement to SATF Director. The facility shall implement the PREA review team's recommendations for improvement or shall document reasons for not doing so.

The Auditor conducted an interview with a staff member who is a member of the Incident Review Team and inquired if the Incident Review Team considers whether an incident or allegation was motivated by race, ethnicity, or gender identity and if the Incident Review Team examines the area in the facility where the incident allegedly occurred. The staff member confirmed that the Incident Review Team does consider whether the incident was motivated by race, ethnicity, or gender identity, and gang affiliation. The Incident Review Team also tours the area where the alleged incident occurred as well as considering whether the addition of monitoring technology should be deployed to supplement supervision by staff. The staff member explained how touring the area provides the team with the best possible representation of an incident and assists the Incident Review Team in determining if adding monitoring technology is warranted.

The Auditor conducted an interview with the Facility Director and discussed the incident review process. The Facility Director explained the Incident Review Team includes upper- level management with input from Investigators, Line Staff, and Medical and Mental Health personnel. The Facility Director articulated the process of the incident review, including listing the elements required per the PREA standard. The Facility Director explained how the Incident Review Team uses the information obtained from the review to determine if changes need to be made to the physical plant, policy and procedure or any other change that would improve the safety of

	<p>the resident population and prevent sexual abuse.</p> <p>Upon review of the policy and upon completion of interviews, Taylor County SATF demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.</p>
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<b>115.287</b>	<b>Data collection</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>Document Review:</p> <p>Taylor County SATF PAQ</p> <p>Taylor County SATF, <i>PREA Policy</i></p> <p>Taylor County SATF, Annual Report 2024</p> <p>Findings (By Provision):</p> <p>115.287 (a - d) – Taylor County SATF, <i>PREA Policy</i> 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 and maintained for a minimum of ten years from the date after its initial collection.</p> <p>115.287 (e) – This provision of the standard does not apply.</p> <p>115.287 (f) – The Taylor County SATF PAQ 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. The facility reported that the Department of Justice has not requested agency data for the previous calendar year.</p> <p>During the pre-on-site phase of the audit, the Auditor reviewed the Annual Report,</p>

	<p>which contained sexual abuse data collected with a standardized instrument. The standardized instrument used contained a set of definitions and data collected from incident reports, investigative files, and sexual abuse incident reviews. The Taylor County SATF publishes reports on agency website <a href="https://www.taylorcscd.org/satf">https://www.taylorcscd.org/satf</a></p> <p>Upon review of the policy, and Annual Report, Taylor County SATF demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.</p>
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<b>115.288</b>	<b>Data review for corrective action</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Document Review:</p> <p>Taylor County SATF PAQ</p> <p>Taylor County SATF, <i>PREA Policy</i></p> <p>Taylor County SATF, Annual Report 2024</p> <p>Interviews conducted with:</p> <p>PREA Coordinator</p> <p>Agency Head</p> <p>Findings (By Provision):</p> <p>115.288 (a) – Taylor County SATF, <i>PREA Policy</i> states the PREA Team shall review 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:</p> <ul style="list-style-type: none"> <li>• Identifying problem areas</li> <li>• Taking corrective action on an ongoing basis</li> <li>• Prepare a annual report of its findings from its data review and any</li> </ul>

corrective actions

The Auditor conducted an interview with the PREA Coordinator and inquired if the agency reviews data collected and aggregated pursuant to §115.287. The PREA Coordinator explained how the facility collects data to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies.

115.288 (b) – Taylor County SATF, *PREA Policy* states the annual report shall include a comparison of the current year’s data and corrective actions with those from prior years and shall provide an assessment of the agency’s progress in addressing sexual abuse.

The Auditor reviewed Annual Report, which contained sexual abuse data collected with a standardized instrument. The standardized instrument used contained a set of definitions and data collected from incident reports, investigative files, and sexual abuse incident reviews. The Taylor County SATF, publishes the reports on the agency website <https://www.taylorcscd.org/satf>

115.288 (c) – Taylor County SATF, *PREA Policy* states the agency’s report annual reports shall be approved by the CSCD Director and made readily available to the public through the facility website <https://www.taylorcscd.org/satf>

115.288 (d) – Taylor County SATF, *PREA Policy* states specific material may be redacted from the reports when publication would present a clear and specific threat to the safety and security of a facility but must indicate the nature of the material redacted.

