PREA Facility Audit Report: Final

Name of Facility: John R. Roach Juvenile Detention Facility
Facility Type: Juvenile
Date Interim Report Submitted: NA
Date Final Report Submitted: 08/26/2025

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	☑
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	☑
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	☑
Auditor Full Name as Signed: Elaine Bridschge	**Date of Signature:** 08/26/2025

AUDITOR INFORMATION	
Auditor name:	Bridschge, Elaine
Email:	risingsunauditing@gmail.com
Start Date of On-Site Audit:	07/24/2025
End Date of On-Site Audit:	07/25/2025

FACILITY INFORMATION	
Facility name:	John R. Roach Juvenile Detention Facility
Facility physical address:	4700 Community Avenue, McKinney, Texas - 75071
Facility mailing address:	

Primary Contact

Name:	Garrett Johnson
Email Address:	gjohnson@co.collin.tx.us
Telephone Number:	972-547-5412

Superintendent/Director/Administrator	
Name:	Anne Sibley
Email Address:	asibley@co.collin.tx.us
Telephone Number:	972-547-5401

Facility PREA Compliance Manager	
Name:	Anne Sibley
Email Address:	asibley@co.collin.tx.us
Telephone Number:	972-547-5401

Facility Health Service Administrator On-Site	
Name:	Michael Lannon
Email Address:	mlannon@co.collin.tx.us
Telephone Number:	972-547-5431

Facility Characteristics	
Designed facility capacity:	144
Current population of facility:	105
Average daily population for the past 12 months:	94
Has the facility been over capacity at any point in the past 12 months?	No
What is the facility's population designation?	Both women/girls and men/boys

In the past 12 months, which population(s) has the facility held? Select all that apply (Nonbinary describes a person who does not identify exclusively as a boy/man or a girl/woman. Some people also use this term to describe their gender expression. For definitions of "intersex" and "transgender," please see https://www.prearesourcecenter.org/standard/115-5)	
Age range of population:	10-17
Facility security levels/resident custody levels:	PRE and POST
Number of staff currently employed at the facility who may have contact with residents:	93
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	42
Number of volunteers who have contact with residents, currently authorized to enter the facility:	60

AGENCY INFORMATION	
Name of agency:	Collin County Juvenile Probation Services Department
Governing authority or parent agency (if applicable):	
Physical Address:	4690 Community Avenue, McKinney, Texas - 75071
Mailing Address:	
Telephone number:	

Agency Chief Executive Officer Information:	
Name:	

Email Address:	
Telephone Number:	

Agency-Wide PREA Coordinator Information			
Name:	Garrett Johnson	**Email Address:**	gjohnson@co.collin.tx.us

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	• 115.333 - Resident education • 115.351 - Resident reporting • 115.381 - Medical and mental health screenings; history of sexual abuse
Number of standards met:	
40	
Number of standards not met:	
0	

POST-AUDIT REPORTING INFORMATION

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

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2025-07-24
2. End date of the onsite portion of the audit:	2025-07-25

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?	(●) Yes ( ) No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	TRAFFICK911

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	144
15. Average daily population for the past 12 months:	94
16. Number of inmate/resident/detainee housing units:	12
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	( ) Yes ( ) No (●) Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit	
Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit	
23. Enter the total number of inmates/ residents/detainees in the facility as of the first day of onsite portion of the audit:	85
25. Enter the total number of inmates/ residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	0
26. Enter the total number of inmates/ residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	0
27. Enter the total number of inmates/ residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0
28. Enter the total number of inmates/ residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
29. Enter the total number of inmates/ residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	1
30. Enter the total number of inmates/ residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	0

31. Enter the total number of inmates/ residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	0
32. Enter the total number of inmates/ residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	0
33. Enter the total number of inmates/ residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	3
34. Enter the total number of inmates/ residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
35. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	No text provided.
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
36. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	35
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:	0

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:	1
39. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	No text provided.

INTERVIEWS

Inmate/Resident/Detainee Interviews

Random Inmate/Resident/Detainee Interviews

40. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	13
41. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	☑ Age ☑ Race ☑ Ethnicity (e.g., Hispanic, Non-Hispanic) ☑ Length of time in the facility ☑ Housing assignment ☑ Gender ☐ Other ☐ None
42. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	The facility provided detailed unit rosters
43. Were you able to conduct the minimum number of random inmate/ resident/detainee interviews?	◉ Yes ○ No

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):	No text provided.
Targeted Inmate/Resident/Detainee Interviews	
45. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	3
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".	
47. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.

b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	Based on a review of unit rosters and conversations with staff, the targeted group of residents were not present at time of audit.
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:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	Based on a review of unit rosters and conversations with staff, the targeted group of residents were not present at time of audit.
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:	0

a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	Based on a review of unit rosters and conversations with staff, the targeted group of residents were not present at time of audit.
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:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	Based on a review of unit rosters and conversations with staff, the targeted group of residents were not present at time of audit.
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:	1

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:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	Based on a review of unit rosters and conversations with staff, the targeted group of residents were not present at time of audit.
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:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	Based on a review of unit rosters and conversations with staff, the targeted group of residents were not present at time of audit.

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:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	Based on a review of unit rosters and conversations with staff, the targeted group of residents were not present at time of audit.
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:	2
56. Enter the total number of interviews conducted with inmates/residents/ detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:	0

a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	Based on a review of unit rosters and conversations with staff, the targeted group of residents were not present at time of audit.
57. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	No text provided.
Staff, Volunteer, and Contractor Interviews	
Random Staff Interviews	
58. Enter the total number of RANDOM STAFF who were interviewed:	12
59. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	■ Length of tenure in the facility ■ Shift assignment ■ Work assignment ■ Rank (or equivalent) ■ Other (e.g., gender, race, ethnicity, languages spoken) ☐ None
If "Other," describe:	Gender

60. Were you able to conduct the minimum number of RANDOM STAFF interviews?	(●) Yes ( ) No
61. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.
Specialized Staff, Volunteers, and Contractor Interviews	
Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.	
62. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	19
63. Were you able to interview the Agency Head?	(●) Yes ( ) No
64. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	(●) Yes ( ) No
65. Were you able to interview the PREA Coordinator?	(●) Yes ( ) No
66. Were you able to interview the PREA Compliance Manager?	( ) Yes ( ) No (●) NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

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

	☐ Other
68. Did you interview VOLUNTEERS who may have contact with inmates/ residents/detainees in this facility?	◉ Yes ○ No
a. Enter the total number of VOLUNTEERS who were interviewed:	2
b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)	☐ Education/programming ☐ Medical/dental ☐ Mental health/counseling ☑ Religious ☑ Other
69. Did you interview CONTRACTORS who may have contact with inmates/ residents/detainees in this facility?	◉ Yes ○ No
a. Enter the total number of CONTRACTORS who were interviewed:	2
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	☐ Security/detention ☑ Education/programming ☐ Medical/dental ☐ Food service ☐ Maintenance/construction ☑ Other
70. Provide any additional comments regarding selecting or interviewing specialized staff.	No text provided.

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

71. Did you have access to all areas of the facility?	(●) Yes ( ) No
Was the site review an active, inquiring process that included the following:	
72. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?	(●) Yes ( ) No
73. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?	(●) Yes ( ) No
74. Informal conversations with inmates/ residents/detainees during the site review (encouraged, not required)?	(●) Yes ( ) No
75. Informal conversations with staff during the site review (encouraged, not required)?	(●) Yes ( ) No

76. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).	No text provided.

Documentation Sampling

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

77. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?	(●) Yes ( ) No
78. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).	No text provided.

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	0	0	0	0
Staff-on-inmate sexual abuse	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
Inmate-on-inmate sexual harassment	15	0	15	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	15	0	15	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
Inmate-on-inmate sexual harassment	0	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0	0
Total	0	0	0	0	0

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

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

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

85. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:	0
a. Explain why you were unable to review any sexual abuse investigation files:	All investigations conducted were sexual harassment.

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

92. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	○ Yes ○ No ◉ NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
93. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	14
94. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	◉ Yes ○ No ○ NA (NA if you were unable to review any sexual harassment investigation files)
Inmate-on-inmate sexual harassment investigation files	
95. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	17
96. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	○ Yes ◉ No ○ NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
97. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	◉ Yes ○ No ○ NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)

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

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

102. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.	○ Yes ◉ No

Non-certified Support Staff	
103. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.	○ Yes ◉ No

AUDITING ARRANGEMENTS AND COMPENSATION	
108. Who paid you to conduct this audit?	◉ The audited facility or its parent agency ○ My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option) ○ A third-party auditing entity (e.g., accreditation body, consulting firm) ○ Other

Standards
Auditor Overall Determination Definitions
• Exceeds Standard (Substantially exceeds requirement of standard) • Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period) • Does Not Meet Standard (requires corrective actions)
Auditor Discussion Instructions
Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.311	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.311 Zero Tolerance of Sexual Abuse and Sexual Harassment; PREA Coordinator Evidenced Analyzed: 1. Zero Tolerance Policy 2. Organizational Chart 3. Interview with the PREA Coordinator Findings: (a) The facility has implemented a written policy mandating zero tolerance for all forms of sexual abuse and sexual harassment. This policy clearly outlines the facility's approach to preventing, detecting, and responding to such conduct. It is the policy of CCJDC to ensure that any form of conduct that meets the definition of sexual abuse, sexual activity, or sexual harassment, regardless of consensual

	status, is strictly prohibited. Such conduct, if confirmed, will result in administrative disciplinary action and may result in criminal prosecution. (b) The PREA Coordinator serves as the PREA Compliance Manager at CCJDC. (c) The agency operates only one facility.

115.312	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.12 Contracting with Other Entities for the Confinement of Inmates Evidenced Analyzed: 1. Zero Tolerance Policy 2. Pre audit questionnaire (PAQ) 3. Interview with the Agency Contract Administrator Findings: (a) The Facility Zero Tolerance Policy states: In all new or renewed contracts for residential placement of CCJDC youth, CCJDC includes a clause requiring the contractor to adopt and comply with applicable PREA standards. At this time, the facility does not contract for the housing of residents. (b) The agency does not contract with private agencies or other entities for the confinement of residents.

115.313	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.313 Supervision and Monitoring Evidenced Analyzed: 1. Zero Tolerance Policy 2. Staffing Plan 3. Staffing Plan Reviews

	4. Unannounced Rounds logs 5. Site Review 6. Pre audit questionnaire (PAQ) 7. Interviews with the Superintendent, PREA Coordinator, and staff that conduct unannounced rounds Findings: (a) CCJDC develops and implements a written staffing plan to provide adequate levels of staffing and video monitoring to protect youth against sexual abuse. The plan was developed with consideration of accepted practices, facility layout, population characteristics, program schedules, past incidents, and relevant laws and regulations. During the site review the auditor compared the written staffing plan against the current observations and determined that the staffing plan adequately assesses the staffing and/or electronic monitoring needs of the facility with sexual safety in mind, and, that the facility is staffed according to the plan, as it is written. Staffing ratios in the housing unit are 1:8 during waking hours and 1:16 during sleeping hours. No blind spots were observed. Cell checks in housing areas occur within 15-minute staggered intervals. The facility has sufficient camera placement. (b) The facility maintains compliance with the staffing plan, with no deviations. In rare exigent circumstances deviations are thoroughly documented, including justification and any mitigation measures taken. (c) The John R. Roach Juvenile Detention Center adheres to the Texas Juvenile Justice Department's policy (TAC 355.430) which requires minimum direct care staff to youth ratios of 1:8 during waking hours and 1:16 during sleeping hours. These minimum ratios must be met at all times except in the case of unforeseen and temporary circumstances. Any time that the minimum staffing ratios are not met the circumstances must be documented in an incident report that lists the reason(s) and the duration that the minimum staff-to-youth ratio was not met and any actions taken to correct the situation. This meets the requirements as set forth in TJJD regulations and in PREA. The John R. Roach Juvenile Detention Center, a secure facility, will require staff-to-youth ratios of 1:8 during waking hours and 1:16 during sleeping hours on or before December 31, 2016. (d) In coordination with the PREA Coordinator, the facility conducts an annual review of the staffing plan and monitoring systems. This review evaluates current practices, video monitoring effectiveness, and resource adequacy. Any adjustments are documented as part of the annual assessment. The auditor reviewed the staffing plan reviews for 2023, 2024 and 2025. The reviews looked at prevailing staffing patterns; deployment of video monitoring systems and other monitoring technologies; and resources available to ensure adherence to the staffing plan. (e) As evidenced by the unannounced rounds logs submitted, unannounced rounds within the facility by the Supervisors and/or the Facility Administrators take place on

	at least once every month, both day and night, with documentation provided to the PREA Coordinator. Juvenile Supervision Officers are prohibited from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility. Unannounced rounds were observed.

115.315	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.315 Limits to Cross-Gender Viewing and Searches Evidenced Analyzed: 1. Zero Tolerance Policy 2. Cross Gender Search Training slides and video 3. Records of Staff attendance in PREA Training 4. Memo on PREA Training 5. Memo on Strip Search Location 6. Site review 7. Interviews with random staff and residents. There were no transgender or intersex residents to interview. 8. Pre audit questionnaire (PAQ) Findings: A. The facility prohibits cross-gender strip searches and visual body cavity searches except in exigent circumstances or when performed by licensed medical practitioners. Any such instances are fully documented and justified. A notation from the PREA Coordinator states, "Employees were trained on all topics of PREA when the facility first became PREA compliant, and then the training was conducted during every basic training course for all new officers." The auditor reviewed a notation from the PREA Coordinator on the locations of where a strip search would take place if the youth was suspected of having contraband. The auditor did not observe any cross-gender searches. B. Cross-gender pat-down searches are conducted only under exigent circumstances, with all such occurrences fully justified and documented immediately. According to the PAQ, no cross-gender searches have occurred.

	C. All cross-gender searches, when conducted, include detailed documentation to ensure transparency and compliance with policy. D. In CCJDC, staffing patterns and physical barriers are implemented to enable youth to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine room checks. In CCJDC, staff who are not the same gender as the youth must announce their presence when entering a pod occupied by opposite gender youth. The auditor did not observe any cross-gender viewing during the audit. Residents are provided with private places to undress. E. CCJDC does not search or physically examine a transgender or intersex youth for the sole purpose of determining the youth's genital status. The status may be determined during conversation with the youth, reviewing medical records, or as part of a broader medical examination conducted by a medical practitioner. F. All security staff are trained in the appropriate, respectful, and professional conduct of searches involving transgender and intersex residents, including cross-gender pat-downs, in accordance with safety and security protocols. The auditor reviewed all the training curriculum and attendance records.

115.316	**Residents with disabilities and residents who are limited English proficient**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.316 Residents with Disabilities and Residents Who Are Limited English Proficient Evidenced Analyzed: 1. Zero Tolerance Policy 2. Contract with an Interpreter 3. Written PREA intake forms that explains the Zero Tolerance Policy and how to report any Sexual misconduct 4. Memo from the PREA Coordinator on Youth Intake 5. Pre audit questionnaire (PAQ) 6. Site review 7. Interviews with the Deputy Director, random staff and a resident who was limited

	English proficient (LEP). There were no residents with disabilities. Findings: (a) CCJDC takes appropriate steps to ensure that youth with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Such steps include providing access to interpreters; and written materials provided in formats or through methods that ensure effective communication. Qualified interpreters are provided for residents who are deaf or hard of hearing, and accessible materials are available for residents with visual or intellectual disabilities. Services are provided without imposing undue burdens or altering core program functions. A memo from the PREA Coordinator states "If an officer cannot effectively communicate information with a juvenile, staff can consult with an interpreter using the number given for Beatriz Noguera and Robert Baro. If a language other than Spanish is needed, these services help set up a contact with that language." The auditor ensured that interpretation services are readily available to residents when the need arises. (b) CCJDC takes reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment for youth who are limited English proficient, including the use of interpreters. A memo from the PREA Coordinator states: Intake officers accommodate juveniles with disabilities or limited reading skills for effective communication about PREA by reading, translating, or explaining all PREA information. PREA posters in English and Spanish were displayed throughout the facility. (c) CCJDC does not use other youth to interpret, read, or otherwise assist except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise safety, the performance of first-response duties, or an investigation.

115.317	**Hiring and promotion decisions**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.317 Hiring and Promotion Decisions Evidenced Analyzed: 1. Zero Tolerance Policy 2. Backgrounds on Staff 3. Backgrounds on Contractors

	4. Memo from PREA Coordinator 5. Pre audit questionnaire (PAQ) 6. Interview with HR staff Findings: (a) CCJDC does not hire or promote anyone who may have contact with youth and does not use the services of any contractor who may have contact with youth if the person 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; or has been convicted or civilly or administratively adjudicated 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. A memo from the PREA Coordinator states, CCJDC takes further steps to ensure the agency hires the best possible officers. Background check files were reviewed. Besides the required background checks/PREA checks, the facility requires: • A bachelor's degree • To pass a polygraph • To get evaluated by our psychologist (b) For any person who may have contact with juveniles, CCJDC considers any incidents of sexual harassment in determining whether to hire, promote, or contract for services. (c) Prior to hiring, the facility conducts criminal background checks, consults relevant child abuse registries, and makes reasonable efforts to obtain information from prior institutional employers regarding substantiated allegations of sexual abuse or resignations during investigations. (d) This same vetting process is applied to contractors with resident contact, including background checks and registry consultations. Background check files were reviewed. (e) The facility conducts criminal background checks at least every five years for current employees and contractors or uses a system for ongoing record monitoring. (f) CCJDC will ask applicants and employees who may have contact with youth directly about previous misconduct described in subparagraph (A) of this paragraph in written applications or interviews for hiring or promotion and in any interviews or written self-evaluations conducted as part of reviews of current employees. CCJDC employees have a continuing affirmative duty to disclose any such misconduct. (g) Any material omissions or false information related to sexual misconduct are grounds for immediate termination. (h) In accordance with applicable law, the facility provides substantiated information on sexual abuse or harassment to institutional employers upon request when a

	former employee applies for a position.

115.318	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.318 Upgrades to Facilities and Technologies Evidenced Analyzed: 1. Pre Audit Questionnaire (PAQ) 2. Zero Tolerance Policy 3. Interviews with the Deputy Director and the Superintendent Findings: (a) (b) According to the information submitted in the PAQ and interviews conducted, there has been no upgrades to the facility or video monitoring system since the last PREA audit.