The Auditor conducted an interview with the PREA Coordinator regarding how data is collected pursuant to PREA Standard §115.87. The PREA Coordinator acknowledged that the data collected is securely retained and the agency takes corrective action on an ongoing basis based on the collected data. The PREA Coordinator confirmed the preparation of the annual report, and it is submitted to the Facility Director and Agency Head for review and approval. The PREA Coordinator confirmed the agency redacts sensitive information and all public data information.

	<p>The Auditor conducted an interview with the Agency Head and inquired how the agency uses incident-based sexual abuse data to assess and improve sexual abuse prevention, detection, and response policies, practices, and training. The Agency Head explained that sexual abuse data is collected annually and utilized to complete the Survey of Sexual Victimization. The Auditor inquired as to who is responsible for approving annual reports written pursuant to §115.88. The Agency Head confirmed reviewing and approving the annual PREA report.</p> <p>Upon review of the policy, Annual Reports, and upon completion of interviews, Taylor County SATF demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.</p>
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<b>115.289</b>	<b>Data storage, publication, and destruction</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>Document Review:</p> <p>Taylor County SATF PAQ</p> <p>Taylor County SATF, <i>PREA Policy</i></p> <p>Taylor County SATF, Annual Report 2024</p> <p>Interviews conducted with:</p> <p>PREA Coordinator</p> <p>Findings (By Provision):</p> <p>115.289 (a) – Taylor County SATF, <i>PREA Policy</i> states the facility shall ensure that data collected pursuant to §115.287 are securely retained.</p> <p>115.289 (b, c) – Taylor County SATF, <i>PREA Policy</i> states the Facility Director 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</p>

	<p>remove all personal identifiers.</p> <p>115.289 (d) – Taylor County SATF, <i>PREA Policy</i> states the PREA Coordinator shall maintain sexual abuse collected data for at least 10 years from the date of the initial collection unless Federal, State, or local law requires otherwise.</p> <p>The Auditor conducted an interview with the PREA Coordinator regarding how data is collected pursuant to PREA Standard §115.87. The PREA Coordinator acknowledged that the data collected is securely retained and the agency takes corrective action on an ongoing basis based on the collected data.</p> <p>Upon review of the policy and upon completion of interviews, Taylor County SATF demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.</p>
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115.401	Frequency and scope of audits
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.401 (a) –This provision of the standard is not applicable. Taylor County SATF is a standalone facility and not part of an agency of facilities.</p> <p>115.401 (b) – Taylor County SATF had its prior PREA audit conducted on December 11 - 13, 2022. This PREA audit was conducted on September 25, 2025; the first year of the fifth three-year auditing cycle.</p> <p>115.401 (h) – The Auditor was granted complete access to, and the ability to observe, all areas of the facility.</p> <p>115.401 (i) – The Auditor was permitted to request and receive copies of any relevant documents (including electronically stored information).</p> <p>115.401 (m) – The Auditor was permitted to conduct private interviews with</p>



	<p>residents and staff.</p> <p>115.401 (n) – The Auditor verified through resident and staff interviews that residents and staff were permitted to send confidential correspondence to the Auditor in the same manner as if they were communicating with legal counsel.</p> <p>Upon review of the policy and upon completion of interviews, Taylor County SATF demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.</p>
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<b>115.403</b>	<b>Audit contents and findings</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.403 (f) – Taylor County SATF has published the prior PREA Audit Reports on the agency website. The Auditor reviewed the prior PREA Audit Report (December 2022) for Taylor County SATF.</p> <p>Upon review of the policy and upon completion of interviews, Taylor County SATF demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.</p>

<b>Appendix: Provision Findings</b>		
<b>115.211 (a)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	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
<b>115.211 (b)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	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
<b>115.212 (a)</b>	<b>Contracting with other entities for the confinement of residents</b>	
	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
<b>115.212 (b)</b>	<b>Contracting with other entities for the confinement of residents</b>	
	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
<b>115.212 (c)</b>	<b>Contracting with other entities for the confinement of residents</b>	
	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	na