115.321	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.321 Evidence Protocol and Forensic Medical Examinations Evidenced Analyzed: 1. Zero Tolerance Policy 2. Memos from the PREA Coordinator 3. Email from the PREA Coordinator and the Sheriff's office stating the Sheriff's office follows the uniform evidence protocol 4. Evidence Protocol Policy 5. Forensic Medical Exams Policy 6. Pre audit questionnaire (PAQ)

	7. Interviews with random staff. There were no residents who reported sexual abuse. Findings: (a) CCJDC follows a uniform evidence protocol when responding to allegations of sexual abuse. (b) The evidence protocol is developmentally appropriate for youth and is based on or adapted from authoritative national standards, including the DOJ's National Protocol for Sexual Assault Medical Forensic Examinations. (c) When evidentiarily or medically appropriate, CCJDC transports youth who experience sexual abuse to an emergency room that can provide for medical examination by a Sexual Assault Nurse Examiner (SANE), Sexual Assault Forensic Examiner (SAFE), or other qualified medical practitioners. All such medical examinations are provided at no financial cost to the youth. A memo from the PREA Coordinator states, If a resident is required to have a SAFE or a SANE the resident is taken to either Baylor, Scott, and White hospital in McKinney or the Collin County Advocacy Center as normal business practice to get these completed. In the past 12 months, no forensic exams have been conducted. (d) The facility seeks to provide victims with access to rape crisis center advocates. When unavailable, a qualified staff member or community-based advocate is assigned, and all efforts to secure outside advocacy are documented. Memo from the PREA Coordinator states: Collin County does not have a MOU or contract with the Collin County Advocacy Center (CAC). We coordinate with the sheriff's office and advocacy center as this is a normal business process that is part of the criminal process after a report of abuse is made. (e) The facility entered into a Memorandum of Understanding (MOU) between Collin County Juvenile Detention Center (CCJDC), and TRAFFICK911, and is written to facilitate an agreement between the parties for services related to goals and implementation of Federal Prison Rape Elimination Act (PREA) mandates. (f) When the facility is not the investigating authority, it requests that the responsible agency follow the evidence protocols detailed in (a) through (e). (g)The auditor is not required to audit this provision. (h) CCJDC seeks to secure victim advocacy services from Collin County Children's Advocacy Center. CCJDC makes these services available through a qualified staff member from Collin County Children's Advocacy Center or from a qualified CCJDC staff member who has been screened for appropriateness to serve in this role and has received education concerning sexual assault and forensic examination issues.

115.322	**Policies to ensure referrals of allegations for investigations**

	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.322 Policies to Ensure Referrals of Allegations for Investigations Evidenced Analyzed: 1. Zero Tolerance Policy 2. Investigations for the last 12 months 3 Facility Website explaining the Investigative Process 4. Pre audit questionnaire (PAQ) 5. Interviews with the Deputy Director and investigative staff Findings: (a) CCJDC reviews all allegations of sexual abuse and sexual harassment and assigns each allegation to the appropriate department to complete a criminal investigation, administrative investigation, or both. The facility had 15 administrative investigations and 17 criminal investigations. (b) A formal policy requires the referral of all potentially criminal allegations to the proper legal authority. This policy is accessible to the public through the facility's website, and all referrals are documented. The auditor reviewed the facility website, the investigative protocol and completed investigations. (c) Where another entity is responsible for criminal investigations, the facility's policy outlines the respective responsibilities of the facility and the investigating authority. (d) The auditor is not required to audit this provision. (e) The auditor is not required to audit this provision.

115.331	**Employee training**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.331 Employee Training Evidenced Analyzed:

	1. Staff PREA Training Curriculum 2. Zero Tolerance Policy 3. The Moss Group Training on Effective Communication 5. Memo from the PREA Coordinator 6. Staff PREA Training Attendance acknowledgments 7. Interviews with random staff Findings: (a) The agency trains all employees who may have contact with residents on:(1) Its zero-tolerance policy for sexual abuse and sexual harassment;(2) How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;(3) Residents' right to be free from sexual abuse and sexual harassment;(4) The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment;(5) The dynamics of sexual abuse and sexual harassment in juvenile facilities;(6) The common reactions of juvenile victims of sexual abuse and sexual harassment;(7) How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents;(8) How to avoid inappropriate relationships with residents;(9) How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents; and(10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities;(11) Relevant laws regarding the applicable age of consent. (b) CCJDC provides PREA-related training to all employees who may have contact with youth. The training is tailored to the unique needs and attributes of youth in juvenile facilities and to the specific gender(s) represented at the facility. A memo from the PREA Coordinator states: The CCJDC has one facility that houses both female and male juveniles in separate areas. Employees receive training encompassing all the juveniles that we house but will not be assigned specifically to be the sole officer in an opposite gendered pod. (c) Between trainings the agency provides employees who may have contact with residents with refresher information about current policies regarding sexual abuse and harassment. Refresher training is provided every two years. Training records were reviewed. (d) CCJDC documents employees’ written verification that they understand the training they have received. Training records were reviewed.

115.332	**Volunteer and contractor training**

	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.332 Volunteer and Contractor Training Evidenced Analyzed: 1. Zero Tolerance Policy 2. Volunteer and Contractor Training Curriculum 3. Volunteer and Contractor Training Acknowledgments 4. Interviews with two volunteers and two contractors 5. Pre audit questionnaire (PAQ) Findings: (a) CCJDC ensures and documents that all volunteers and contractors who have direct access to youth have been trained on and understand their responsibilities under this rule and any other related CCJDC policies and procedures. This was verified through training records. (b) Training content is proportional to the extent of resident interaction but includes the zero-tolerance policy and reporting procedures. (c) Documentation confirms each volunteer, and contractor understands their training responsibilities, verified by signature. This was verified through training records.

115.333	**Resident education**
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	115.333 Resident Education Evidenced Analyzed: 1. Zero Tolerance Policy 2. Youth PREA Education Documentation 3. Pre audit questionnaire (PAQ) 4. Site Review

	5. Interviews with random residents and intake staff Findings: (a) During the admission process, CCJDC provides youth with age-appropriate information about the agency’s zero-tolerance policy and how to report incidents or suspicions of sexual abuse, sexual harassment, or sexual activity. As part of the site review, the auditor observed how sexual safety information (PREA information/zero-tolerance information) is provided at the point of intake or transfer. Interpretation service information is readily available to intake staff. (b) Within 10 days of intake, residents receive comprehensive education—either in person or by video—on their rights, protections from retaliation, and the facility’s reporting and response procedures. Memo from the PREA Coordinator states, comprehensive PREA Education is conducted every Tuesday evening, the facility's night shift shows the PREA video regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies for response to these incidents, exceeding the standard. This video is played through each cluster control which is broad casted to each pod. During the site review, the auditor observed how comprehensive education is provided and verified that each unit contained continuous PREA information through signage posted. (c) Any residents who had not previously received education were educated within one year of the standard’s effective date. (d) Education is accessible to residents with limited English proficiency, sensory impairments, developmental disabilities, or low literacy. The agency uses appropriate communication methods to ensure full understanding. PREA postings were visible in all living areas. (e) As evidenced by the education documentation, participation in education sessions is documented for each resident. (f) Key PREA information is continuously posted throughout the facility, including in housing units and common areas, and is included in the resident handbook.

115.334	**Specialized training: Investigations**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	115.334 Specialized Training: Investigations Evidenced Analyzed: 1. Zero Tolerance Policy 2. Investigators Training Curriculum with the National Institute of Correction 3. Investigators Training Certificates 4. Interview with the investigator Findings: (a) CCJDC staff members who investigate allegations of sexual abuse receive specialized training that includes techniques for interviewing juvenile sexual abuse victims; proper use of Miranda and Garrity warnings; sexual abuse evidence collection in confinement settings; and criteria and evidence required to substantiate a case for administrative action or prosecution referral. Training records were reviewed. (b) As evidenced by the PREA training curriculum the training covers interviewing juvenile victims, using Miranda and Garrity warnings, evidence collection in secure environments, and the appropriate standards of proof. Training records were reviewed. (c) As evidenced by reviewing the training records, the facility maintains documentation confirming that all investigators have completed this specialized training. (d) The auditor is not required to audit this provision.

115.335	**Specialized training: Medical and mental health care**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.335 Specialized Training: Medical and Mental Health Care Evidenced Analyzed: 1. Zero Tolerance Policy 2. Medical and Mental Health PREA Training documentation 3. Interviews with medical and mental health staff Findings:

	(a) All full-time and part-time medical and mental health practitioners receive training in recognizing signs of sexual abuse and harassment, preserving evidence, and providing trauma-informed care. Training records were reviewed. (b) Facility medical staff do not conduct forensic exams. (c) Training records were reviewed. (d) Practitioners also complete either employee training under §115.331 or contractor training under §115.332, based on their classification.

115.341	**Obtaining information from residents**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.341 Screening for Risk of Sexual Victimization and Abusiveness Evidenced Analyzed: 1. Zero Tolerance Policy 2. Memo from the PREA Coordinator 3. Resident Screenings 4. Intake Screening Tool 5. Pre audit questionnaire (PAQ) 6. Site review 7. Interviews with PREA Coordinator, staff responsible for risk screening and random residents Findings: (a) (b) Within 72 hours after a youth’s admission to CCJDC, CCJDC uses an objective screening instrument to obtain information about the youth’s personal history and behavior to reduce the risk of sexual abuse by or upon another youth. Periodically throughout the youth’s stay, information from the screening instrument is used to reassess housing and supervision assignments. During the site review, the auditor asked staff to walk through the process and do a mock intake for demonstration purposes. (c) The screening process collects information on past sexual victimization or abusiveness, gender identity and expression, age, offense history, emotional and physical development, disabilities, and the resident’s self-assessed vulnerability.

	(d) Screening also includes a review of case files, court documentation, behavioral records, and medical and mental health screenings to inform risk assessments. A memo from the PREA Coordinator states: CCJDC has staffing regularly with Administration, Officers, therapists, and Probation Officers on the progress of our long-term juveniles. Juvenile risk level is constantly assessed through contacts with juveniles, officers, grievances, incident reports, and past behaviors of each juvenile. (e) The facility limits access to this sensitive screening information to staff with a legitimate need to know, maintaining strict confidentiality to protect resident safety and privacy. Risk screenings are maintained in secure areas with limited access.

115.342	**Placement of residents**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.342 Placement of Residents in Housing, Bed, Program, Education, and Work Assignments Evidenced Analyzed: 1. Zero Tolerance Policy 2. Memo from the PREA Coordinator 3. Pre audit questionnaire (PAQ) 4. Interviews with PREA Coordinator, staff responsible for risk screening, Superintendent, and medical and mental health staff. There were no residents in isolation for risk of sexual victimization or who alleged to have suffered sexual abuse. There was no transgender, intersex, gay, lesbian, or bisexual residents. There are no staff that supervise isolation. Findings: (a) Memo from the PREA Coordinator states: CCJDC uses the Risk Screening Tool (Behavioral Screening Form) to help make decisions on the best housing and program assignment in reference to the safety and security of each individual juvenile on a case-by-case basis by the intake officers and Supervisors. Whether it is gang affiliation concerns, age, charge, physical size, behavior concerns, prior victimization or abuse cases, maturity, mental health concerns, or any other information gained that indicates a greater need for supervision, additional safety precautions, or separation from someone currently in one of the pods. (b) CCJDC uses all information obtained under paragraph (1) of this subsection to make housing, bed, program, education, and work assignments for youth. CCJDC does not place youth in isolation as a means of protection. Residents are placed in

	isolation only as a last resort and when less restrictive options are inadequate to ensure safety. Any use of isolation is temporary and accompanied by continued access to education, large-muscle exercise, medical/mental health visits, and programming to the extent possible. Each resident is provided with a single occupancy sleeping room. (c) Lesbian, gay, bisexual, transgender, or intersex youth are not placed in particular housing, bed, or other assignments solely on the basis of such identification or status. CCJDC does not consider such identification or status as an indicator of likelihood of being sexually abusive. (d) For each transgender or intersex youth, makes a case-by-case determination when assigning the youth to a male or female pod and when making other housing and programming assignments, considering the youth's health and safety and any management or security concerns; gives serious consideration to the youth's own views concerning his/her own safety when making placement and programming assignments. Residents will be given the opportunity to shower separately from others. (e) The facility reassesses the placement and programming assignments at least twice each year to review any threats to safety experienced by the youth; and provides the opportunity to shower separately from other youth. (f) The views of transgender and intersex residents regarding their safety and placement preferences are given serious consideration and are documented as part of the decision-making process. (g) Transgender and intersex residents are consistently provided with the option to shower separately to support personal dignity and minimize vulnerability. (h) When a resident is placed in isolation the facility documents: The specific safety concerns prompting the placement; and the justification for determining that no less restrictive alternative was appropriate at the time. (I) A formal review is conducted every 30 days for residents in isolation under paragraph to assess the ongoing necessity of the placement and to explore alternatives.

115.351	**Resident reporting**
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	115.351 Resident Reporting

	Evidenced Analyzed: 1. Zero Tolerance Policy 2. Orientation Acknowledgement Form 3. Memo from the PREA Coordinator 4. Verbal report documentation 5. Site Review 6. Interviews with random staff and residents. There were no residents who reported sexual abuse. 7. Agency website Findings: (a) Youth may report sexual abuse, sexual harassment, retaliation by others for reporting sexual abuse or harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents by filing a written grievance, calling the 24-hour, toll-free hotline maintained by the OIG without being heard by staff or other youth, telling any staff member, volunteer, or contract employee, who must then call the OIG hotline or calling the toll-free number maintained by the Office of Independent Ombudsman (OIO), which is a separate state agency, without being heard by staff or other youth. All options are clearly communicated and accessible to ensure residents feel safe reporting concerns. How to report signage is posted in each unit and other places within the facility. Drop boxes were observed in each unit and other areas within the facility and are kept secured. Postal mail is free and goes out five days a week. A test call was made to TJJD. (b) Residents also have at least one external reporting option through an independent public or private entity authorized to receive and forward allegations by calling the toll-free number maintained by the Office of Independent Ombudsman (OIO), which is a separate state agency, without being heard by staff or other youth. Residents may report anonymously, and the contact information for the external entity is posted in housing units and included in the resident handbook. Exceeding the standard, residents are provided with three ways to report anonymously. They can call TJJD, write to the Ombudsman and file a written grievance. A test call was made to TJJD. According to a memo submitted by the PREA Coordinator: Residents are not held solely for civil immigration purposes. (c) CCJDC accepts verbal and written reports made anonymously or by third parties and promptly documents verbal reports. Anonymous and third-party reports may be submitted to CCJDC by calling the toll-free hotline maintained by the TJJD. CCJDC publicly distributes information on how to report alleged abuse or sexual harassment on behalf of a youth by posting this information on the agency’s website.

	(d) Residents are given ready access to the tools necessary to file written reports, including writing materials, grievance forms, and secure submission boxes in designated areas. (e) Staff are also provided with confidential methods to report any knowledge or suspicion of resident sexual abuse or harassment. Exceeding the standard, reports can be submitted privately to the PREA Coordinator or through secure hotline numbers and email systems.

115.352	**Exhaustion of administrative remedies**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.352 Exhaustion of Administrative Remedies Evidenced Analyzed: 1. Zero Tolerance Policy 2. Site review 3. Pre audit questionnaire (PAQ) 4. There were no residents who reported a sexual assault to interview. Findings: (a) CCJDC investigates all allegations of sexual abuse regardless of how much time has passed since the alleged incident. (b) The facility does not impose any time limit on when a resident may submit a grievance regarding an allegation of sexual abuse. Time limits are applied only to portions of grievances unrelated to allegations of sexual abuse. (c) Youth are not required to use the youth grievance system or the informal conference request system to report an allegation of sexual abuse. Youth are not required to attempt to resolve the allegation with staff. (d) The facility issues a final decision on the merits of any grievance related to sexual abuse within 90 days of its initial filing. This 90-day period excludes any time the resident spends preparing an administrative appeal. The facility may extend the response time by up to 70 additional days if needed and will notify the resident in writing of the extension and the expected response date. If the resident does not receive a response within the stated timeframe, including any extension, the resident may treat the lack of response as a denial at that level. (e) Third parties including residents, staff, family members, attorneys, and outside

	advocates are permitted to assist with or file grievances on behalf of residents alleging sexual abuse. When the request is filed by a third party who is not a parent or legal guardian, the facility may require the resident's consent to proceed and may require the resident to personally complete subsequent steps. If the resident declines to proceed, the facility documents that decision. Parents or legal guardians of juveniles may file grievances and appeals on behalf of the juvenile without needing the juvenile's agreement. Signage is posted in areas where third party reporters may have access too, such as visitation and public lobby. Third party reporting method was tested. (f) The facility has procedures in place for emergency grievances alleging a substantial risk of imminent sexual abuse. Emergency grievances are immediately forwarded to a level where corrective action can be taken. An initial response is provided within 48 hours, and a final decision is issued within 5 calendar days. Both responses document whether the resident was determined to be at substantial risk and what actions were taken. (g) The facility may only discipline a resident for filing a grievance related to sexual abuse if it can be demonstrated that the grievance was submitted in bad faith. No grievances have been filed in the past 12 months.

115.353	**Resident access to outside confidential support services and legal representation**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.353 Resident Access to Outside Support Services and Legal Representation Evidenced Analyzed: 1. Traffick 911 MOU 2. Zero Tolerance Policy 3. PREA Pamphlet 4. Access to Outside Advocacy Posters 5. How to report a PREA incident Posters 6. Memo from PREA Coordinator 7. Site Review 8. Interviews with Superintendent and random residents. There were no residents who reported sexual abuse.

	Findings: (a) CCJDC provides youth with access to outside victim advocates for emotional support services related to sexual abuse by making available mailing addresses and telephone numbers, including toll-free numbers of any local, state, or national victim advocacy or rape crisis organizations. CCJDC also provides youth with on-site access to representatives of such advocacy organizations. CCJDC enables reasonable communication between youth and these organizations and agencies in as confidential a manner as possible. A test call was made. Postal mail goes out five days a week and postage are free. (b) CCJDC informs youth, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. (c) As evidenced by the MOU with Traffick 911, the CCJDC maintains or seeks to enter into agreements with community service providers that are able to provide youth with confidential emotional support services related to sexual abuse. CCJDC maintains documentation of such agreements or attempts to enter into such agreements. D. Confidential communication between residents and their attorneys or legal representatives is ensured. For juvenile residents, the facility also facilitates confidential communication with parents or legal guardians.