	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.)	
	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
<b>115.213 (a)</b>	<b>Supervision and monitoring</b>	
	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
<b>115.213 (b)</b>	<b>Supervision and monitoring</b>	
	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
<b>115.213 (c)</b>	<b>Supervision and monitoring</b>	
	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	yes

	staffing patterns?	
	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
<b>115.215 (a)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
<b>115.215 (b)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
<b>115.215 (c)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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?	yes
<b>115.215 (d)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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,	yes

	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?	
	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
<b>115.215 (e)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
<b>115.215 (f)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
<b>115.216 (a)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	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 with residents with disabilities including residents who: Have intellectual disabilities?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision?	yes
<b>115.216 (b)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	

	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
<b>115.216 (c)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	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
<b>115.217 (a)</b>	<b>Hiring and promotion decisions</b>	
	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	yes

	force, or coercion, or if the victim did not consent or was unable to consent or refuse?	
	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
<b>115.217 (b)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.217 (c)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.217 (d)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
<b>115.217 (e)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.217</b>	<b>Hiring and promotion decisions</b>	



<b>(f)</b>		
	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
<b>115.217 (g)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
<b>115.217 (h)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.218 (a)</b>	<b>Upgrades to facilities and technology</b>	
	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
<b>115.218 (b)</b>	<b>Upgrades to facilities and technology</b>	
	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	yes

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

<b>115.222 (a)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	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
<b>115.222 (b)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	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
<b>115.222 (c)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	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
<b>115.231 (a)</b>	<b>Employee training</b>	
	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	yes

	residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	
	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
<b>115.231 (b)</b>	<b>Employee training</b>	
	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
<b>115.231 (c)</b>	<b>Employee training</b>	
	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,	yes

	does the agency provide refresher information on current sexual abuse and sexual harassment policies?	
<b>115.231 (d)</b>	<b>Employee training</b>	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
<b>115.232 (a)</b>	<b>Volunteer and contractor training</b>	
	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
<b>115.232 (b)</b>	<b>Volunteer and contractor training</b>	
	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
<b>115.232 (c)</b>	<b>Volunteer and contractor training</b>	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
<b>115.233 (a)</b>	<b>Resident education</b>	
	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
<b>115.233 (b)</b>	<b>Resident education</b>	
	Does the agency provide refresher information whenever a resident is transferred to a different facility?	yes
<b>115.233 (c)</b>	<b>Resident education</b>	
	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
<b>115.233 (d)</b>	<b>Resident education</b>	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
<b>115.233 (e)</b>	<b>Resident education</b>	
	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
<b>115.234 (a)</b>	<b>Specialized training: Investigations</b>	
	In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent	yes

	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)).	
<b>115.234 (b)</b>	<b>Specialized training: Investigations</b>	
	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
<b>115.234 (c)</b>	<b>Specialized training: Investigations</b>	
	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
<b>115.235 (a)</b>	<b>Specialized training: Medical and mental health care</b>	
	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.)	na



	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.)	na
	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.)	na
	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.)	na
<b>115.235 (b)</b>	<b>Specialized training: Medical and mental health care</b>	
	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
<b>115.235 (c)</b>	<b>Specialized training: Medical and mental health care</b>	
	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.)	na
<b>115.235 (d)</b>	<b>Specialized training: Medical and mental health care</b>	
	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.)	na
	Do medical and mental health care practitioners contracted by	na

	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.)	
<b>115.241 (a)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
<b>115.241 (b)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
<b>115.241 (c)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
<b>115.241 (d)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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:	yes

	Whether the resident's criminal history is exclusively nonviolent?	
	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
<b>115.241 (e)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
<b>115.241 (f)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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

<b>115.241 (g)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
<b>115.241 (h)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
<b>115.241 (i)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
<b>115.242 (a)</b>	<b>Use of screening information</b>	
	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
<b>115.242 (b)</b>	<b>Use of screening information</b>	
	Does the agency make individualized determinations about how to ensure the safety of each resident?	yes
<b>115.242 (c)</b>	<b>Use of screening information</b>	
	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
<b>115.242 (d)</b>	<b>Use of screening information</b>	
	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
<b>115.242 (e)</b>	<b>Use of screening information</b>	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
<b>115.242</b>	<b>Use of screening information</b>	