115.354	**Third-party reporting**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.354 Third-Party Reporting Evidenced Analyzed: 1. Zero Tolerance Policy 2. Agency website 3. A pamphlet for Parents and Guardians on PREA Reporting Procedures 4. Site Review Findings: (a) CCJDC accepts verbal and written reports made anonymously or by third parties and promptly documents verbal reports. Anonymous and third-party reports may be submitted to CCJDC by calling the toll-free hotline maintained by the OIG. CCJDC publicly distributes information on how to report alleged abuse or sexual

	harassment on behalf of a youth by posting this information on the agency's website. The auditor reviewed the website, and the third-party brochure was posted. The auditor observed third party reporting information in the lobby area.

115.361	**Staff and agency reporting duties**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	15.361 Staff and Agency Reporting Duties Evidenced Analyzed: 1. Zero Tolerance Policy 2. Pre audit questionnaire (PAQ) 3. Interviews with the Superintendent, medical and mental health staff, and random staff Findings: (a) All CCJDC staff members must immediately report to TJJD, in accordance with agency policy, any knowledge, suspicion, or information they receive regarding an incident of sexual abuse; an incident of sexual harassment; retaliation against youth or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to such an incident or retaliation. (b) In addition to the reporting requirement in subparagraph (A) of this paragraph, CCJDC staff must comply with mandatory child abuse reporting laws in Texas Family Code Chapter 261 and with applicable professional licensure requirements (c) Any CCJDC staff who receives a report of alleged sexual abuse is prohibited from revealing any information to anyone other than to the extent necessary, to make treatment, investigation, and other security and management decisions. (d) Medical and mental health practitioners report all suspected sexual abuse to designated supervisors and appropriate agencies, and they inform residents of their reporting responsibilities and limitations on confidentiality prior to providing services. (e) Upon receiving an allegation of sexual abuse, the facility administrator or his/her designee must promptly report an allegation to the alleged victim's parents or legal guardians, unless the facility has official documentation showing the parents or legal guardians should not be notified. If the alleged victim is under the conservatorship of DFPS, the report is made to DFPS. The facility head or designated official promptly notifies appropriate agency officials and the resident's parent or

	legal guardian when allegations involve a juvenile. If the resident is in child welfare custody, their caseworker is notified. If the juvenile is under the jurisdiction of the juvenile justice system, their attorney or legal representative is also notified within 14 days. (f) TJJD assigns all reports of alleged sexual abuse and sexual harassment, including third-party and anonymous reports, to the appropriate investigator.

115.362	**Agency protection duties**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.362 Agency Protection Duties Evidenced Analyzed: 1. Zero Tolerance Policy 2. Documentation of Residents who were in imminent risk of Sexual Abuse 3. Pre audit questionnaire (PAQ) 4. Interviews with the Deputy Director, Superintendent, and random staff Findings: (a) As evidenced by the documentation reviewed concerning residents who were at risk of sexual abuse, the facility takes immediate action upon receiving a report that alleges a youth is subject to a substantial risk or imminent sexual abuse.

115.363	**Reporting to other confinement facilities**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.363 Reporting to Other Confinement Facilities Evidenced Analyzed: 1. Zero Tolerance Policy 2. Memo from the PREA Coordinator

	3. Pre audit questionnaire (PAQ) 4. Interviews with the Deputy Director and the Superintendent Findings: (a) (b) (c) (d) Any staff member must immediately notify the TJJD if he/she receives an allegation that a youth was sexually abused while confined at a juvenile facility not operated by CCJDC and not operated under contract with CCJDC. A CCJDC Administrator or designee will notify the head of the facility or the appropriate office of the agency where the abuse is alleged to have occurred and the appropriate investigative agency as soon as possible, but within 72 hours after receiving the allegation. A Memo from the PREA Coordinator States: CCJDC has no documentation of any necessary reports to other facilities for allegations of abuse in another facility.

115.364	**Staff first responder duties**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.364 Staff First Responder Duties Evidenced Analyzed: 1. Zero Tolerance Policy 2. Requirements of Staff Response Policy 3. Staff First Responder Duties 4. Volunteer and Contractor First Responder Duties 5. Pre audit questionnaire (PAQ) 6. Interviews with security and non-security staff first responders and random staff. There were no residents who reported sexual abuse. Findings: (a) Upon receiving a report that a resident was sexually abused, the facility ensures that the first responding staff member takes the following actions: (1) The alleged victim and abuser are immediately separated to protect the victim and preserve safety. (2) The responder secures and preserves the crime scene until appropriate personnel arrive to collect evidence. (3) If the report is made within a timeframe that allows for the collection of

	physical evidence, the responder instructs the alleged victim to avoid actions that may compromise the evidence, such as washing, brushing teeth, changing clothes, urinating, defecating, smoking, eating, or drinking. (4) Similarly, if the abuse occurred within the evidentiary timeframe, the responder ensures the alleged abuser does not take any actions that could destroy physical evidence. (b) In situations where the first responder is not a security staff member, the responder is required to instruct the alleged victim not to take any actions that could destroy evidence and immediately notify security staff to assume control of the response. All required staff first responder duties have been fully implemented and are actively followed. Information in the PAQ states that they have not had an incident that required first responder response.

115.365	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.365 Coordinated Response Evidenced Analyzed: 1. Zero Tolerance Policy 2. Coordinated Response Plan 3. Interview with the Superintendent Findings: (a) As evidenced by a review of the Coordinated Response Plan, the CCJDC maintains a written plan to coordinate the actions taken among staff first responders, medical and mental health practitioners, investigators, and facility leadership in response to an incident of sexual abuse. This plan ensures all parties collaborate effectively to achieve a successful outcome.

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

	115.366 Preservation of Ability to Protect Residents from Contact with Abusers Evidenced Analyzed: 1. Zero Tolerance Policy 2. Pre audit questionnaire (PAQ) 3. Interview with the Deputy Director Findings: (a) CCJDC will not enter into any agreement that limits its ability to remove alleged staff sexual abusers from contact with youth pending the outcome of an investigation or a determination of whether and to what extent discipline is warranted. (b) The auditor is not required to audit this provision.

115.367	**Agency protection against retaliation**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.367 Agency Protection Against Retaliation Evidenced Analyzed: 1. Zero Tolerance Policy 2. Pre audit questionnaire (PAQ) 3. Interviews with the Deputy Director, Superintendent and the designated staff charged with monitoring retaliation. There were no residents in isolation for risk of sexual victimization or who alleged to have suffered sexual abuse, and there were no residents who reported sexual abuse. Findings: (a) Retaliation by a youth or staff member against a youth or staff member who reports sexual abuse or sexual harassment or who cooperates with an investigation is strictly prohibited. To help prevent retaliation, CCJDC designates certain staff members to monitor the person who reported the allegation and the alleged victim to determine whether retaliation is occurring. Memo from the PREA Coordinator states that CCJDC has had no reports of sexual abuse in the last 12 months. Any sexual harassment allegations that have occurred lead to the facility investigating these allegations, separating juveniles when appropriate, staffing by Administration and Supervisors to seek safest placement for each juvenile involved, and the

	juveniles spoken to as appropriate. The facility has not received any reports of retaliation from such allegations. (b) The facility uses multiple protective measures to protect youth and staff from retaliation, such as housing transfers, removal of the alleged abuser from contact with the alleged victim, and emotional support services for youth or staff who fear retaliation; The facility acts promptly if retaliation is suspected. (c) For at least 90 days following a report, the facility monitors treatment and status of involved individuals. Monitoring may include review of disciplinary actions, housing reassignments, and staff evaluations, with extensions as needed. (d) Residents receive periodic status checks to detect and address any signs of retaliation. (e) If an individual raises concerns about retaliation, the facility takes immediate action to address the situation. (f) The auditor is not required to audit this provision.

115.368	**Post-allegation protective custody**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.368 Post-Allegation Protective Custody Evidenced Analyzed: 1. Zero Tolerance Policy 2. Memo from PREA Coordinator 3. Site review 4. Pre audit questionnaire (PAQ) 5. Interviews with Superintendent, medical and mental health staff. There are no residents in isolation or staff that supervise isolation. Findings: (a) CCJDC does not use segregated housing to protect a youth who is alleged to have suffered sexual abuse. Memo from the PREA Coordinator states that CCJDC has no reports of sexual abuse or post allegation protective custody in the last 12 months. Residents are provided with single private rooms.