<b>(f)</b>		
	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
<b>115.251 (a)</b>	<b>Resident reporting</b>	
	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
<b>115.251 (b)</b>	<b>Resident reporting</b>	

	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
<b>115.251 (c)</b>	<b>Resident reporting</b>	
	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
<b>115.251 (d)</b>	<b>Resident reporting</b>	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
<b>115.252 (a)</b>	<b>Exhaustion of administrative remedies</b>	
	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.	no
<b>115.252 (b)</b>	<b>Exhaustion of administrative remedies</b>	
	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	yes

	with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	
<b>115.252 (c)</b>	<b>Exhaustion of administrative remedies</b>	
	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
<b>115.252 (d)</b>	<b>Exhaustion of administrative remedies</b>	
	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
<b>115.252 (e)</b>	<b>Exhaustion of administrative remedies</b>	
	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	yes



	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.)	
	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
<b>115.252 (f)</b>	<b>Exhaustion of administrative remedies</b>	
	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
<b>115.252 (g)</b>	<b>Exhaustion of administrative remedies</b>	
	If the agency disciplines a resident for filing a grievance related to	yes

	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.)	
<b>115.253 (a)</b>	<b>Resident access to outside confidential support services</b>	
	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
<b>115.253 (b)</b>	<b>Resident access to outside confidential support services</b>	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
<b>115.253 (c)</b>	<b>Resident access to outside confidential support services</b>	
	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
<b>115.254 (a)</b>	<b>Third party reporting</b>	
	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
<b>115.261 (a)</b>	<b>Staff and agency reporting duties</b>	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or	yes

	information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	
	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
<b>115.261 (b)</b>	<b>Staff and agency reporting duties</b>	
	Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
<b>115.261 (c)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.261 (d)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.261 (e)</b>	<b>Staff and agency reporting duties</b>	
	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

<b>115.262 (a)</b>	<b>Agency protection duties</b>	
	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
<b>115.263 (a)</b>	<b>Reporting to other confinement facilities</b>	
	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
<b>115.263 (b)</b>	<b>Reporting to other confinement facilities</b>	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
<b>115.263 (c)</b>	<b>Reporting to other confinement facilities</b>	
	Does the agency document that it has provided such notification?	yes
<b>115.263 (d)</b>	<b>Reporting to other confinement facilities</b>	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
<b>115.264 (a)</b>	<b>Staff first responder duties</b>	
	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,	yes

	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?	
	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
<b>115.264 (b)</b>	<b>Staff first responder duties</b>	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
<b>115.265 (a)</b>	<b>Coordinated response</b>	
	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
<b>115.266 (a)</b>	<b>Preservation of ability to protect residents from contact with abusers</b>	
	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?	no
<b>115.267 (a)</b>	<b>Agency protection against retaliation</b>	
	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
<b>115.267 (b)</b>	<b>Agency protection against retaliation</b>	
	Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes
<b>115.267 (c)</b>	<b>Agency protection against retaliation</b>	
	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
<b>115.267 (d)</b>	<b>Agency protection against retaliation</b>	
	In the case of residents, does such monitoring also include periodic status checks?	yes
<b>115.267 (e)</b>	<b>Agency protection against retaliation</b>	
	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
<b>115.271 (a)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.271 (b)</b>	<b>Criminal and administrative agency investigations</b>	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234?	yes
<b>115.271 (c)</b>	<b>Criminal and administrative agency investigations</b>	
	Do investigators gather and preserve direct and circumstantial	yes

	evidence, including any available physical and DNA evidence and any available electronic monitoring data?	
	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
<b>115.271 (d)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.271 (e)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.271 (f)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.271 (g)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.271</b>	<b>Criminal and administrative agency investigations</b>	



<b>(h)</b>		
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
<b>115.271 (i)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.271 (j)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.271 (l)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.272 (a)</b>	<b>Evidentiary standard for administrative investigations</b>	
	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
<b>115.273 (a)</b>	<b>Reporting to residents</b>	
	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
<b>115.273 (b)</b>	<b>Reporting to residents</b>	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency	yes