115.371	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.371 Criminal and Administrative Agency Investigations Evidenced Analyzed: 1. Zero Tolerance Policy 2. Pre audit questionnaire (PAQ) 3. Site Review 4. Interviews with Superintendent, PREA Coordinator, and investigator. There were no residents who reported sexual abuse. Findings: (a) CCJDC conducts prompt, thorough, and objective investigations for all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports. All investigations are assigned to trained investigators with specialized knowledge in handling cases involving juvenile populations. (b) CCJDC uses investigators who have received special training in sexual abuse investigations involving juvenile victims. (c) Investigators collect and review all available evidence relevant to each allegation, including physical evidence, electronic data, and witness statements. They also examine any prior complaints or allegations involving the same alleged perpetrator to identify patterns or corroborating information. (d) Investigations continue regardless of whether the alleged victim recants their original statement. The agency remains committed to ensuring that all allegations are fully explored and resolved based on the evidence. E) When there is potential for criminal prosecution, it is referred to TJJD or the local law enforcement agency that will conduct all criminal investigations for the Agency, in which their investigators consult with prosecuting authorities prior to conducting any compelled interviews to ensure compliance with legal standards and to preserve the integrity of potential criminal proceedings. (f) The credibility of victims, suspects, and witnesses is assessed individually based on evidence and demeanor. Residents are never required to undergo polygraph examinations or similar truth-verification tests as a condition for moving forward with an investigation. (g) Administrative investigations include a full analysis of whether staff actions or failures to act contributed to the incident. All findings are documented in detailed

	written reports that describe the evidence considered and the basis for the conclusions reached. Information collected during an investigation, including all reports, are maintained in a secure area under lock and key with limited access. (h) Criminal investigations are completed by TJJD or the local law enforcement agency. In criminal investigations, findings are thoroughly documented and include supporting materials such as witness statements, forensic reports, and relevant records. i) When a criminal act is substantiated through investigation, the case is referred to the appropriate prosecuting authority for consideration of formal charges. j) The agency retains all investigation records for the duration of the subject's incarceration or employment, plus an additional five years, unless state law allows for a shorter retention period for juvenile cases. k) The departure of the victim or the alleged perpetrator from the agency does not terminate the investigation. All allegations are pursued to completion, regardless of the individual's custody or employment status. l) The auditor is not required to audit this provision. m) The agency fully cooperates with external investigative entities and makes reasonable efforts to remain informed about the status and outcomes of investigations initiated or conducted by outside authorities.

115.372	**Evidentiary standard for administrative investigations**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.372 Evidentiary Standard for Administrative Investigations Evidenced Analyzed: 1. Zero Tolerance Policy 2. Interview with investigator Findings: (a) The facility uses the preponderance of the evidence standard when determining whether allegations of sexual abuse or sexual harassment are substantiated in administrative investigations.

115.373	**Reporting to residents**

	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.373 Reporting to Residents Evidenced Analyzed: 1, Zero Tolerance Policy 2. Pre audit questionnaire (PAQ) 3. Interviews with the Superintendent and investigator. There were no residents who reported sexual abuse to interview. Findings: (a) Following an investigation into a youth's allegation of sexual abuse suffered in a CCJDC facility, CCJDC informs the youth whether the allegation is substantiated, unsubstantiated, or unfounded. If CCJDC did not conduct the investigation, CCJDC management will request the information from the investigating agency so that the youth may be informed. (b) If the investigation is conducted by an outside agency, the facility requests the outcome to ensure the resident receives notification. (c) When the allegation involves staff misconduct, and the allegation is not unfounded, the resident is notified if the staff member: 1. Is no longer assigned to the resident's unit. 2. Is no longer employed at the facility. 3. Is indicted on a charge related to the abuse; or 4. Is convicted on a charge related to the abuse. (d) If the allegation involves another resident, the facility informs the alleged victim when: 1. The alleged abuser is indicted on a related charge; or 2. The alleged abuser is convicted. (e) All notifications and attempts at notification are documented. (f) The auditor is not required to audit this standard.

115.376	**Disciplinary sanctions for staff**

	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.376 Disciplinary Sanctions for Staff Evidenced Analyzed: 1. Zero Tolerance Policy 2. Memo from the PREA Coordinator 3. Pre audit questionnaire (PAQ) Findings: (a) Staff are subject to disciplinary sanctions, up to and including termination, for violating the facility's sexual abuse or harassment policies. Memo from the PREA Coordinator states that CCJDC has no documentation of terminations, resignations, or other sanctions against staff for violating sexual abuse or sexual harassment policies from the last 12 months. (b) Termination is the presumptive disciplinary action for staff found to have engaged in sexual abuse. (c) Disciplinary sanctions for violations of CCJDC policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are commensurate with the nature and circumstances of the acts committed, the staff member’s disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. (d) CCJDC reports the following actions to any relevant licensing bodies: 1. Terminations of employment for violations of agency sexual abuse or sexual harassment policies. 2. Resignations by staff members who would have been terminated if they had not resigned.

115.377	**Corrective action for contractors and volunteers**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.377 Corrective Action for Contractors and Volunteers Evidenced Analyzed:

	1. Zero Tolerance Policy 2. Memo from the PREA Coordinator 3. Pre audit questionnaire (PAQ) 4. Interview with the Superintendent Findings: (a) Any contractor or volunteer who engages in sexual abuse is immediately prohibited from further contact with residents and is referred to law enforcement and licensing agencies, unless the behavior is clearly not criminal. (b) If a volunteer or contractor violates CCJDC sexual abuse or sexual harassment policies, but does not actually engage in sexual abuse, CCJDC will take appropriate measures and immediately prohibit further contact with CCJDC youth. A memo from the PREA Coordinator states that CCJDC has no documentation of reports of sexual abuse or harassment by contractors or volunteers from the last 12 months.

115.378	**Interventions and disciplinary sanctions for residents**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.378 Interventions and Disciplinary Sanctions for Residents Evidenced Analyzed: 1. Zero Tolerance Policy 2. Pre audit questionnaire (PAQ) 3. Interviews with medical and mental health staff and the Superintendent Findings: (a) Residents may be subjected to disciplinary sanctions only after a formal disciplinary process confirms, either administratively or criminally, that the resident committed resident-on-resident sexual abuse. (b) Any disciplinary sanctions must be commensurate with the nature and circumstances of the abuse committed, the youth’s disciplinary history, and the sanctions imposed for comparable offenses by other youth with similar histories. (c) The disciplinary process must consider whether a youth’s mental disabilities or mental illness contributed to his/her behavior when determining what type of sanction, if any, should be imposed.

	(d) The facility may require participation in counseling or interventions to address underlying behaviors. However, participation is not required for general access to programs or education. (e) Residents may only be disciplined for sexual contact with staff if it is determined the staff member did not consent. (f) Residents who report sexual abuse in good faith, based on a reasonable belief that the conduct occurred, are not disciplined for false reporting if the allegation is unsubstantiated. (g) CCJDC may not discipline a youth if the youth made a report of sexual abuse in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation.

115.381	**Medical and mental health screenings; history of sexual abuse**
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	115.381 Medical and Mental Health Screenings; History of Sexual Abuse Evidenced Analyzed: 1. Zero Tolerance Policy 2. Behavioral Screening follow up Questionnaire for Mental Health 3. Intake Behavioral Screening and Classification Forms 4. Memos from the PREA Coordinator 5. Site Review 6. Pre audit questionnaire (PAQ) 7. Interviews with medical and mental health staff, staff responsible for risk screening and two residents who disclosed sexual victimization at risk screening. Findings: (a) Regardless of the results of the screening forms, and exceeding the standard, CCJDC offers all youth an appointment with a medical and mental health practitioner within 14 days after the intake screening. Memo from the PREA Coordinator states that Behavioral Screening Documentation is completed for each intake that comes into the facility. Staff and Administration use this documentation for safety and security in placement of the juveniles. The auditor reviewed the

	screening forms. (b) Residents identified as having previously perpetrated sexual abuse are also referred for a mental health follow-up within 14 days. (c) Any information obtained related to sexual victimization or abusiveness that occurred in an institutional setting must be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by law. During the site review, medical records were securely maintained with restricted access. (d) Informed consent is obtained before disclosing information about non-institutional sexual victimization, unless the resident is under 18. Memo from the PREA Coordinator states that CCJDC does not have any documentation from residents that would be over 18.

115.382	**Access to emergency medical and mental health services**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.382 Access to Emergency Medical and Mental Health Services Evidenced Analyzed: 1. Zero Tolerance Policy 2. Memo from the PREA Coordinator 3. Interviews with medical and mental health staff and security and non-security staff first responders. There were no residents who reported sexual abuse. Findings: (a) CCJDC ensures that youth 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. A memo from the PREA Coordinator states that depending on the circumstances, the juvenile would immediately be transported to the Baylor Scott Hospital to be seen by a SANE nurse if applicable or an appointment made with the Collin County Advocacy Center for a forensic examination. This information would be kept in the juvenile’s physical file and documented through Techshare online. (b) If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, staff first responders must take preliminary steps to

	protect the victim and must immediately notify the appropriate medical and mental health practitioners. (c) CCJDC ensures that youth victims of sexual abuse while incarcerated are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. (d) All emergency services are provided at no cost to the resident, regardless of whether they identify the abuser or cooperate with the investigation.

115.383	**Ongoing medical and mental health care for sexual abuse victims and abusers**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.383 Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers Evidenced Analyzed: 1. Zero Tolerance Policy 2. Interviews with medical and mental health staff. There were no residents that reported sexual abuse. Findings: (a) CCJDC offers medical and mental health evaluation and, as appropriate, treatment to all youth who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. The evaluation and treatment of such victims include, as appropriate: 1. Follow-up services. 2. Treatment plans. 3. Referrals for continued care following their transfer to other facilities or their release from custody. (b) When residents are transferred, released, or moved to another facility, they receive referrals for continued care to ensure continuity of services. (c) All care is provided at a community-level standard to ensure adequate quality.

	(d) Victims of sexually abusive vaginal penetration while incarcerated are offered pregnancy testing. (e) If pregnancy occurs, the facility provides timely, comprehensive information and access to all lawful pregnancy-related services. (f) STI testing is offered as medically indicated to support the victim's health. (g) All services are provided at no cost to the resident, regardless of participation in the investigation. (h) CCJDC attempts to conduct a mental health evaluation of all known youth-on-youth abusers within 60 days after learning of such abuse history and offers treatment when deemed appropriate by mental health practitioners.

115.386	**Sexual abuse incident reviews**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.386 Sexual Abuse Incident Reviews Evidenced Analyzed: 1. Zero Tolerance Policy 2. Serious Incident Review documents used 3. Memo from the PREA Coordinator 4. Pre audit questionnaire (PAQ) 5. Interviews with Superintendent and members of the incident review team Findings: (a) A sexual abuse incident review is conducted following every completed investigation, except in cases determined to be unfounded. A memo from the PREA Coordinator states that CCJDC has not had a sexual abuse investigation conducted in the last 12 months. The auditor reviewed the documents used during investigations. (b) The review occurs within 30 days of the investigation’s conclusion. (c) The review team includes managers, supervisors, investigators, and medical or mental health practitioners. (d) The team examines:

	1. Whether policy or procedural changes are needed. 2. Potential motivations including bias or group dynamics. 3. Whether the physical layout contributed to the incident. 4. Staffing adequacy at the time of the incident. 5. The use or need for video monitoring or technology improvements. 6. Findings and recommendations are documented and submitted to the facility head and PREA compliance manager. (e) Recommended changes are implemented, or the facility documents reasons for not doing so, ensuring continuous improvement.

115.387	**Data collection**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.387 Data Collection Evidenced Analyzed: 1. Zero Tolerance Policy 2. PREA Investigative log 3. Aggregated Data for the last three years 4. Survey of Sexual Victimization 2023 Summary Form 5. Agency website Findings: (a) CCJDC collects accurate, uniform data for every allegation of sexual abuse at the CCJDC using a standardized instrument and set of definitions. (b) At least annually, CCJDC will aggregate the incident-based sexual abuse data. (c) At a minimum, the incident-based data shall include the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice. (d) CCJDC will maintain, review, and collect data as needed from all available incident-based documents, including reports, investigative files, and sexual abuse

	incident reviews. The auditor reviewed the data reports on the website. (e) CCJDC does not contract with private facilities for the confinement of its residents. (f) Upon request, the agency submits the previous calendar year's data to DOJ by June 30.

115.388	**Data review for corrective action**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.388 Data Review for Corrective Action Evidenced Analyzed: 1. Zero Tolerance Policy 2. Annual Data Review 3. Screen Shot of the Facility Website 4. Interviews with the Deputy Director and the PREA Coordinator Findings: (a) Aggregated data is reviewed to evaluate the effectiveness of the agency's prevention and response efforts. This includes: 1. Identifying areas needing improvement. 2. Taking corrective actions as needed. 3. Preparing an annual report outlining findings and responses. (b) The annual report compares current and past data and actions to assess progress. (c) The agency head approves the report and ensures public availability via the agency’s website. The auditor reviewed the data reports and PREA audit reports on the agency website. (d) When the agency redacts material from an annual report for publication, the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility.

115.389	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.389 Data Storage, Publication, and Destruction Evidenced Analyzed: 1. Zero Tolerance Policy 2. Agency website 3. Site Review 4. Interview with the PREA Coordinator Findings: (a) The agency keeps all incident based and aggregated data securely retained by the PREA Coordinator for at least 10 years. (b) The facility does not contract private facilities for the confinement of its residents. (c) Aggravated sexual abuse data does not include any personal identifiers. The facility may redact specific material from the report that would present a clear and specific threat to the safety and security of the facility but must indicate the nature of the material redacted. The auditor reviewed the information on the department website, and all personal identifiers are redacted. (d) The agency maintains sexual abuse data collected pursuant to §115.387 for at least 10 years after the date of initial collection, unless federal, state, or local law requires otherwise. Historical data was reviewed on the agency website.

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.401 Frequency and Scope of Audits Evidenced Analyzed: 1. Agency Website 2. Site Review: Notice of Audit; Access to Facility

	3. Issue Log 4. Notice of Audit Findings: (a) (b) The agency operates a single facility. This facility has had an audit during each PREA cycle. Audit reports are available on the agency website. This is the third year of the current cycle. (h) The auditor had access to and was able to observe during the site review all areas of the facility. (i) The auditor received copies of any relevant documents requested. (m) Resident interviews were conducted in a private room without staff present. (n) A Notice of Audit was provided to the facility by the auditor at least six weeks in advance. The Notice provided information pertaining to the audit and provided a name and mailing address of the auditor should residents wish to send confidential correspondence to the auditor. No correspondence was received. The Notice was observed posted in each unit and other areas within the facility. The Notice was dated with the posting date and photos were provided to the auditor with written assurance that the Notice was posted at least six weeks in advance of the audit.

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

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

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

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

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

	functions of the facility? (N/A for non-secure facilities)	
115.315 (a)	**Limits to cross-gender viewing and searches**	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.315 (b)	**Limits to cross-gender viewing and searches**	
	Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances?	yes
115.315 (c)	**Limits to cross-gender viewing and searches**	
	Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches?	yes
115.315 (d)	**Limits to cross-gender viewing and searches**	
	Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit?	yes
	In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units)	yes
115.315 (e)	**Limits to cross-gender viewing and searches**	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident’s genital status?	yes
	If a resident’s genital status is unknown, does the facility	yes

	determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	
115.315 (f)	**Limits to cross-gender viewing and searches**	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
115.316 (a)	**Residents with disabilities and residents who are limited English proficient**	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including:	yes

	Residents who have speech disabilities?	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing?	yes
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision?	yes
115.316 (b)	**Residents with disabilities and residents who are limited English proficient**	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.316 (c)	**Residents with disabilities and residents who are limited English proficient**	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's	yes

	safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations?	
115.317 (a)	**Hiring and promotion decisions**	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the bullet immediately above?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
115.317 (b)	**Hiring and promotion decisions**	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents?	yes
115.317	**Hiring and promotion decisions**	

(c)		
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consult any child abuse registry maintained by the State or locality in which the employee would work?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.317 (d)	**Hiring and promotion decisions**	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
	Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents?	yes
115.317 (e)	**Hiring and promotion decisions**	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes
115.317 (f)	**Hiring and promotion decisions**	
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current	yes

	employees?	
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.317 (g)	**Hiring and promotion decisions**	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.317 (h)	**Hiring and promotion decisions**	
	Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.318 (a)	**Upgrades to facilities and technologies**	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	na
115.318 (b)	**Upgrades to facilities and technologies**	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	na
115.321 (a)	**Evidence protocol and forensic medical examinations**	

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

	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.321 (e)	**Evidence protocol and forensic medical examinations**	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.321 (f)	**Evidence protocol and forensic medical examinations**	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency is responsible for investigating allegations of sexual abuse.)	yes
115.321 (h)	**Evidence protocol and forensic medical examinations**	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321(d) above.)	yes
115.322 (a)	**Policies to ensure referrals of allegations for investigations**	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes

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

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

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

	comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
115.333 (c)	**Resident education**	
	Have all residents received such education?	yes
	Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility?	yes
115.333 (d)	**Resident education**	
	Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills?	yes
115.333 (e)	**Resident education**	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.333 (f)	**Resident education**	

	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
115.334 (a)	**Specialized training: Investigations**	
	In addition to the general training provided to all employees pursuant to §115.331, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.334 (b)	**Specialized training: Investigations**	
	Does this specialized training include: Techniques for interviewing juvenile sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: Proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: Sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.334 (c)	**Specialized training: Investigations**	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes

115.335 (a)	**Specialized training: Medical and mental health care**	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.335 (b)	**Specialized training: Medical and mental health care**	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	na
115.335 (c)	**Specialized training: Medical and mental health care**	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes

115.335 (d)	**Specialized training: Medical and mental health care**	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
115.341 (a)	**Obtaining information from residents**	
	Within 72 hours of the resident's arrival at the facility, does the agency obtain and use information about each resident's personal history and behavior to reduce risk of sexual abuse by or upon a resident?	yes
	Does the agency also obtain this information periodically throughout a resident's confinement?	yes
115.341 (b)	**Obtaining information from residents**	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
115.341 (c)	**Obtaining information from residents**	
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history?	yes
	During these PREA screening assessments, at a minimum, does	yes

	the agency attempt to ascertain information about: Age?	
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident’s own perception of vulnerability?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents?	yes
115.341 (d)	**Obtaining information from residents**	
	Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings?	yes
	Is this information ascertained: During classification assessments?	yes
	Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident’s files?	yes
115.341 (e)	**Obtaining information from residents**	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked	yes

	pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	
115.342 (a)	**Placement of residents**	
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments?	yes
115.342 (b)	**Placement of residents**	
	Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged?	yes
	During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise?	yes
	During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services?	yes
	Do residents in isolation receive daily visits from a medical or mental health care clinician?	yes
	Do residents also have access to other programs and work opportunities to the extent possible?	yes