	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.)	
<b>115.273 (c)</b>	<b>Reporting to residents</b>	
	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
<b>115.273 (d)</b>	<b>Reporting to residents</b>	
	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	yes

	the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	
<b>115.273 (e)</b>	<b>Reporting to residents</b>	
	Does the agency document all such notifications or attempted notifications?	yes
<b>115.276 (a)</b>	<b>Disciplinary sanctions for staff</b>	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
<b>115.276 (b)</b>	<b>Disciplinary sanctions for staff</b>	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
<b>115.276 (c)</b>	<b>Disciplinary sanctions for staff</b>	
	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
<b>115.276 (d)</b>	<b>Disciplinary sanctions for staff</b>	
	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
<b>115.277 (a)</b>	<b>Corrective action for contractors and volunteers</b>	

	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
<b>115.277 (b)</b>	<b>Corrective action for contractors and volunteers</b>	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?	yes
<b>115.278 (a)</b>	<b>Disciplinary sanctions for residents</b>	
	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
<b>115.278 (b)</b>	<b>Disciplinary sanctions for residents</b>	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
<b>115.278 (c)</b>	<b>Disciplinary sanctions for residents</b>	
	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
<b>115.278 (d)</b>	<b>Disciplinary sanctions for residents</b>	
	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	no

	condition of access to programming and other benefits?	
<b>115.278 (e)</b>	<b>Disciplinary sanctions for residents</b>	
	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
<b>115.278 (f)</b>	<b>Disciplinary sanctions for residents</b>	
	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
<b>115.278 (g)</b>	<b>Disciplinary sanctions for residents</b>	
	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
<b>115.282 (a)</b>	<b>Access to emergency medical and mental health services</b>	
	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
<b>115.282 (b)</b>	<b>Access to emergency medical and mental health services</b>	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
<b>115.282 (c)</b>	<b>Access to emergency medical and mental health services</b>	
	Are resident victims of sexual abuse offered timely information	yes

	about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	
<b>115.282 (d)</b>	<b>Access to emergency medical and mental health services</b>	
	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
<b>115.283 (a)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.283 (b)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
<b>115.283 (c)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
<b>115.283 (d)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.283 (e)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive	na

	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.)	
<b>115.283 (f)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
<b>115.283 (g)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.283 (h)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.286 (a)</b>	<b>Sexual abuse incident reviews</b>	
	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
<b>115.286 (b)</b>	<b>Sexual abuse incident reviews</b>	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
<b>115.286 (c)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes

<b>115.286 (d)</b>	<b>Sexual abuse incident reviews</b>	
	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
<b>115.286 (e)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
<b>115.287 (a)</b>	<b>Data collection</b>	
	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
<b>115.287 (b)</b>	<b>Data collection</b>	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
<b>115.287</b>	<b>Data collection</b>	



<b>(c)</b>		
	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
<b>115.287 (d)</b>	<b>Data collection</b>	
	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
<b>115.287 (e)</b>	<b>Data collection</b>	
	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
<b>115.287 (f)</b>	<b>Data collection</b>	
	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
<b>115.288 (a)</b>	<b>Data review for corrective action</b>	
	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

<b>115.288 (b)</b>	<b>Data review for corrective action</b>	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
<b>115.288 (c)</b>	<b>Data review for corrective action</b>	
	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
<b>115.288 (d)</b>	<b>Data review for corrective action</b>	
	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
<b>115.289 (a)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency ensure that data collected pursuant to § 115.287 are securely retained?	yes
<b>115.289 (b)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
<b>115.289 (c)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
<b>115.289 (d)</b>	<b>Data storage, publication, and destruction</b>	
	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

<b>115.401 (a)</b>	<b>Frequency and scope of audits</b>	
	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
<b>115.401 (b)</b>	<b>Frequency and scope of audits</b>	
	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
<b>115.401 (h)</b>	<b>Frequency and scope of audits</b>	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
<b>115.401 (i)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
<b>115.401 (m)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to conduct private interviews with residents?	yes
<b>115.401 (n)</b>	<b>Frequency and scope of audits</b>	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the	yes

	same manner as if they were communicating with legal counsel?	
<b>115.403 (f)</b>	<b>Audit contents and findings</b>	
	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