115.342 (c)	**Placement of residents**	
	Does the agency always refrain from placing: Lesbian, gay, and bisexual residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Transgender residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator or likelihood of being sexually abusive?	yes
115.342 (d)	**Placement of residents**	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident’s health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident’s health and safety, and whether a placement would present management or security problems?	yes
115.342 (e)	**Placement of residents**	
	Are placement and programming assignments for each transgender or intersex resident reassessed at least twice each year to review any threats to safety experienced by the resident?	yes
115.342 (f)	**Placement of residents**	
	Are each transgender or intersex resident’s own views with respect to his or her own safety given serious consideration when	yes

	making facility and housing placement decisions and programming assignments?	
115.342 (g)	**Placement of residents**	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
115.342 (h)	**Placement of residents**	
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A for h and i if facility doesn't use isolation?)	yes
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if facility doesn't use isolation?)	yes
115.342 (i)	**Placement of residents**	
	In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes
115.351 (a)	**Resident reporting**	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: 2. Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.351 (b)	**Resident reporting**	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private	yes

	entity or office that is not part of the agency?	
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
	Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment?	yes
115.351 (c)	**Resident reporting**	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.351 (d)	**Resident reporting**	
	Does the facility provide residents with access to tools necessary to make a written report?	yes
115.351 (e)	**Resident reporting**	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
115.352 (a)	**Exhaustion of administrative remedies**	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	no
115.352 (b)	**Exhaustion of administrative remedies**	

	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring an resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes
115.352 (c)	**Exhaustion of administrative remedies**	
	Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
115.352 (d)	**Exhaustion of administrative remedies**	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency determines that the 90 day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension of time to respond is 70 days per 115.352(d)(3)) , does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
115.352 (e)	**Exhaustion of administrative remedies**	

	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	yes
	Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.)	yes
	If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.)	yes
115.352 (f)	**Exhaustion of administrative remedies**	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes

	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
115.352 (g)	**Exhaustion of administrative remedies**	
	If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes
115.353 (a)	**Resident access to outside confidential support services and legal representation**	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?	yes
	Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?	yes
115.353 (b)	**Resident access to outside confidential support services and legal representation**	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and	yes

	the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	
115.353 (c)	**Resident access to outside confidential support services and legal representation**	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.353 (d)	**Resident access to outside confidential support services and legal representation**	
	Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation?	yes
	Does the facility provide residents with reasonable access to parents or legal guardians?	yes
115.354 (a)	**Third-party reporting**	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes
115.361 (a)	**Staff and agency reporting duties**	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or	yes

	information they receive regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	
115.361 (b)	**Staff and agency reporting duties**	
	Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws?	yes
115.361 (c)	**Staff and agency reporting duties**	
	Apart from reporting to designated supervisors or officials and designated State or local services agencies, are staff prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
115.361 (d)	**Staff and agency reporting duties**	
	Are medical and mental health practitioners required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section as well as to the designated State or local services agency where required by mandatory reporting laws?	yes
	Are medical and mental health practitioners required to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.361 (e)	**Staff and agency reporting duties**	
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the appropriate office?	yes
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the alleged victim’s parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified?	yes
	If the alleged victim is under the guardianship of the child welfare system, does the facility head or his or her designee promptly report the allegation to the alleged victim’s caseworker instead of	yes

	the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.)	
	If a juvenile court retains jurisdiction over the alleged victim, does the facility head or designee also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation?	yes
115.361 (f)	**Staff and agency reporting duties**	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
115.362 (a)	**Agency protection duties**	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes
115.363 (a)	**Reporting to other confinement facilities**	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
	Does the head of the facility that received the allegation also notify the appropriate investigative agency?	yes
115.363 (b)	**Reporting to other confinement facilities**	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.363 (c)	**Reporting to other confinement facilities**	
	Does the agency document that it has provided such notification?	yes
115.363 (d)	**Reporting to other confinement facilities**	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in	yes

	accordance with these standards?	
115.364 (a)	**Staff first responder duties**	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.364 (b)	**Staff first responder duties**	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.365 (a)	**Coordinated response**	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
115.366 (a)	**Preservation of ability to protect residents from contact with abusers**	

	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	no
115.367 (a)	**Agency protection against retaliation**	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.367 (b)	**Agency protection against retaliation**	
	Does the agency employ multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services?	yes
115.367 (c)	**Agency protection against retaliation**	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report	yes

	of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.367 (d)	**Agency protection against retaliation**	
	In the case of residents, does such monitoring also include periodic status checks?	yes
115.367 (e)	**Agency protection against retaliation**	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.368 (a)	**Post-allegation protective custody**	
	Is any and all use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342?	yes

115.371 (a)	**Criminal and administrative agency investigations**	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes
115.371 (b)	**Criminal and administrative agency investigations**	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334?	yes
115.371 (c)	**Criminal and administrative agency investigations**	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.371 (d)	**Criminal and administrative agency investigations**	
	Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?	yes
115.371 (e)	**Criminal and administrative agency investigations**	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.371	**Criminal and administrative agency investigations**	

(f)		
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.371 (g)	**Criminal and administrative agency investigations**	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.371 (h)	**Criminal and administrative agency investigations**	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.371 (i)	**Criminal and administrative agency investigations**	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.371 (j)	**Criminal and administrative agency investigations**	
	Does the agency retain all written reports referenced in 115.371(g) and (h) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention?	yes
115.371 (k)	**Criminal and administrative agency investigations**	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency	yes

	does not provide a basis for terminating an investigation?	
115.371 (m)	**Criminal and administrative agency investigations**	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.372 (a)	**Evidentiary standard for administrative investigations**	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.373 (a)	**Reporting to residents**	
	Following an investigation into a resident's allegation of sexual abuse suffered in the facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.373 (b)	**Reporting to residents**	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes
115.373 (c)	**Reporting to residents**	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency	yes

	has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.373 (d)	**Reporting to residents**	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes
115.373 (e)	**Reporting to residents**	
	Does the agency document all such notifications or attempted notifications?	yes
115.376 (a)	**Disciplinary sanctions for staff**	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes

115.376 (b)	**Disciplinary sanctions for staff**	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.376 (c)	**Disciplinary sanctions for staff**	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member’s disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
115.376 (d)	**Disciplinary sanctions for staff**	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
115.377 (a)	**Corrective action for contractors and volunteers**	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.377 (b)	**Corrective action for contractors and volunteers**	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?	yes

115.378 (a)	**Interventions and disciplinary sanctions for residents**	
	Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, may residents be subject to disciplinary sanctions only pursuant to a formal disciplinary process?	yes
115.378 (b)	**Interventions and disciplinary sanctions for residents**	
	Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible?	yes
115.378 (c)	**Interventions and disciplinary sanctions for residents**	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes
115.378 (d)	**Interventions and disciplinary sanctions for residents**	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to offer the offending resident participation in such interventions?	yes

	If the agency requires participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, does it always refrain from requiring such participation as a condition to accessing general programming or education?	yes
115.378 (e)	**Interventions and disciplinary sanctions for residents**	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.378 (f)	**Interventions and disciplinary sanctions for residents**	
	For the purpose of disciplinary action, does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
115.378 (g)	**Interventions and disciplinary sanctions for residents**	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
115.381 (a)	**Medical and mental health screenings; history of sexual abuse**	
	If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?	yes
115.381 (b)	**Medical and mental health screenings; history of sexual abuse**	
	If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening?	yes
115.381 (c)	**Medical and mental health screenings; history of sexual abuse**	

	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
115.381 (d)	**Medical and mental health screenings; history of sexual abuse**	
	Do medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18?	yes
115.382 (a)	**Access to emergency medical and mental health services**	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.382 (b)	**Access to emergency medical and mental health services**	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362?	yes
	Do staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.382 (c)	**Access to emergency medical and mental health services**	
	Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
115.382 (d)	**Access to emergency medical and mental health services**	
	Are treatment services provided to the victim without financial	yes

	cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	
115.383 (a)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.383 (b)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.383 (c)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.383 (d)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)	yes
115.383 (e)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.)	yes
115.383 (f)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.383 (g)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or	yes

	cooperates with any investigation arising out of the incident?	
115.383 (h)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
115.386 (a)	**Sexual abuse incident reviews**	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.386 (b)	**Sexual abuse incident reviews**	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.386 (c)	**Sexual abuse incident reviews**	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.386 (d)	**Sexual abuse incident reviews**	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes

	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.386 (e)	**Sexual abuse incident reviews**	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.387 (a)	**Data collection**	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.387 (b)	**Data collection**	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.387 (c)	**Data collection**	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.387 (d)	**Data collection**	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.387 (e)	**Data collection**	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for	na

	the confinement of its residents.)	
115.387 (f)	**Data collection**	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes
115.388 (a)	**Data review for corrective action**	
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
115.388 (b)	**Data review for corrective action**	
	Does the agency’s annual report include a comparison of the current year’s data and corrective actions with those from prior years and provide an assessment of the agency’s progress in addressing sexual abuse?	yes
115.388 (c)	**Data review for corrective action**	
	Is the agency’s annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.388 (d)	**Data review for corrective action**	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when	yes

	publication would present a clear and specific threat to the safety and security of a facility?	
115.389 (a)	**Data storage, publication, and destruction**	
	Does the agency ensure that data collected pursuant to § 115.387 are securely retained?	yes
115.389 (b)	**Data storage, publication, and destruction**	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.389 (c)	**Data storage, publication, and destruction**	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.389 (d)	**Data storage, publication, and destruction**	
	Does the agency maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	**Frequency and scope of audits**	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
115.401 (b)	**Frequency and scope of audits**	
	Is this the first year of the current audit cycle? (Note: a “no” response does not impact overall compliance with this standard.)	no
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na

	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	yes
115.401 (h)	**Frequency and scope of audits**	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	**Frequency and scope of audits**	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	**Frequency and scope of audits**	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
115.401 (n)	**Frequency and scope of audits**	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403 (f)	**Audit contents and findings**	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes