

# PREA Facility Audit Report: Final

**Name of Facility:** Gulf Coast Trades Center

**Facility Type:** Juvenile

**Date Interim Report Submitted:** 03/01/2019

**Date Final Report Submitted:** 08/22/2019

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
<b>Auditor Full Name as Signed:</b> Joel T. Whitt	<b>Date of Signature:</b> 08/22/2019

AUDITOR INFORMATION	
<b>Auditor name:</b>	Whitt, Joel
<b>Address:</b>	
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<b>Telephone number:</b>	
<b>Start Date of On-Site Audit:</b>	1/19/19
<b>End Date of On-Site Audit:</b>	1/21/19

FACILITY INFORMATION	
<b>Facility name:</b>	Gulf Coast Trades Center
<b>Facility physical address:</b>	143 Forest Service Road, #233, New Waverly, Texas - 77358
<b>Facility Phone</b>	936-344-7846
<b>Facility mailing address:</b>	

Primary Contact	
<b>Name:</b>	Brittany McDougald
<b>Email Address:</b>	brittany.mcdougald@gctcw.org
<b>Telephone Number:</b>	9365776862

Superintendent/Director/Administrator	
<b>Name:</b>	Dale Underwood
<b>Email Address:</b>	dale.underwood@gctcw.org
<b>Telephone Number:</b>	936-344-7899

Facility PREA Compliance Manager	
<b>Name:</b>	
<b>Email Address:</b>	
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<b>Name:</b>	Brittany McDougald
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<b>Facility Health Service Administrator On-Site</b>	
<b>Name:</b>	LeWanda Martin
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<b>Telephone Number:</b>	936-344-7819

<b>Facility Characteristics</b>	
<b>Designed facility capacity:</b>	196
<b>Current population of facility:</b>	111
<b>Average daily population for the past 12 months:</b>	
<b>Has the facility been over capacity at any point in the past 12 months?</b>	No
<b>Which population(s) does the facility hold?</b>	
<b>Age range of population:</b>	15-18
<b>Facility security levels/resident custody levels:</b>	
<b>Number of staff currently employed at the facility who may have contact with residents:</b>	140
<b>Number of individual contractors who have contact with residents, currently authorized to enter the facility:</b>	
<b>Number of volunteers who have contact with residents, currently authorized to enter the facility:</b>	

AGENCY INFORMATION	
<b>Name of agency:</b>	Gulf Coast Trades Center
<b>Governing authority or parent agency (if applicable):</b>	
<b>Physical Address:</b>	143 Forest Service Road, New Waverly, Texas - 77358
<b>Mailing Address:</b>	
<b>Telephone number:</b>	

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

Agency-Wide PREA Coordinator Information			
<b>Name:</b>	Nick Briggs	<b>Email Address:</b>	nick.briggs@gctcw.org

## AUDIT FINDINGS

### **Narrative:**

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-audit, on-site audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.

**Pre-Audit:** The PREA Audit period began on December 5, 2018. The existing Policy A.0155 stated "zero tolerance for sexual abuse". The PREA Compliance Manager was notified and during the on-site it was determined the wrong version of the policy had been uploaded for the PAQ. The PAQ was uploaded into the on-line audit system and reviewed by the auditor. On January 4, 2019 a formal phone call was held between the Agency Head, PREA Coordinator and PREA Compliance Manager in review of the PAQ and in preparation of the on-site to begin on January 19, 2019.

**On-Site:** The onsite component of this PREA Audit occurred on January 16, 17, and 18. During the completion of the onsite it was determined that the policy prior to the first audit had been sent for the PAQ and an updated version of the policy was sent to the auditor. This and verification of staff training of all PREA Requirements were received at the time of the onsite and reconfirmed at the time of this report. During the past 12 months, the Agency reported that there have been an increase allegations of sexual abuse or sexual harassment in their responses to the PAQ. This was verified by documentation and interviews with staff, mental health providers, Agency Head, volunteers and education staff. However, only two involved a criminal act and one was staff on youth. The investigation was handled appropriately, law enforcement completed the criminal investigation, notifications were completed, and staff was terminated. It was identified that some incidents the facility was identifying as "PREA" did not meet the definitions of PREA as investigation determined the sexual misconduct between two youth was consensual. Overall, the interviews of residents reflected that they are aware of and understand the PREA protections and the agency's zero tolerance policy. Residents receive written materials at intake (i.e., Resident Handbook) that provide detailed information about PREA protections, the multiple ways to report sexual abuse or harassment and ways to protect themselves from abuse. Residents initial each section of the orientation materials and sign on the form that they received it with the date included for verification. Residents indicated they understand the various ways to report abuse internally and all residents indicated that they believed staff would respond immediately. Residents were able to articulate to the Auditor what they would do and who they would tell if they were sexually abused or sexually harassed. All residents indicated that they had contact family or guardian outside of the Facility, access to a counselor, access to a teacher, and access to their Juvenile Probation Officer or Child Protective Services Case Worker who could also report to if it was needed. Residents consistently indicated to the auditor that they felt safe in the facility which is a most significant indicator of a positive and sexually safe culture in the facility. All Facility staff interviewed indicated they had received detailed PREA training and could articulate the meaning of the agency's zero tolerance policy. Staff was knowledgeable about their roles and responsibilities in the prevention, reporting and response to sexual abuse and sexual harassment. Staff consistently articulated the variety of reporting mechanisms for residents and staff to use to report sexual abuse or sexual harassment. Overall, most staff demonstrated they were well trained on the PREA first responder's protocol for any PREA related allegation and they could clearly articulate the appropriate steps they would follow if they were the first responder to an incident. The on-site included a tour of the facility that noted that in 3 dorms there were damages to the areas in the showers that blocked possible cross gender viewing. It was noted that these plastic hanging sheets could

easily be damaged in a facility and the maintenance staff indicated it was an on-going process in keeping them repaired. Two toilet areas were identified where the door would not stay shut and could result in cross gender viewing. The facility notified this auditor on 2/7/2019 that these areas had been repaired and a follow-up review on 2/27/2019 verified this. The follow-up review also found that they had been reinforced and were now overlapping to increase coverage. The doors to the toilet areas had been reversed and could no longer provide any possible viewing. During the on-site contact was made with SAAFE House, a community-based organization that provides advocacy, counseling, and victim services; as well as accompanying victims to forensic exams. SAAFE House noted that the number on the posters was not the actual hotline; it was a working number to SAAFE House but would reach an answering service after hours. The facility provided updated posters on 2/7/19 and verification that they were replaced was made on 2/27/19 as they were found in the dorms. During the on-site interviews were held with the Agency Head, PREA Coordinator, PREA Compliance Manager, Medical Staff, Mental Health Contractors, Specialized Staff, 12 Random Staff, 10 Random Residents, and 4 Specialized Residents. The PAQ information, the on-site information and interview information was utilized for each standard to determine compliance or the need for additional information. At the end of the on-site an exit meeting was held with Agency Head, PREA Coordinator, HR Director and PREA Compliance Manager. A standard by standard review was made. Areas where additional information was needed were pointed out. Additionally, the PRC was contacted for assistance in determination of secure/nonsecure facility due to the reduction in the percentage of youth allowed to go off campus to work. PRC's response indicated that since the facility allowed a percentage of residents to leave the facility for work in the community unsupervised it remained a non-secure facility. A total of 23 resident files were reviewed, and 3 investigations were reviewed.

Post-Audit – The PAQ and on-site audit materials were reviewed. Contact with the Agency Head and PREA Compliance Manager obtained additional pieces of information and determined that on 2/27/19 follow-up site visit could be made to view repairs, posters, training and other areas that were noted in the on-site and stated on 2/7/19 to be corrected. On 2/27/19 a total of 17 resident records were reviewed. A total of 5 staff records were reviewed, 5 investigations by a trained investigator and 5 incidences reviewed by the review team.

On 2/28/2019 the Interim Report was issued and the Agency and facility entered a period of Corrective Action.

On 5/19/2019 the updated Staffing Plan was received and found to be compliant with standards.

On 8/21/2019 the revised 2017 Annual Report and 2018 Annual Report were received and revised and found compliant with standards.

On 8/21/2019 the GCTC was determined to be compliant with all applicable standards.

## AUDIT FINDINGS

### Facility Characteristics:

The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate or resident population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.

The 57-acre GCTC campus is located in the Sam Houston National Forest. It comprises 25 different buildings including a 10,000-square-foot GCTC Administration Building, the Family/Life/Visitor Center (Center), a gymnasium, eight (8) dormitories, an infirmary, and a cafeteria. The Center includes visitor facilities and banquet and meeting facilities. The north side of that building houses the school's information technology and social services departments, while the south side of the building houses the counselor and the residential department managers and supervisors. The vocational training class area is located in the south side of the Center.

GCTC has a designed capacity of 196 and the facility is designed to house residents aged 15 through 17. The facility's security level is rated as a "moderate" and the resident custody levels range is considered "moderate to specialized" per interviews with staff and the information provided via the Pre-Audit Questionnaire. GCTC is not considered a "secure" facility, per PREA, as residents are expected, and required, to leave the facility and take part in community activities (e.g., vocational training, employment opportunities, etc.). During these offsite activities they are unsupervised by GCTC staff.

As of January 2018, the facility was authorized to employ up to 141 staff members. All staff are considered 'security' staff for the purpose of the staff-to-resident ratio as defined by PREA. The facility has two security cameras located in the gym area that were not operational during the time of the audit. Staff noted that all security cameras were disabled due to a licensing ruling and had not been utilized since before the previous PREA Audit in 2015.

Medical care services are provided onsite via the medical staff and more severe cases are referred to local area medical clinics and hospitals. Contracted mental health therapists and staff caseworkers provide mental health services onsite. At the time of this PREA audit, there were five (5) active volunteers and 16 contractors authorized to enter the facility.

## AUDIT FINDINGS

### Summary of Audit Findings:

The summary should include the number of standards exceeded, number of standards met, and number of standards not met, along with a list of each of the standards in each category. If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance. Auditor Note: No standard should be found to be "Not Applicable" or "NA". A compliance determination must be made for each standard.

<b>Number of standards exceeded:</b>	0
<b>Number of standards met:</b>	43
<b>Number of standards not met:</b>	0

There are a total of 43 standards reviewed in this Final PREA Audit Report. Most standards have between 1-10 subsections. To achieve compliance on any given standard, the facility must achieve 100% compliance with each and every subsection within the standard. GCTC has completed its period of Corrective Action and provided multiple forms of evidence to determine that the facility has met compliance with all applicable standards.

The compliance performance is shown for the Final Audit Report issued August 22, 2019.

Number of standards exceeded: 0

Number of standards met: 43

- §115.311, §115.312; §115.313; §115.316; §115.317; §115.318;
- §115.321; §115.322;
- §115.331; §115.332; §115.333; §115.334; §115.335
- §115.341; §115.342
- §115.315; §115.352; §115.353; §115.354;
- §115.361; §115.362; §115.363; §115.364; §115.365; §115.367; §115.368;
- §115.371; §115.372; §115.373; §115.376; §115.377; §115.378; and
- §115.381; §115.382; §115.383; §115.386; §115.387; §115.388; §115.389; §115.401; §115.403

Number of standards not met: 0

Number of standards not applicable: 0

Total Standards: 43

## **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	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> <li>1. Gulf Coast Trade Center Policy A.0155 – Section: Student Related Procedures, Regarding: Alleged Sexual Abuse, Reference: PREA, Effective 04/31/2014, Revised 01/18/2019. Pages 1-5</li> <li>2. Agency and Facility Organizational Chart</li> <li>3. Interviews with the following: <ol style="list-style-type: none"> <li>a. PREA Coordinator</li> <li>b. PREA Compliance Manager</li> <li>c. Agency Head</li> <li>d. 12 facility random resident and 4 specialized resident interviews</li> <li>e. Interviews with 10 Security Staff</li> <li>f. Interviews with Specialized Staff (1 First Responder, 1 PREA Incident Review Team Member, 1 Mental Health Contractor, 1 Medical Staff, 1 Investigator, 1 Human Resource Manager, 1 Volunteer, and 1 Education Staff Member)</li> </ol> </li> <li>4. Staff and Volunteer Training Records</li> <li>5. Pre-Audit Questionnaire</li> </ol> <p>Findings (By Subsection):</p> <p>Subsection (a)</p> <p>The Agency has a comprehensive policy on sexual abuse and sexual harassment contained throughout the Gulf Coast Trade Center (GCTC) Policy A-0155 pages 1-5. The policy clearly mandates zero tolerance towards all forms of sexual abuse and sexual harassment and outlines the Agency’s approach to preventing, detecting and responding to any allegation of sexual abuse or sexual harassment or suspicion of. The policy details definitions that are compliant with the PREA definitions on page 2. The policy further outlines the agency’s approach to preventing, detecting, and responding to sexual abuse and sexual harassment. Policy A.0155 also provides detailed employee corrective actions and disciplinary sanctions for conduct that meets the definition of sexual abuse or sexual harassment. It was determined that the Policy uploaded during the Pre-Audit to the on-line reporting site was an incorrect version that did not include the term Sexual Harassment in the Policy. During the Onsite Audit verification that staff and youth were aware of the correct policy and terminology was verified through interviews. Staff and volunteer training records, resident education records, facility posters, and presentation of the correct Policy verified institutionalization of implementation of a zero tolerance policy for sexual abuse and sexual harassment. On 1-19-2019 verification of a revised and dated version of the policy replacing all previous policies was provided. Verification by the Agency’s administration was also provided that all previous copies of the incorrect policy had been removed from electronic storage. Evidence reviewed including; Interviews, Policy, Organizational Charts and Training Records, provides evidence of compliance with this subsection. During the pre-audit portion of this Audit it was determined that the version of Policy A.0155 that was uploaded to the On-Line Audit system. The current Policy A.0155 was provided and reviewed. The current Policy A.0155 clearly states a “zero tolerance for sexual abuse and sexual harassment” and includes the correct definitions.</p>

Based-on on all other evidence of this policy being institutionalized (interviews, postings, training records, and references in other policies and documents to a zero tolerance for sexual abuse and sexual harassment) the agency and facility were determined to be compliant and meet the standard on 2/7/2019.

Subsection (b)

The Agency has designated the Deputy Director, Mr. Nick Briggs as the PREA Coordinator. Mr. Briggs is housed at the single Facility at the Gulf Coast Trade Center. Mr. Briggs and his Supervisor the Agency Head Dr. Dale Underwood ensure that staff training is completed as required by policy and standard. The Agency/Facility also employs a PREA Compliance Manager Ms. Brittany McDougald. Interviews with the Agency Head, PREA Coordinator and PREA Compliance Manager all resulted in reports that both the PREA Coordinator and PREA Compliance Manager had sufficient time and authority to develop, implement, and oversee agency efforts to comply with PREA Standards. The evidence reviewed including: Policy, Interviews, visual confirmation, and review of the Organizational Charts each indicated compliance with subsection.

Subsection (c)

The Agency has a single Facility. Both the PREA Coordinator and PREA Compliance Manager are located within the Facility. Verification of the PAQ onsite and evidence reviewed including Facility, Interviews, and Policy each indicate compliance.

115.312	<b>Contracting with other entities for the confinement of residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> <li>1. Interviews <ol style="list-style-type: none"> <li>a. Agency Head</li> <li>b. PREA Coordinator</li> <li>c. PREA Compliance Manager</li> </ol> </li> <li>2. Pre-Audit Questionnaire</li> </ol> <p>Subsection (a)  The Agency is not licensed or authorized by the State of Texas to act as a child placing agent and is not able to contact for the confinement or placement of residents at another facility. Verification of compliance was determined through interviews with the Agency Head, PREA Coordinator, and PREA Compliance Manager. It was determined that the Facility does not contact with other entities for the confinement of residents and is compliant with standard.</p> <p>Subsection (b)  The Agency is not licensed or authorized by the State of Texas to act as a child placing agent and is not able to contact for the confinement or placement of residents at another facility. Verification of compliance was determined through interviews with the Agency Head, PREA Coordinator, and PREA Compliance Manager. It was determined that the Facility does not contact with other entities for the confinement of residents and is compliant with standard.</p> <p>Corrective Action: None.</p>

115.313	<b>Supervision and monitoring</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> <li>1. Facility Staffing Plan</li> <li>2. Facility schematics and diagrams of physical plant layout</li> <li>3. Gulf Coast Trade Center Policy A.0155 pages 3-4</li> <li>4. Unannounced Rounds – Unannounced Round Log Maintained by the PREA Compliance Manager.</li> <li>5. Interviews with the following: <ol style="list-style-type: none"> <li>a. PREA Coordinator</li> <li>b. PREA Compliance Manager</li> <li>c. Agency Head</li> </ol> </li> <li>6. On-site review of housing areas and program areas of facility (Intake Area, Resident Day Areas, Kitchen, Dinning, Storage Areas, Education/Raven School, Mental Health/Case Management, Administrative, and Unused Buildings in Perimeter Areas.)</li> <li>7. Pre-Audit Questionnaire</li> </ol> <p>Findings (By Subsection):</p> <p>Subsection (a)</p> <p>The facility has been identified by the auditor as non-secure. As there was a change in the percentage of residents allowed to leave site into the community of 50% from the time of the last audit this determination was submitted to the PREA Resource Center for review. The determination that the facility was non-secure was supported by the PREA Resource Center in writing because a percentage of the residents were able to leave the facility and enter the community for employment purposes and that this percentage could be variable. The agency has developed a staffing plan for a non-secure facility. The Staffing Plan provided and dated 4/17/2018 was developed to provide adequate levels of staffing to meet state licensing ratios and PREA Standards. Interviews with the Agency Head and PREA Coordinator indicate that a great deal of effort has been placed in the research and development of a plan to add video monitoring to better protect residents against sexual abuse. This information should be included in the updates to the Staffing Plan. It was also indicated that the obstacles to video monitoring were largely due to the State’s Child Care Licensing who were opposed to PREA compliant video monitoring in dorms and resident areas. The staffing plan did not state the consideration of the prevalence of substantiated and unsubstantiated incidents of sexual abuse at the facility. The staffing plan was developed in accordance to the generally accepted guidelines of a non-secure facility and reported no judicial findings or findings of inadequacy from Federal investigative agencies. Interviews did indicate that the facility was on corrective action by Child Care Licensing related to staffing and supervision; however, this was not identified in the Staffing Plan which is required by this standard as “any findings from internal or external oversight bodies”. The staffing plan did not focus on the entire facility as there are multiple blind spots, outlying buildings that are not covered or mentioned in the staffing plan. Video monitoring would assist in monitoring these areas, but the current Staffing Plan should address how all areas of the facility shall be monitored. Interviews with the PREA Coordinator, PREA Compliance Manager, and Agency Head indicated that the composition of the resident</p>

population has changed. The facility has addressed this with training and additional supervision strategies; this should be added to the Staffing Plan; however, the current staffing plan provides a summary of the composition of the residents at the facility. The Staffing Plan provides a basic summary of the supervisory staff's availability at the facility. The facility is required to meet multiple state standards established by both the Child Care Licensing and Juvenile Justice. The Staffing Plan should include these standards and how they are met. The Staffing Plan provided included other relevant factors for the facility.

Subsection (b)

The staffing plan requires deviations be documented and reviewed. The facility keeps detailed reports of deviations and monthly summary reports of the deviations from the Staffing Plan. It is apparent that the facility is attempting to meet the Staffing Plan; however, in the month of November there were 45 deviations. There were 5 PREA allegations during November and 4 of the 5 of these allegations occurred when the facility was not compliant with the ratio. Review of the Deviation Reports and Summaries indicate that staff calling in due to illness or not reporting to work are the primary cause of deviations. Additionally, the PREA Compliance Manager and Agency Head indicate there has been high turnover due to a new facility opening a few miles away that pays significantly more per hour for security staff. The facility has increased recruiting efforts, implemented mandatory overtime, provided incentives and is taking multiple steps to increase reduce the number of deviations.

Subsection (c)

The GCTC facility is a non-secure facility.

Subsection (d)

The Staffing Plan is currently reviewed and signed by the PREA Coordinator annually. Interviews indicate that annually the Staffing Plan is established, prevailing staff patterns are reviewed, consideration of video monitoring is on-going, and there is an on-going review of resources available to commit to ensure adherence to the staffing plan. At the time of the on-site audit there was no documentation that included all of these requirements.

Subsection (e)

GCTC has been determined non-secure; however, Gulf Coast Trade Center Policy A.0155 pages 3-4 includes unannounced rounds to be completed by an Administrator on Duty to identify and deter sexual abuse and sexual harassment. Policy requires that unannounced rounds be completed at least twice per month on each shift. Policy prohibits staff from notify other staff that unannounced rounds are occurring. Policy requires the documentation of unannounced rounds. Eleven (11) months of unannounced rounds were reviewed during the audit. It was determined that unannounced rounds were completed at least two times per month and on each shift. It was recommended that they facility utilize a uniform method of documentation. As the facility is non-secure it was determined that the facility exceeds the standard.

Corrective Action: The Staffing Plan dated 4/17/18 did not specifically address all requirements of subsection a of the standard. A revised Staffing Plan dated 2/7/2019 was received that included greater detail and the prevalence of incidents related to sexual abuse or sexual harassment. The Staffing Plan should be updated to specifically address: 1) any findings of inadequacy from internal or external oversight bodies (currently the plan states there are

findings but does not elaborate); 2) all components of the facilities physical plan (including “blind spots” or areas where staff or residents may be isolated – this should include the multiple outlying buildings around the facilities property). Additionally, the facility must document annual PREA Coordinator consultation where the agency has assessed, determined and documents what adjustments are needed to: 1) staffing plan; 2) Prevailing staffing patterns; 3) deployment of video monitoring systems and other technology; and 4) the resources the facility has available to ensure adherence to the staffing plan. Interviews with the Agency Head, PREA Coordinator, and PREA Compliance Manager all verified this was occurring and each provided excellent examples of how this was accomplished due to the increased deviations and challenges in meeting ratio; however, there was no complete documentation of the process. The Staffing Plan must be updated to include the identified requirements and documentation of the PREA Coordinators consultation of the agency’s assessment, determination, and documentation of the adjustments needed to the staffing plan, prevailing staffing patterns, deployment of video monitoring, and the resources available to ensure adherence to the staffing plan must be provided.

On 5/19/2019 a revised staffing plan was received by this auditor from Mr. Nick Briggs, PREA Coordinator for GCTC. The revised and approved staffing plan was updated to include: 1) any findings of inadequacy from internal or external oversight bodies; 2) all components of the facilities physical plan. Additionally, the facility documented the annual PREA Coordinator consultation where the agency has assessed, determined and documents what adjustments were needed to: 1) staffing plan; 2) Prevailing staffing patterns; 3) deployment of video monitoring systems and other technology; and 4) the resources the facility has available to ensure adherence to the staffing plan. Based on the evidence received on May 19th, 2019, compliance with standard was determined.

115.315	<b>Limits to cross-gender viewing and searches</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> <li>1. GCTC Policy A.0155 e. i-iii page 4</li> <li>2. Interviews with the following: <ol style="list-style-type: none"> <li>a. Random Staff</li> <li>b. Random Residents</li> <li>c. Facility Head</li> </ol> </li> <li>3. Tour of Facility</li> </ol> <p>Findings (By Subsection):</p> <p>Subsection (a)  GCTC Policy A.0155 e. i. 1 page 4 states GCTC does not perform strip searches of youth. There is no exigent circumstances exemption in their policy. In the responses to the PAQ, the agency reports that no cross-gender searches of residents have occurred. During the Onsite Audit verification of materials provided during the Pre-Audit through the PAQ and upon request was made through the review of documentation, the facility, and interviews with residents and all staff interviewed. The evidence reviewed included the Policy and Interviews; each provided evidence of compliance with this subsection.</p> <p>Subsection (b)  GCTC indicated in the PAQ that cross-gender pat-down searches are not allowed and reports that no cross-gender pat down searches of residents have occurred. Interviews with random security staff, random youth, and the facility head all support that cross-gender pat-downs are prohibited. The evidence reviewed included the PAQ and interviews with staff and residents; each provided evidence of compliance with this subsection.</p> <p>Subsection (c)  GCTC Policy A.0155 e. i. 1 page 4 states GCTC does not perform strip searches of youth. There is no exigent circumstances exemption in their policy. In the responses to the PAQ, the agency reports that no cross-gender searches of residents have occurred. During the Onsite Audit verification of materials provided during the Pre-Audit through the PAQ and upon request was made through the review of documentation, the facility, and interviews with residents, random staff, and the facility head. All interviews indicated that there were no strip searches (including no cross-gender), body cavity searches (including no cross-gender) or cross-gender pat-down searches. The evidence reviewed included the Policy and Interviews; each provided evidence of compliance with this subsection.</p> <p>Subsection (d)  GCTC Policy A.0155 e. ii page 4 states youth are able to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts and genitalia, except in exigent circumstances or when such viewing is incidental to routine room checks. Interviews with random residents, random security staff, and PAQ all support that this Policy is enforced as 100% of residents and 100% of staff indicated that residents</p>

were free from cross gender viewing when showering, performing bodily functions, and changing clothing. Review of the facility found that efforts have been made in each restroom to provide a direct sight barrier to the shower and restrooms to prevent cross gender viewing. However, resident damage and wear and tear on these barriers have created gaps that allow unobstructed views into the showers within the dorms and do not prevent cross-gender viewing. Additionally, restroom there were restroom stalls where the door would not remain closed on its own and would allow for viewing by female staff based on staff placement in the facility. Two residents indicated in their interviews that efforts to “fog” the barriers were recent and had not been in place. Each restroom had multiple showers and only the first shower could be viewed due to the wear and tear on or gaps in the barrier. Based on the visual inspection the facility during the on-site Audit 1-18-2019, compliance with the subsection has not been met.

During the on-site audit the dorms had been equipped with hanging plastic strips to block the view into the showers by opposite gender staff. Wear and tear on the hanging plastic left the shower in the doors open to full view. Additionally, toilets were identified that the door would not stay shut on their own. The facility had painted many of the hanging plastic slats to “blur” or obstruct the view from opposite gender staff into the shower areas; however, in many areas this paint was not high enough to block the “breast” area of the residents in the shower. It was also noted in resident interviews that two residents indicated the paint in their shower area was new. The facility must repair the hanging plastic with colored plastic or paint the plastic to obstruct the view of the genitals, buttocks, and breasts of residents. The restroom doors should be repaired to remain shut through latches or magnetic strips or some other way. Auditor will return to the facility to review the repairs as part of the corrective action. As of 2-14-19 the facility indicates the repairs have been made and requests review on 2-27-19. Review of each resident dorm, shower, and restroom on 2-27-19 found that repairs had been made that prevented possible cross gender viewing into the shower areas or the toilets with the doors that did not fully close. The facility has changed the hinges on the toilet doors so that the doors open in the opposite direction. This fully prevents any viewing unless the door is fully and intentionally pushed open. The maintenance department had redesigned the way the plastic strips hang so that there is now overlap in the slats that provides increased “fogging or blurring”, increased the length, and number of these slats and further fogged with paint. The redesign fully prevents cross gender viewing of residents in the showers. The new design is anticipated to hold up to the wear and tear of the population served and showed that the requirements of the subsection had been met as of 2-27-19.

#### Subsection (e)

GCTC Policy A.0155 prohibits searches or physical examinations of a transgender or intersex resident for the sole purpose of determining the resident’s genital status. Interviews with staff indicate they have been trained and are knowledgeable on this policy and they do not conduct these type searches. The evidence reviewed included the Policy and Interviews; each provided evidence of compliance with this subsection.

#### Subsection (f)

Agency Staff Training and Orientation Requirements requires residential/security staff to be trained on how to conduct searches of residents including transgender and intersex residents before working with residents. The evidence reviewed included the Policy, Training Records, and Interviews; each provided evidence of compliance with this subsection.

	Corrective Action: None
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115.316	<b>Residents with disabilities and residents who are limited English proficient</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> <li>1. GCTC Policy A.0155 f i-iii page 4 and 5</li> <li>2. Interviews with the following: <ol style="list-style-type: none"> <li>a. Agency Head</li> <li>b. PREA Coordinator</li> <li>c. PREA Compliance Manager</li> <li>d. Random Staff</li> </ol> </li> </ol> <p>Findings (By Subsection):</p> <p>Subsection (a)  GCTC Policy A.0155 f. i, ii, iii pages 4 and 5 ensures that disabled residents; including those who are deaf/hard of hearing or those that are blind or visually impaired, and those who have intellectual, psychiatric, or speech disabilities, have equal access to all aspects of the facility's PREA protections. The Agency has made provisions for all disabled youth through a counseling staff, Special Education Staff, and educational materials to fit the need of the resident. The evidence reviewed included the Policy, viewing of posters, and Interviews; each provided evidence of compliance with this subsection.</p> <p>Subsection (b)  GCTC Policy A.0155 page 4-5 ensures that residents who are limited English proficient (LEP) have access to all aspects of the facility's PREA protections. Posters were identified in resident areas stating the zero tolerance for sexual abuse and harassment and mechanisms for reporting in both English and Spanish. Both the Agency and Facility Staff indicate that there are staff who are Bi-Lingual (English and Spanish) and that as necessary the Agency would provide access to interpreters if staff were unable to meet the resident's needs. It was indicated that LEP students were infrequent but translators who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary will be secured if resources are not immediately available. The evidence reviewed included the Policy and Interviews; each provided evidence of compliance with this subsection.</p> <p>Subsection (c)  Agency Policy A.01555 f. iii 2 indicates that the Agency does not use of resident interpreters, resident readers, or other types of resident assistants except in limited circumstances as authorized by this standard. Interviews with staff members consistently revealed that resident interpreters are never used, and staff could articulate why using resident interpreters is not considered a best practice. Staff interviews indicate there are staff who are Bi-Lingual (English and Spanish) who are also available for translator services and that the Agency would provide translator services as needed if existing resources were inadequate. The evidence reviewed included the Policy and Interviews; each provided evidence of compliance with this subsection.</p> <p>Corrective Action: None.</p>



115.317	<b>Hiring and promotion decisions</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> <li>1. GCTC Policy A.0155 g i-vii pages 5-6</li> <li>2. Employment Application Form (as of date of on-site audit)</li> <li>3. Professional Reference Check Form</li> <li>4. Personnel Files for Existing Staff (13 reviewed onsite)</li> <li>5. Interviews with the following: <ol style="list-style-type: none"> <li>a. Administrative (Human Resources) Staff</li> <li>b. PREA Coordinator</li> <li>c. Volunteer</li> </ol> </li> </ol> <p>Findings (By Subsection):</p> <p>Subsection (a)  GCTC Policy A.0155 g. i. 1 and 2 page 5 provides the disqualifications from employment with the agency and the prohibition tracks this PREA standard. Evidence that this information was viewed onsite in employee files. At the time of the on-site Audit it was determined based on the existing policy that this policy was not being applied for promotions. The policy revised and received on 01-19-2019 included the required language in the policy for promotions. The Agency requires the needed background checks for volunteers and contractors. Self-disclosure is included in the signed contracts reviewed onsite and volunteer applications. The evidence reviewed included the Policies Form Review, File Review and Interviews; each provided evidence that the Agency should document the self disclosures in the considerations of all promotions. On 2/7/19 the Agency provided their Interview Rating Form required for Promotions that includes the required questions pursuant to the subsection. On 2/27/19 the form was reviewed on-site and it was determined it was in place; however, there had been no promotions in 2019 and there are presently no openings that would result in a promotion for existing staff. Based on the evidence provided, compliance with subsection has been met.</p> <p>Subsection (b)  Policy A. 0155 i, ii, iii, iv, v, vi, and vii pages 5 and 6 and interviews performed on site indicate that the agency takes into consideration any incidents of sexual harassment in determining whether to hire or promote an applicant. The evidence reviewed included Policy, File Review and Interviews; each provided evidence of compliance with this subsection.</p> <p>Subsection (c)  GCTC Policy A.0155 g. i-vii contains the requirements for the performance of background checks, consultation with the child abuse registry maintained by the Texas Department of Family and Protective Services, and commitment to best effort to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of sexual abuse. Policy requires criminal history checks from the Texas Crime Information Center (TCIC) and the National Crime Information Center (NCIC). Additionally, applicants must have checks in the Fingerprint Applicant Services of</p>

Texas (FAST) and the Fingerprint-based Applicant Clearinghouse of Texas (FACT) through the Texas Department of Public Safety. Checks must be received prior to employment. Additionally, policy requires the Agency to consult the local child abuse registry and the child abuse registry of any state where the applicant has resided in the last 10 years. The Auditor reviewed personnel files for new hires and the documentation showed that the required checks are being conducted. All employees, contractors, volunteers and interns are entered into the system and rechecked every two years. FAST provides immediate reports to Agency and Facility Head of any arrests or violations. The Facility also utilizes the Texas Department of Family and Protective Services Registry Check and the Texas Juvenile Justice Department's system which monitor all institutional investigations in the state to prevent employees from leaving in mid-investigation and seeking employment at another facility. The evidence reviewed included the Policies Form Review, File Review and Interviews; each provided evidence of compliance with this subsection.

Subsection (d)

GCTC Policy A.0155 g iv 1 and 2 and v requires that a criminal background check and DFPS child abuse registry check be completed on all contractors prior to enlisting their services. Interviews and review of contractor files indicated compliance with this policy and subsection.

Subsection (e)

Facility maintains and active subscription to the FAST System and all employees, contractors, volunteers and interns are entered into the system and rechecked every two years. FAST provides immediate reports to Agency and Facility Head of any arrests or violations. The Facility also utilizes the Texas Department of Family and Protective Services Registry Check and the Texas Juvenile Justice Department's system which monitor all institutional investigations in the state to prevent employees from leaving in mid-investigation and seeking employment at another facility. The evidence reviewed included the Policies Form Review, File Review and Interviews; each provided evidence of compliance with this subsection. Documentation indicated that background checks are completed every two years; 100% of files reviewed indicated this had occurred. Based on the evidence reviewed compliance with this subsection was determined.

Subsection (f)

Interviews and file review indicated that new hires were asked about previous misconduct as described in paragraph a; however, these questions were not asked in instances of promotions and were not documented for promotions. On 2/7/19 the Agency provided their Interview Rating Form required for Promotions that includes the required questions pursuant to the subsection. On 2/27/19 the form was reviewed on-site, and it was determined it was in place; however, there had been no promotions in 2019 and there are presently no openings that would result in a promotion for existing staff. Based on the evidence provided, compliance with subsection has been met.

Subsection (g)

GCTC Policy A.0155 g vi states that omissions regarding misconduct identified in subsection a shall be grounds for termination of employment. Interviews with the PREA Coordinator and the Agency Head indicated that this was accurate and the presumptive disciplinary action. Based on the evidence reviewed compliance with subsection was determined.

Subsection (h)

GCTC Policy A.0155 vii indicates that unless prohibited by law GCTC provides information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer. Interviews with the PREA Coordinator, Human Resource Director, and Agency Head supported this policy. The evidence provided supported compliance with subsection.

Corrective Action: None

115.318	<b>Upgrades to facilities and technologies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> <li>1. Interviews with the following: <ol style="list-style-type: none"> <li>a. Agency Head</li> <li>b. PREA Compliance Manager</li> <li>c. PREA Coordinator</li> </ol> </li> <li>2. Site Review and Tour of Building and Infrastructure (interior and exterior).</li> <li>3. Review of camera placement (cameras are not operational and are not in restrooms, showers or resident living facilities).</li> <li>4. GCTC Policy A.0155 h. i-ii page 6</li> </ol> <p>Findings (By Subsection):</p> <p>Subsection (a)  Since 2015 the Facility has opened two additional dorms inside existing buildings. Child Care Licensing in Texas required the Facility to create “bedrooms” within the dorm instead of the “open bay” style in existing dorms. Licensing required the inclusion of natural light. Interviews and inspection of the dorm rooms show that the natural light sources (windows) were placed high enough to prevent viewing from the outside. The rooms were set to house more than two residents to prevent two residents from being in a room together. Single occupancy rooms were identified. It was apparent that the modifications were made to meet the requirements of the state but that considerations were made to protect the residents from sexual abuse.</p> <p>Subsection (b)  Currently no video monitoring systems are being utilized by the Facility. Interviews with the Agency Head identified that there are plans to include video monitoring and funds have been secured to include the system. The plan reviewed showed that there would be no cameras in the restrooms, showers, or designated changing areas. The proposed plan would significantly reduce the risk of sexual abuse at the facility. Additionally, the use of video monitoring as proposed would provide additional supervision and support to staff members. The interview with the Agency Head indicated that the barrier to completing the plan for video monitoring was Child Care Licensing who is opposed to the plan for video monitoring at the facility. The Agency and Facility are still working to resolve this issue and utilize their plan for video monitoring.</p> <p>Corrective Action: None.</p>

115.321	<b>Evidence protocol and forensic medical examinations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> <li>1. GCTC Policy A.0155 VI. A i-iv pages 6-7</li> <li>2. Interviews with the following: <ol style="list-style-type: none"> <li>a. Random Staff</li> <li>b. PREA Compliance Manager</li> <li>c. PREA Coordinator</li> </ol> </li> <li>3. Contact and Verification with the that has Sexual Assault Nurse Examiners on call in the event that a sexual assault victim presents at the Emergency Room.</li> <li>5. Memorandum of Understanding between the Agency and the SAAFE House.</li> <li>6. Memorandum of Understanding between the Agency and the Walker County Sheriff's Office</li> <li>7. Sexual Abuse First Responders Protocol – Agency's Coordinated Response Plan</li> <li>8. Email correspondence between PREA Coordinator and the St. Joseph's Medical Center in Livingston Administration and Sheriff's Office.</li> <li>9. Investigator Training Records</li> </ol> <p>Findings (By Subsection):</p> <p>Subsection (a):</p> <p>The Agency conducts administrative investigations on all allegations of sexual abuse. GCTC Policy A.0155 VI. A i-iv pages 6-7 states the protocols used are adapted from the national protocol referenced in this standard. Staff interviews found that all security staff were able to describe how protocols to maximize the potential for obtaining usable physical evidence for administrative proceedings and proceedings and criminal prosecutions following practices adapted from the National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents. Staff training records supported that staff were trained to follow these protocols. At the time of the on-site audit there were no trained investigators. The agency must provide the auditor with a list of investigators and verification that they have completed and understood the required investigative training as described in 115.334. On 2/27/2019 this auditor reviewed the training records of their investigators who had received training. Review of investigation records indicated that these trained investigators had completed investigations since the time of their training and were actively engaged in the Review Team.</p> <p>Subsection (b):</p> <p>The protocol used by the Agency is adapted from the National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents.</p> <p>Subsection (c):</p> <p>According to Agency Policy and the Coordinated Response Plan, a victim of sexual abuse at the facility will receive SAFE/SANE services in Huntsville. Documentation was provided that both the Sheriff's Office and the St. Joseph's Medical Center in Livingston were requested to utilize protocols compliant with standard. Contact with the Hospital confirmed that there was always a SANE Nurse on call and in their absence an MD and RN would utilize the standard</p>

forensic kit and protocols. SANE services are provided to a victim without financial cost pursuant to GCTC Policy A.0155 ii.

Subsection (d):

The Agency has a memorandum of understanding with SAAFE House. SAAFE House will provide victim advocacy services to victims of sexual abuse at the Facility. Pursuant to the written Coordinated Response Plan SAAFE House is contacted upon request of a victim of an allegation of sexual assault.

Subsection (e):

Pursuant to the terms of the MOU, the SAAFE House advocate will accompany and support the victim through the forensic medical exam process and the investigatory interviews, etc. This information is located on the Agency's Website and provided to youth during orientation and education in writing. The Auditor contacted the SAAFE House to verify advocacy services and protocols utilized; verification that the hotline was operational was also made. It was identified that the posters in the Dorms did not have the "hotline" phone number. On 2/7/2019 copies of new posters with the hotline number were provided to this Auditor. On-site review on 2/27/2019 verified that the new posters were hung in the resident dorms and residents had access to the hotline number.

Subsection (f):

The Agency has requested the Walker County Sheriff's Office to utilize the national protocol and follow the requirements of this standard. At the time of the onsite audit and this report a response had not been received formally; however, the Sheriff's Office has indicated its investigators have been trained on protocols compliant with the standard. The Agency should obtain this response in writing with on-going follow-up.

Corrective Action: None

115.322	<b>Policies to ensure referrals of allegations for investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> <li>1. GCTC Policy A.0155 b i-ii page 7</li> <li>2. Texas Family Code Chapter 261 (Investigation of Report of Child Abuse or Neglect)</li> <li>3. Interviews with the following: <ol style="list-style-type: none"> <li>a. Agency Head,</li> <li>b. Investigative Staff and</li> <li>c. PREA Coordinator.</li> </ol> </li> <li>4. GCTC's Policy has been published on their Website at <a href="http://www.gctc.us/prea.html">http://www.gctc.us/prea.html</a></li> </ol> <p>Findings (By Subsection):</p> <p>Subsection (a):  GCTC Policy A.0155 b i-ii page 7 requires that staff administratively investigate promptly, thoroughly and objectively all allegations of sexual abuse, sexual harassment and retaliation. All conduct that may be criminal is referred to the County Sheriff's Office. Interviews with the Agency Head and Investigative Staff confirm that investigations and referrals to outside entities occur. A review of three (3) investigations completed in the past six months found that an administrative and criminal investigation was completed and well documented.</p> <p>Subsection (b):  GCTC Policy A.0155 b i-ii page 7 requires the referral of allegations of sexual abuse to the appropriate law enforcement agency for investigation. Interviews with the PREA Coordinator and Agency Head confirmed that the County Sheriff is contacted in all allegations that may be criminal. Review of three (3) investigations found two identified possible criminal actions that resulted in law enforcement being notified and starting a criminal investigation.</p> <p>Subsection (c):  The Walker County Sheriff's Office conducts all criminal investigations for conduct occurring in the Facility. This information is posted on the agency website.</p> <p>Subsection (d):  NA</p> <p>Subsection (e):  NA</p> <p>Corrective Action: None.</p>

115.331	<b>Employee training</b>
<b>Auditor Overall Determination:</b> Meets Standard	
<b>Auditor Discussion</b>	
<p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> <li>1. GCTC Policy A.0155 VII. A i-iii. Pages 7-8</li> <li>2. Interviews with the following: <ol style="list-style-type: none"> <li>a. Random Staff</li> <li>b. PREA Compliance Manager</li> <li>c. PREA Coordinator</li> </ol> </li> <li>3. Training and Orientation Requirements/Training Records/Employee Personnel Files</li> </ol> <p>Findings (By Subsection):</p> <p>Subsection (a):  The Agency provided their New and Annual Employee Training Requirements/Curriculum. Both Policy and Training Requirements cover the eleven (11) mandated elements in this standard. In total, the training covers all PREA required training subjects in addition to the 11 mandated elements. This Training is provided by the PREA Coordinator or supervisory staff in person. Staff are provided an after training quiz/exam upon completion of training. The Facility reports in the PAQ that all staff included in the ratio have been trained on the PREA curriculum. Random staff interviews indicated that these trainings were held at least annually but there were monthly refreshers. Training records indicated this was accurate and that the new hire had received this training prior to working with residents. Evidence of training with dates was documented in each of the employee files reviewed. Many trainings in the files had signature lines for staff to sign that they had received and understood the material. However, over the past 12 months PREA Training had moved to certificates upon completion. This eliminated the required verification that staff received and understood the training and content. Interviews with staff verified that staff had received these trainings and that the content was well retained; however, the missing verification requires correction. On 2/27/2019 this auditor reviewed the files of 8 staff hired after the on-site audit. The Agency had implemented the use of a new form that included the use of a staff signature verifying that they had received and understood the training provided related to PREA in this subsection. Interview with the PREA Coordinator verified that the new form had replaced the previous form and collecting the staff signature was now in place. Based-on the on-site and verification of compliance through the new form and documentation; compliance with subsection was determined as met.</p> <p>Subsection (b):  The Agency's Training Records indicate that gender specific training regarding the unique needs of residents and staff; as well as gender non-conforming adolescents, is provided.</p> <p>Subsection (c):  The Agency provides annual refresher training on PREA to all staff. File review and staff interviews verified compliance with standard.</p> <p>Subsection (d):</p>	

The Auditor reviewed the training records and found that these trainings completed in the past 12 months lacked employee signature or electronic verification that they employee received and understood the training. Interviews indicated that staff had received, understood and retained the information from the training; however, the required documentation was not present and was instead recorded via certificate. This documentation must be corrected to achieve compliance. On 2/27/2019 this auditor reviewed the files of 8 staff hired after the on-site audit. The Agency had implemented the use of a new form that included the use of a staff signature verifying that they had received and understood the training provided related to PREA in this subsection. Interview with the PREA Coordinator verified that the new form had replaced the previous form and collecting the staff signature was now in place. Based-on the on-site and verification of compliance through the new form and documentation; compliance with subsection was determined as met.

Corrective Action: None.

115.332	<b>Volunteer and contractor training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> <li>1. GCTC Policy A.0155 b page 8</li> <li>2. Training and Orientation Requirements/Training Records/ Volunteer, Intern, Contractual and Personnel Files</li> <li>3. Interviews with the following: <ol style="list-style-type: none"> <li>a. Contractors (Mental Health)</li> <li>b. Volunteer</li> </ol> </li> </ol> <p>Findings (By Subsection):</p> <p>Subsection (a): GCTC Policy A.0155 b page 8 requires each volunteer, intern and contractor to complete orientation training on PREA. The Agency/Facility reports in the PAQ that they have trained 5 volunteers and 9 contractors who have contact with residents.</p> <p>Subsection (b): The Agency provides orientation training to volunteers and contractors based on the services they provide and the level of contact. These individuals receive an abbreviated training based upon the general staff training. Specifically, they are training on the PREA zero tolerance policy and PREA reporting procedures.</p> <p>Subsection (c): The Agency maintains documentation confirming that volunteers and contractors understand the training they have received. All volunteers and contractors are required to sign a form indicating they have received and understand the Agency's zero tolerance policy regarding sexual abuse and sexual harassment and that they further understand their reporting responsibilities under PREA. File review found verification by signature that volunteers had received and acknowledged the training.</p> <p>Corrective Action: None.</p>

<b>115.333</b>	<b>Resident education</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> <li>1. GCTC Policy A.0155 c i-iv page 8</li> <li>2. Resident Intake Form</li> <li>3. Resident Orientation and Education Documentation</li> <li>4. Interviews with the following: <ol style="list-style-type: none"> <li>a. Random Resident Interviews</li> <li>b. Intake Staff</li> </ol> </li> <li>5. Review of Resident Files</li> <li>6. Tour of housing areas and program areas of Facility; specifically observing placement of PREA information (e.g., posters, audit notices, etc.)</li> </ol> <p>Findings (By Subsection):</p> <p>Subsection (a):  GCTC Policy A.0155 c i-iv page 8 requires that all juveniles admitted into the Facility shall receive a verbal Facility orientation during admission; within their first day at the facility. Residents are provided verbal instruction of the Zero Tolerance for Sexual Abuse and Sexual Harassment Policy, What to Report, When to Report and Where to Report and that they have a right to be free from sexual abuse and sexual harassment or from retaliation from reporting in good faith. Ten of twelve residents interviewed reported receiving this information at intake; the two who did not, stated they could not recall.</p> <p>Subsection (b):  GCTC Policy A.0155 c i-iv page 8 requires comprehensive age appropriate education for all residents as soon as practical but within 10 days of intake. This education currently requires the residents to review material with staff, the Resident Handbook, discuss policy, rights, and reporting. Staff review the Handbook that is comprehensive and inclusive of definitions of sexual abuse and sexual harassment. Policy requires a staff member to oversee this. Residents sign off on the completion of the Education Component and that they have received and understood the handbook and information. File review of 23 resident files found all residents had received this education on time.</p> <p>Subsection (c):  All residents currently in the Facility have had PREA training.</p> <p>Subsection (d):  GCTC Policy A.0155 c i-iv page 8 requires the Facility to ensure the resident education is accessible in formats as needed for LEP, deaf, visually impaired, or otherwise disabled residents. Materials are available in Spanish as needed. For situations that need other languages, the Agency utilizes the means of translation identified in Standard 115.316.</p> <p>Subsection (e):</p>

Resident files contain documentation of initial orientation completed at Intake and Education completed within 10 days of intake. Documentation is maintained in the Residents File.

Subsection (f):

The Agency and Facility ensures that educational materials are continuously and readily available and visible to residents about PREA. All housing areas and programming areas have PREA informational posters and the Auditor observed these throughout the pre- and post-facilities as well as the education building. Posters were located throughout out all areas of the Facility including day areas, education areas, public areas, visitation areas, and dining areas. Residents have access to their handbooks in their rooms and each unit has a copy of the handbook as well.

Corrective Action: None

115.334	<b>Specialized training: Investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> <li>1. GCTC Policy A.0155 g i-vii pages 5-6</li> <li>2. Interviews with the following: <ol style="list-style-type: none"> <li>a. Investigative Staff</li> </ol> </li> <li>4. Personnel Records for Investigative Staff (showing training records)</li> <li>5. Follow-Up on-site to review investigator training.</li> </ol> <p>Findings (By Subsection):</p> <p>Subsection (a):  At the time of the on-site audit; the facilities administrative investigators had not received the required training for investigations. On 2/27/2019 this auditor reviewed the training records of three investigators who had received training specific to investigations in confident settings. Review of investigation records indicated that these trained investigators had completed investigations since the time of their training and were actively engaged in the Review Team. Follow-Up with the PREA Coordinator and review of protocols for investigator assignment developed indicated that only trained investigators were being assigned to investigations and indicated compliance with standard. Based on the follow-up review compliance was determined.</p> <p>Subsection (b):  At the time of the on-site audit; the facilities administrative investigators had not received the required training for investigations. On 2/27/2019 this auditor reviewed the training records of three investigators who had received training specific to investigations in confident settings. Review of investigation records indicated that these trained investigators had completed investigations since the time of their training and were actively engaged in the Review Team. Follow-Up with the PREA Coordinator and review of protocols for investigator assignment developed indicated that only trained investigators were being assigned to investigations and indicated compliance with standard. Based on the follow-up review compliance was determined.</p> <p>Subsection (c):  At the time of the on-site audit; the facilities administrative investigators had not received the required training for investigations. On 2/27/2019 this auditor reviewed the training records of three investigators who had received training specific to investigations in confident settings. Review of investigation records indicated that these trained investigators had completed investigations since the time of their training and were actively engaged in the Review Team. Follow-Up with the PREA Coordinator and review of protocols for investigator assignment developed indicated that only trained investigators were being assigned to investigations and indicated compliance with standard. Based on the follow-up review compliance was determined.</p>

Subsection (d):

GCTC has formally requested that the Sheriff's Department receive this training.

Corrective Action: None

115.335	<b>Specialized training: Medical and mental health care</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> <li>1. GCTC Policy A.0155 e i-iv pages 8-9</li> <li>2. Interviews with the following: <ol style="list-style-type: none"> <li>a. Agency Head</li> <li>b. PREA Coordinator</li> <li>c. Mental Health Staff</li> <li>d. Medical Staff</li> </ol> </li> <li>3. Review of Medical and Mental Health Staff Training Records</li> <li>4. Follow-Up review on 2/27/2019</li> </ol> <p>Findings (By Subsection):</p> <p>Subsection (a):  GCTC Policy A.0155 e i-iv pages 8-9 states “all full and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: (1) How to detect and assess signs of sexual abuse and sexual harassment; (2) How to preserve physical evidence of sexual abuse; (3) How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment; (4) How and to whom to report allegations or suspicions of sexual abuse and sexual harassment. Interviews and Training Records indicate that this training is provided to medical and mental health care staff. Training should be documented with a signature verification that the participant received and understood the training provided. This was not present for medical staff. Review of training records on 2/27/2019 showed that medical staff had received training as required and had verified that they had completed and received the signature by signature. The Agency has also updated its training records for all staff to now included documentation by signature that staff have received and understood the required training indicated in this subsection.</p> <p>Subsection (b):  The medical contractors do not conduct forensic examinations of victims.</p> <p>Subsection (c):  The Agency/Facility has documentation that this training has been provided. Both mental health contractors interviewed were knowledgeable of this training and the materials included.</p> <p>Subsection (d):  Interviews and file review found that the medical health care practitioners and contract mental health staff had received the required training. However, the medical staff had no verification that they had received and understood the training. Review of training records on 2/27/2019 showed that medical staff had received training as required and had verified that they had completed and received the signature by signature. The Agency has also updated its training records for all staff to now included documentation by signature that staff have received and understood the required training indicated in this subsection.</p>

Corrective Action: None

115.341	<b>Obtaining information from residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> <li>1. GCTC Policy A.0155 a i-ii page 9</li> <li>2. Behavioral Screening Form</li> <li>3. NOBEL Screening Instrument</li> <li>4. Random Resident Files</li> <li>5. Interviews with the following: <ol style="list-style-type: none"> <li>a. Residents</li> <li>b. Staff Responsible for Risk Screening</li> <li>c. PREA Coordinator</li> </ol> </li> <li>6. On-site follow-up review of 17 files on 2/27/19</li> </ol> <p>Findings (By Subsection):</p> <p>Subsection (a):  GCTC Policy A.0155 a i-ii page 9 requires risk assessment screening within 72 hours of the resident's admission into the Facility. File review of 23 resident files found that 30.3% of residents had late risk assessments and 0% had documented follow-up. Resident file review also noted that all residents who had a history of abuse or abusiveness were not seen by mental health staff in less than 14 days or provided the opportunity as no follow-up was documented. On 2/7/19 the PREA Compliance Manager provided verification that review was ensuring that risk assessment screenings were being completed on-time and that follow-up services with mental health or medical was being provided pursuant to standard. On 2/27/19 this auditor reviewed 17 resident files with intakes after January 19, 2019 and verified that all files had risk assessments completed within 72 hours.</p> <p>Subsection (b):  The Facility uses an objective behavioral screening instrument. The screening instrument considers the youth's own perceptions of safety and other risk factors including gender non-conforming appearance, mannerisms or identification.</p> <p>Subsection (c):  The behavioral screening instrument attempts to ascertain information about all eleven (11) enumerated items in this subsection.</p> <p>Subsection (d):  GCTC Policy A.0155 a i-ii page 9 required information to be ascertained through conversations with the resident at the intake process as well as from court records, case files, medical or mental health information available and any other relevant information in the resident's file.</p> <p>Subsection (e):  GCTC Policy A.0155 a i-ii page 9 provides that all information from the screening is kept confidential and only accessible by limited individuals. Interviews with staff who conduct</p>

behavioral screenings of residents indicate that there are appropriate controls on the dissemination within the facility of the responses to questions in the screening. Files are kept securely. Only medical or mental health care staff in addition to supervisors has access.

Corrective Action: None

115.342	<b>Placement of residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> <li>1. GCTC Policy A.0155 b i-iii page 9</li> <li>2. Interviews with the following: <ol style="list-style-type: none"> <li>a. Random Residents</li> <li>b. Staff Responsible for Risk Screening</li> <li>c. PREA Coordinator</li> </ol> </li> <li>3. On-Site Review of Housing Units</li> </ol> <p>Findings (By Subsection):</p> <p>Subsection (a): GCTC Policy A.0155 b i-iii page 9 require that the information obtained in the screening/intake process be used to make housing and other assignments. Interviews with staff indicate the information is used to make decisions on resident housing and programming.</p> <p>Subsection (b): Non-Secure Facility – No isolation is utilized per policy. Interviews supported determination of compliance.</p> <p>Subsection (c): GCTC Policy A.0155 b i-iii page 9 provides that lesbian, gay, bisexual, transgender or intersex (LGBTI) residents are not to be assigned specific housing units based solely on such identification. Interviews with staff corroborate this is the practice of the Facility.</p> <p>Subsection (d): GCTC Policy A.0155 b i-iii page 9 and interviews with staff indicate that the placement of any transgender or intersex residents to the facility would be made on a case-by-case basis. The facility is licensed by the state to house male residents and referrals are made based on this criteria; however, if a youth was placed who determined they were transgender or intersex the facility would proceed on a case-by-case considering management and security issues.</p> <p>Subsection (e): GCTC Policy A.0155 b i-iii page 9 and Interview with the Agency Head indicated that placement and programming assignments for each transgender and intersex resident would be reassessed at least twice per year to review any threats to the resident’s safety. As the facility is only licensed to serve male residents by the state the facility has not faced this issue to date.</p> <p>Subsection (f): GCTC Policy A.0155 b iii page 9 require that transgender and intersex resident’s own views regarding their safety shall be given serious consideration. Interviews with staff corroborate that this would be the practice if these residents were in the Facility which all staff indicated</p>

they do not believe they have had a transgender or intersex resident in the Facility to date.

Subsection (g):

GCTC Policy A.0155 b i-iii page 9 ensures transgender and intersex residents can shower separately from other residents. The shower area only allows one resident to shower at a time and staff ensures that residents have privacy. Facility Bathing Procedures indicate that all residents shower separately and at no time are undressed in front of staff or other residents.

Subsection (h):

Non-Secure Facility – No isolation is utilized per policy. Interviews supported determination of compliance.

Subsection (i):

Non-Secure Facility – No isolation is utilized per policy. Interviews supported determination of compliance.

Corrective Action: None.

115.351	<b>Resident reporting</b>
<b>Auditor Overall Determination:</b> Meets Standard	
<b>Auditor Discussion</b>	
<p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> <li>1. GCTC Policy A.0155 IX a. i-ii pages 9-10</li> <li>2. On-site review of housing areas and program areas of the Facility; specifically reviewing PREA information visible and grievance box locations</li> <li>3. Grievance Form</li> <li>4. Interviews with the following: <ol style="list-style-type: none"> <li>a. Random Residents</li> <li>b. Random Staff</li> <li>c. PREA Coordinator</li> </ol> </li> <li>5. Posting on Website: <a href="http://www.gctc.us/prea.html">http://www.gctc.us/prea.html</a></li> </ol> <p>Findings (By Subsection):</p> <p>Subsection (a):  GCTC Policy A.0155 IX a. i-ii pages 9-10 requires multiple internal ways for residents to privately report PREA related incidents. These include verbal reporting to staff, written reports (i.e., grievance form or any written statement is accepted), anonymous reports and reports from third parties. Interviews with random staff and residents also indicate that these internal reporting mechanisms are available and utilized.</p> <p>Subsection (b):  Residents have access to a TJJJD hotline number and the number for SAAFE House. Although the hotline number was not on the posters for SAAFE House, the number provided was working. The facility was informed of the need to change the posters to include the hotline number. (Note: Posters were updated on 02/7/2019 as presented in 115.333). All residents indicated they had access to the phone or their Probation Officer or Case Worker if they needed to make contact. Policy also indicates that any resident detained solely for civil immigration purposes shall be provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security.</p> <p>Subsection (c):  GCTC Policy A.0155 IX a. i-ii pages 9-10 requires staff to accept reports made verbally, in writing, anonymously and from third parties. Staff is required to document all reports received. Interviews with staff indicate this is the practice of the Facility.</p> <p>Subsection (d):  Staff were able to provide this auditor with copies of the grievance form available to youth. The grievance procedure requires staff to provide any youth who requests a grievance form with the form and access to the tools to complete the report. Interviews with staff and residents verified that this procedure is practiced at the facility.</p> <p>Subsection (e):</p>	

GCTC provides employees multiple ways to privately report sexual abuse and sexual harassment of residents. All staff indicated they would report immediately, they would report to the PREA Coordinator or their supervisor and contact Law Enforcement, and Child Protective Services. They identified multiple ways reporting can be anonymous including Hotlines and written.

Corrective Action: None

<b>115.352</b>	<b>Exhaustion of administrative remedies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	Evidence Reviewed (documents, interviews, site review):
	<ol style="list-style-type: none"> <li>1. GCTC Policy A.0155 b. i page 10</li> <li>2. Interview with Agency Head.</li> </ol>
	Findings (By Subsection):
	<p>Subsection (a):</p> <p>GCTC Policy A.0155 b. i page 10 sexual abuse states any allegations regarding sexual abuse reported through the grievance system would immediately be forwarded to the PREA Coordinator. The allegation would be investigated regardless of how much time has passed utilizing the policy and procedures for investigations.</p>
	Corrective Action: None.

115.353	<b>Resident access to outside confidential support services and legal representation</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> <li>1. GCTC Policy A.0155 c. i-iii page 10</li> <li>3. Memorandum of Understanding between Agency and the SAAFE House</li> <li>4. Interviews with the following: <ol style="list-style-type: none"> <li>a. Random Residents</li> <li>b. PREA Coordinator</li> <li>c. PREA Compliance Manager</li> </ol> </li> <li>5. On-site review of housing areas and program areas of Facility; specifically looking for information about outside support services for residents</li> <li>6. Reporting phone number and email at: <a href="http://www.gctc.us/prea.html">http://www.gctc.us/prea.html</a></li> <li>7. On-site review on 2/27/2019</li> </ol> <p>Findings (By Subsection):</p> <p>Subsection (a):  The Agency has a MOU with the SAAFE House. This MOU covers victim advocacy services during forensic exams. It also includes crisis intervention counseling and referrals to services for victims. During the on-site review of the physical plant, the Auditor saw brochures, posters or information on the SAAFE House in the Resident areas with other postings. During interviews with random residents, the majority understood the orientation material and education materials but only 4 of 13 indicated that they recalled victim services but were not sure what these were as they had not needed to inquire further. Four residents interviewed thought they remembered hearing something about outside victim support services, but they could not provide any information about how to access these services or what the services were. The remaining residents did not recall information regarding victim services. This information is posted on the Facility walls, but the Facility should increase awareness during orientation. Contact with SAAFE House during the on-site audit identified that the postings did not have the "hotline" number. Although the number would go to SAAFE House, during after hours it would go to an answering service. The facility must update the postings for SAAFE House and post in resident areas; replacing the existing postings. On 2-14-19 received copy of new posters with the correct number for SAAFE House. Verification of posters in residents' areas will be confirmed during site visit. On 2/27/2019 this auditor reviewed each of the dorms of the facility and viewed that the new posters with the hotline number were posted in the resident dorms and in the mental health facility.</p> <p>Subsection (b):  The MOU with SAAFE House indicates that services are confidential. Contact with SAAFE House verified this practice.</p> <p>Subsection (c):</p>

The Agency has an executed Memorandum of Understanding between Agency and the SAAFE House.

Subsection (d):

GCTC Policy A.0155 c. i-iii page 10 indicates that residents are required to have reasonable and confidential access to their attorneys or other legal representation and reasonable to parents or legal guardians. Resident interviews confirmed this practice with parents/legal guardians, case workers and probation officers. As these residents are either adjudicate or in state conservator ship by Child Protective Custody, when asked about their attorneys the residents responded they had not spoken to them since court and had not asked to since they had been at GCTC or that they did not have an attorney.

Corrective Action: None

115.354	Third-party reporting
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"><li>1. GCTC Policy A.0155 c i-iii page 10</li><li>2. Third-Party Reporting Information Posters</li><li>3. Posting on Website: <a href="http://www.gctc.us/prea.html">http://www.gctc.us/prea.html</a></li></ol> <p>Findings (By Subsection):</p> <p>Subsection (a):</p> <p>GCTC Policy A.0155 c i-iii page 10 provides for the receipt of third-party reports of sexual abuse and sexual harassment. In the public waiting area for parents, guardians and visitors the Facility has notices indicating the Zero Tolerance of sexual abuse and sexual harassment and provides hotline numbers to report suspected sexual abuse or sexual harassment of residents. The Agency has provided a link on their website that provides parents and all third parties with information about PREA and how to report sexual abuse and sexual harassment on behalf of residents. The link on the website provides information for parents or guardians on sexual abuse and sexual harassment and provides a working phone number to GCTC and email link. This auditor tested the email link and was responded to by the Agency Head, PREA Coordinator, and the PREA Compliance Manager.</p> <p>Corrective Action: None.</p>

115.361	<b>Staff and agency reporting duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> <li>1. GCTC Policy A.0155 X a i-vi page 11</li> <li>2. Coordinated Response Plan</li> <li>3. Interviews with the following: <ol style="list-style-type: none"> <li>a. Random Staff</li> <li>b. Agency Head</li> <li>c. Mental Health Staff</li> <li>d. PREA Coordinator</li> <li>e. Medical Staff</li> </ol> </li> </ol> <p>Findings (By Subsection):</p> <p>Subsection (a):  GCTC Policy A.0155 X a i-vi page 11 requires staff to report immediately all the information delineated in this subsection (i.e., sexual abuse, sexual harassment, retaliation, staff neglect, and violations of staff responsibilities). Interviews with random staff, Agency Head, Mental Health Staff and the PREA Coordinator indicate they understand their reporting obligations. The Coordinated Response Plan clearly outlines responsibilities to report and the responsibilities of the first responders to report.</p> <p>Subsection (b):  GCTC Policy A.0155 X a i-vi page 11 requires Facility staff to comply with mandatory child abuse reporting laws under Texas Family Code and report via the hotline immediately in accordance to the standard. Interviews with staff indicate that staff have received training on this topic and understand their role as a mandatory reporter. Staff interviews indicated that all staff would report to Child Protective Services, their supervisor, and Law Enforcement.</p> <p>Subsection (c):  GCTC Policy A.0155 X a i-vi page 12 prohibits staff from revealing confidential information related to a report of sexual abuse except to the extent necessary to make treatment, investigation, and/or other security management decisions. Interviews with staff indicate their understanding of this confidentiality provision.</p> <p>Subsection (d):  Interviews with medical and mental health staff indicate they comply with this subsection regarding mandatory reporting laws and disclosing the limitations of their confidentiality. Mental Health Service Contracts include the requirement of the provider to disclose the limitations of their confidentiality upon initiation of services.</p> <p>Subsection (e):  GCTC Policy A.0155 X a i-vi page 12 requires parental notification of abuse of a resident; as well as specifically addresses the requirements of this subsection regarding notification to</p>

parents, legal guardians, Child Protective Services, and the resident's attorney.

Subsection (f):

All allegations of sexual abuse and sexual harassment are reported to the Facility investigator(s) by the PREA Coordinator . The staff member or supervisor who completes the Incident Report Form forwards it to the Agency Head and PREA Coordinator who are all members of the SAIR TEAM. The PREA Coordinator is the lead on all administrative investigations unless there is a conflict of interest as determined by the Agency Head. The PREA Coordinator, Agency Head and other investigators are all well qualified but at the time of the on-site audit had not completed training related to investigations in accordance to 115.334. This training must be completed for compliance with this subsection.

Corrective Action - None

115.362	<p><b>Agency protection duties</b></p> <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> <li>1. GCTC Policy A.0155 b page 12</li> <li>2. Coordinated Response Plan</li> <li>3. Interviews with the following: <ol style="list-style-type: none"> <li>a. Random Staff</li> <li>b. Agency Head</li> <li>c. PREA Coordinator</li> <li>d. Residents</li> </ol> </li> </ol> <p>Findings (By Subsection):</p> <p>Subsection (a):</p> <p>The Agency reports in their PAQ that they have had no determinations made that a resident was subject to substantial risk of imminent sexual abuse. GCTC Policy A.0155 b page 12 addresses the agency policy when learning a resident is subject to a substantial risk of imminent sexual. The Staff First Responder Duties on page 12 and 13 of the policy indicates the actions to be taken. Additionally, the written Coordinated Response Plan of the Facility also indicates immediate action, what actions are to be take and by each position. Staff Interviews, including Random Staff, Agency Head and PREA Coordinator all indicated that staff would take immediate response and defined immediate that indicated that all interviewed understood the urgency of the protection of a resident from imminent threat. While no residents had made an allegation of abuse or imminent threat of sexual abuse they constantly indicated that staff react to things immediately based on verbal and they are highly supervised. Residents stated they believe staff would take immediate action to protect them.</p> <p>Corrective Action: None.</p>
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115.363	<b>Reporting to other confinement facilities</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> <li>1. GCTC Policy A.0155 X ii page 11</li> <li>2. Interviews with the following: <ol style="list-style-type: none"> <li>a. Agency Head</li> <li>b. PREA Coordinator</li> </ol> </li> </ol> <p>Findings (By Subsection):</p> <p>Subsection (a):  The Agency and Facility reports in the PAQ that in the past 12 months they have received no allegations that a resident was abused while confined at another Facility; this was confirmed in the interviews with the Agency Head. Additionally, they have received no allegations of sexual abuse from other facilities. GCTC Policy A.0155 X ii page 11 requires the Agency Head to provide the required notifications under this section regarding a resident's abuse while confined at other facilities. Interviews with the Agency Head indicate they are knowledgeable about the requirements of this section and that this notification would occur when any allegations are received.</p> <p>Subsection (b):  GCTC Policy A.0155 X ii page 11 requires notification within 72 hours as required by this standard. Interviews with the Agency Head indicate they are knowledgeable about the requirements of this section and that they would adhere to this mandatory timeframe.</p> <p>Subsection (c):  GCTC Policy A.0155 X ii page 11 requires the Facility to document when all such notifications are provided and to whom. Interviews with the Agency Head indicate they are knowledgeable about the requirements of this section and that they would comply with this requirement should they receive any allegations.</p> <p>Subsection (d):  GCTC Policy A.0155 X ii page 11 requires all allegations are investigated in accordance with this standard. Interviews with the Agency Head indicate they are knowledgeable about the requirements of this section and that they would adhere to this investigation requirement for any allegations that may be received.</p> <p>Corrective Action: None.</p>

115.364	<b>Staff first responder duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> <li>1. GCTC Policy A.0155 c i-v page 12</li> <li>2. Coordinated Response Plan</li> <li>3. Interviews with the following: <ol style="list-style-type: none"> <li>a. Security Staff and Non-Security Staff First Responders</li> <li>b. Random Staff</li> <li>c. PREA Coordinator</li> <li>d. Agency Head</li> </ol> </li> </ol> <p>Findings (By Subsection):</p> <p>Subsection (a):  GCTC Policy A.0155 c i-v page 12 details the first responder duties for a security staff member or a non-security staff member (i.e., such as kitchen, janitorial, mental health) in accordance with this subsection. Interviews onsite with the Agency Head and PREA Coordinator indicated as did all Pre-Audit materials that there have been 3 allegations of sexual abuse in the past 12 months. GCTC Policy A.0155 c i-v page 12 and the Coordinated Response Plan documents is clear that first responders are to only preserve and protect the scene along with the duties regarding protection of evidence on the victim and abuser. It was evident in the interviews with random staff indicated that these protocols were followed.</p> <p>Subsection (b):  GCTC Policy A.0155 c i-v page 12 and the Coordinated Response Plan are clear on the response of all staff. Interviews with medical staff showed consistent responses of ensuring safety, separation of the two and maintaining physical evidence. All were able to describe their role and actions to preserve evidence on the victim and alleged perpetrator.</p> <p>Corrective Action: None</p>

115.365	<b>Coordinated response</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> <li>1. GCTC Policy A.0155 d page 12</li> <li>2. Coordinated Response Plan</li> <li>3. Interviews with the following: <ol style="list-style-type: none"> <li>a. Random Staff</li> <li>b. PREA Coordinator</li> <li>c. Agency Head</li> </ol> </li> <li>4. Contact and Verification with the Saint Josephs' Hospital in Livingston TX verifying SANE Nurse.</li> <li>6. Memorandum of Understanding between the Agency and SAAFE House.</li> <li>7. Memorandum of Understanding between the Agency and the Walker County Sheriff's Office</li> <li>8. Sexual Abuse First Responders Protocol – Agency's Coordinated Response Plan</li> <li>9. Email correspondence between PREA Coordinator and the Saint Josephs' Hospital Administration and Sheriff's Office</li> </ol> <p>Findings (By Subsection):</p> <p>Subsection (a):</p> <p>GCTC Policy A.0155 c i-v page 12 states the policy that requires a written Coordinated Response Plan. The Coordinated Response Plan indicated that it followed the structural design from first response including First Responders, Notifications, Investigations, Medical and Mental Health Services, Forensics Exams (SANE), Coordination with Law Enforcement, Advocacy, Protection and Retaliation Monitoring and PREA Incident Review Team meeting within 30 days. The Coordinated Response Plan provided included the details of the subsection and responsibilities of each party. The plan detailed when, who, and how notifications occur and the roles of each party involved. Review of the MOU's with the County Sheriff's Office, the SAAFE House and verification SANE Services at the Hospital were completed, Email Correspondence from the Agency and the Hospital and Sheriff's Office were confirmed.</p> <p>Corrective Action: None</p>

115.366	<b>Preservation of ability to protect residents from contact with abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> <li>1. GCTC Policy A.0155</li> <li>2. Interviews with the following: <ol style="list-style-type: none"> <li>a. Agency Head</li> </ol> </li> </ol> <p>Findings (By Subsection):</p> <p>Subsection (a):</p> <p>An interview with the GCTC Agency Head noted that the agency does not have, nor has it had, any collective bargaining agreements that were completed since August of 2012.</p> <p>Corrective Action: None.</p>

115.367	<b>Agency protection against retaliation</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> <li>1. GCTC Policy A.0155 f i-iii pages 12-13</li> <li>2. Interviews with the following: <ol style="list-style-type: none"> <li>a. Agency Head</li> <li>b. PREA Coordinator</li> <li>c. Designated Staff Member Charged with Monitoring Retaliation</li> </ol> </li> </ol> <p>Findings (By Subsection):</p> <p>Subsection (a):  GCTC Policy A.0155 f i-iii pages 12-13 protects residents and staff from retaliation as required by this subsection. Interviews with the Agency Head, PREA Coordinator and Staff Charged with Monitoring Against Retaliation verified there have been no allegations made in the past 12 months that would initiate the protocols of monitoring for retaliation.</p> <p>Subsection (b):  GCTC Policy A.0155 f i-iii pages 12-13 provides multiple measures to protect residents from retaliation including housing changes, reassessments and reassignment of alleged perpetrators.</p> <p>Subsection (c):  GCTC Policy A.0155 f i-iii pages 12-13 requires the monitoring of residents or staff who report sexual abuse to see if there is any retaliation occurring. Policy requires an assigned Administrator to formally conduct monitoring every 7 days and to document monitoring for a minimum of 90 days. Additionally, the PREA Coordinator and Agency have been designated to also monitor retaliation and will work cooperatively with these other individuals. Interviews with the Agency Head indicated that monitoring beyond 90 days would continue if needed.</p> <p>Subsection (d):  GCTC Policy A.0155 f i-iii pages 12-13 requires the monitoring of retaliation for the required 90 days following a report of sexual abuse. The policy further requires periodic status checks every 7 days throughout a resident's confinement.</p> <p>Subsection (e):  GCTC Policy A.0155 f i-iii pages 12-13 ensures residents and staff are protected against retaliation. Interviews with the Agency Head, PREA Coordinator and Staff Charged with Monitoring Against Retaliation indicated protective action would be taken to ensure the safety of the resident from all parties regarding retaliation for reporting sexual abuse.</p> <p>Subsection (f):  GCTC Policy A.0155 f i-iii pages 12-13 provides that the agency's obligation to monitor terminates if the agency determines the allegation is unfounded.</p>

Corrective Action: None.

<b>115.368</b>	<b>Post-allegation protective custody</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	Evidence Reviewed (documents, interviews, site review):  1. GCTC Policy A.0155 g Page 13 2. Interviews with the following: a. Agency Head b. PREA Coordinator 3. On-site review of housing areas specifically looking at isolation rooms and observing any residents in isolation  Findings (By Subsection):  Subsection (a): GCTC Policy A.0155 g Page 13 and interviews with the Agency Head and PREA Coordinator confirm that the facility does not utilize segregated housing.  Corrective Action: None.

115.371	<b>Criminal and administrative agency investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> <li>1. GCTC Policy A.0155 XI a. i-iv 13</li> <li>2. Training records for Investigative Staff</li> <li>3. Interviews with the following: <ol style="list-style-type: none"> <li>a. Agency Head</li> <li>b. PREA Coordinator</li> <li>c. Investigative Staff</li> </ol> </li> <li>4. Coordinated Response Plan</li> <li>5. On-site follow-up review on 2/27/19</li> </ol> <p>Findings (By Subsection):</p> <p>Subsection (a):  The Agency conducts administrative investigations but all criminal investigations are conducted by County Sheriff's Office. GCTC Policy A.0155 XI a. i-iv 13 requires that in administrative investigations, staff will investigate promptly, thoroughly, and objectively all allegations of sexual abuse, sexual harassment, and retaliation.</p> <p>Subsection (b):  At the time of the on-site audit there were no trained investigators at the facility pursuant to 115.334. On 2/14/2019 the facility informed this auditor that the training had been completed. A review has been scheduled for 2/27/2019. During the on-site follow-up review on 2/27/2019 this auditor reviewed the training records of three investigators who had completed the required training. Review of investigations completed after 02/01/2019 showed that these investigations were assigned and led by a trained investigator.</p> <p>Subsection (c):  Agency investigative staff does not collect any physical DNA evidence; the County Sheriff's Department is responsible for all forensic evidence collection. The Agency follows their Coordinated Response Plan related to protecting and preserving the crime scene and any potential forensic evidence. Agency investigators do the administrative investigation and gather relevant witness statements, etc. in cooperation with both the County Sheriff's Office criminal investigation.</p> <p>Subsection (d):  GCTC Policy A.0155 XI a. i-iv 13 prohibits an investigation from being terminated solely because the source of the allegation recants. The interview with the PREA Coordinator corroborated this policy is followed in practice.</p> <p>Subsection (e):  GCTC Policy A.0155 XI a. i-iv 13 requires that the investigator must consult with the local prosecutor prior to conducting compelled interviews. The interview with the Agency Head and</p>

PREA Coordinator supported this.

Subsection (f):

GCTC Policy A.0155 track the requirements of this subsection regarding determining the credibility of an alleged victim and the prohibition on utilizing a polygraph test or other truth detecting device. The interview with the Agency Head and PREA Coordinator corroborated this policy is followed in practice.

Subsection (g):

GCTC Policy A.0155 XI a. i-iv 13 tracks the requirements of this section related to determining whether staff actions or failures to act contributed to the abuse and the documentation that must be maintained.

Subsection (h):

The County Sheriff's Office conducts all criminal investigations for allegations of criminal activity in the Facility. Review of completed investigations in the past 12 months verified that this procedure, located in GCTC Policy A.0155 XI a. i-iv 13 has been followed.

Subsection (i):

Law enforcement is responsible for sending all criminal cases to the criminal prosecutor for the county. Interviews with the Agency Head and PREA Coordinator confirm that substantiated cases have been referred for prosecution. A review of investigations completed in the past 12 months verified this has occurred.

Subsection (j):

GCTC Policy A.0155 XI a. i-iv 13 the requirement of this section related to records retention and complies with this subsection.

Subsection (k):

GCTC Policy A.0155 XI a. i-iv 13 provides that the departure of the alleged abuser or victim shall not provide a basis for terminating an investigation. The Auditor interviewed the lead investigator who indicated that the investigation would continue despite these circumstances.

Subsection (l):

Policy requires that outside investigations in the juvenile facility follow the requirements of this standard. The practice of this policy was verified through interviews with the PREA Coordinator and PREA Compliance Manager.

Subsection (m):

GCTC Policy A.0155 XI a. i-iv 13 requires the agency to cooperate with all outside investigators which in their case are normally the County Sheriff's Office.

Corrective Action: None

115.372	<b>Evidentiary standard for administrative investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> <li>1. GCTC Policy A.0155 e page 13</li> <li>2. Interviews with the following: <ol style="list-style-type: none"> <li>a. Agency Head</li> <li>b. PREA Coordinator</li> </ol> </li> <li>3. Review of 2 Administrative Investigation Files and Reports</li> <li>4. Follow-up on-site review of training and 5 investigation files</li> </ol> <p>Findings (By Subsection):</p> <p>Subsection (a):</p> <p>GCTC Policy A.0155 XI a. i-iv 14 prohibits the Agency from imposing a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment have occurred. The Auditor interviewed the Agency Head and PREA Coordinator who indicated that the standard used is preponderance of the evidence. At the time of the on-site audit there were no trained investigators pursuant to 115.334 and a review of sample investigation showed that administrative investigations had not been completed by trained investigators that met the requirements of 115.334. On 2/14/2019 the facility informed this auditor that the training had been completed. A review has been scheduled for 2/27/2019. During the on-site follow-up review on 2/27/2019 this auditor reviewed the training records of three investigators who had completed the required training. Review of investigations completed after 02/01/2019 showed that these investigations were assigned and led by a trained investigator.</p> <p>Corrective Action: None</p>

115.373	<b>Reporting to residents</b>
	<p data-bbox="252 170 896 203"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="252 248 523 282"><b>Auditor Discussion</b></p> <p data-bbox="252 327 991 360">Evidence Reviewed (documents, interviews, site review):</p> <ol data-bbox="252 371 762 618" style="list-style-type: none"> <li>1. GCTC Policy A.0155 c i-iii 14 and 15</li> <li>2. Interviews with the following: <ol data-bbox="252 461 651 573" style="list-style-type: none"> <li>a. Agency Head</li> <li>b. PREA Coordinator</li> <li>c. PREA Compliance Manager</li> </ol> </li> <li>3. Review of File with Resident Contact</li> </ol> <p data-bbox="252 674 587 707">Findings (By Subsection):</p> <p data-bbox="252 752 451 786">Subsection (a):</p> <p data-bbox="252 797 1461 999">GCTC Policy A.0155 c i-iii 14 and 15 requires resident notification following an investigation into an allegation of sexual abuse suffered at GCTC. Interviews completed with the Agency Head, PREA Coordinator and PREA Compliance Manager who are all members of the PREA Incident Review Team all indicated this was policy. A review of investigation files found that these notifications had been provided.</p> <p data-bbox="252 1055 451 1088">Subsection (b):</p> <p data-bbox="252 1099 1398 1211">Interviews completed with the Agency Head, PREA Coordinator and PREA Compliance Manager who are all members of the PREA Incident Review Team all indicated this was policy. A review of investigation files found that these notifications had been provided.</p> <p data-bbox="252 1267 451 1301">Subsection (c):</p> <p data-bbox="252 1312 1366 1379">GCTC Policy A.0155 c i-iii 14 and 15 details the required notifications pursuant to this subsection of the PREA standards.</p> <p data-bbox="252 1435 451 1469">Subsection (d):</p> <p data-bbox="252 1480 1366 1547">GCTC Policy A.0155 c i-iii 14 and 15 details the required notifications pursuant to this subsection of the PREA standards.</p> <p data-bbox="252 1603 451 1637">Subsection (e):</p> <p data-bbox="252 1648 1430 1727">Review of completed investigations verified that these notifications had been provided and were documented.</p> <p data-bbox="252 1783 568 1816">Corrective Action: None.</p>

115.376	<b>Disciplinary sanctions for staff</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> <li>1. GCTC Policy A.0155 a. i-iv page 14 -15</li> <li>2. Interviews with the following: <ol style="list-style-type: none"> <li>a. Agency Head</li> <li>b. PREA Coordinator</li> <li>c. Human Resource Manager</li> </ol> </li> <li>3. Investigation Report and File</li> </ol> <p>Findings (By Subsection):</p> <p>Subsection (a):  GCTC Policy A.0155 a. i-iv page 14 -15 provides that employees shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse, sexual harassment and retaliation policies. Interviews with the Agency Head, PREA Coordinator, and PREA Compliance Manager supported that this policy would be implemented and termination was the presumptive action. Review of investigation files verified that this policy had been enforced.</p> <p>Subsection (b):  GCTC Policy A.0155 a. i-iv page 14 -15 provides that if an allegation of sexual abuse of a resident by an employee is substantiated, that employee shall be terminated. Interviews with the Agency Head, PREA Coordinator, and PREA Compliance Manager indicated this policy had and would continue to be implemented. Review of investigation files verified this policy had been enforced.</p> <p>Subsection (c):  GCTC Policy A.0155 a. i-iv page 14 -15 provides that discipline is given based upon the requirements of this subsection and is commensurate with the nature and circumstances of the conduct, the staff member’s disciplinary history, and sanctions imposed for comparable offenses by other staff with similar histories. Interviews with the Agency Head and PREA Coordinator; as well as a review of investigations completed in the past 12 months verify this policy has been followed.</p> <p>Subsection (d):  Interviews with the PREA Coordinator and Agency Head indicated terminations for violation of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, unless clearly not criminal, are reported to law enforcement and child care licensing. Review of investigations completed in the past 12 months verified this had been implemented.</p> <p>Corrective Action: None.</p>



115.377	<p><b>Corrective action for contractors and volunteers</b></p> <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> <li>1. GCTC Policy A.0155 b. i-ii page 15</li> <li>2. Interviews with the following: <ol style="list-style-type: none"> <li>a. Agency Head</li> <li>b. PREA Coordinator</li> <li>c. Human Resources Manager</li> </ol> </li> </ol> <p>Findings (By Subsection):</p> <p>Subsection (a):  GCTC Policy A.0155 b. i-ii page 15 provides that any contractor, volunteer, or intern who engages in sexual abuse shall be prohibited from contact with residents. Potentially criminal conduct must be reported to County Sheriff’s Office and Child Protective Services. Interviews with the Agency Head and PREA Coordinator indicate that there have been no Volunteers or Contractors at the Facility that have violated agency sexual abuse or sexual harassment policies in the past 12 months and this Policy would be strictly enforced.</p> <p>Subsection (b):  GCTC Policy A.0155 b. i-ii page 15 requires the agency to take appropriate remedial measures and to consider whether to prohibit further contact with residents based on the conduct as required by this subsection. Interviews with the Agency Head and PREA Coordinator indicate that there have been no Volunteers or Contractors at the Facility that have violated agency sexual abuse or sexual harassment policies in the past 12 months and this Policy would be strictly enforced.</p> <p>Corrective Action: None.</p>
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115.378	<b>Interventions and disciplinary sanctions for residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> <li>1. GCTC Policy A.0155 c i-vii pages 15-16</li> <li>2. Interviews with the following: <ol style="list-style-type: none"> <li>a. Agency Head</li> <li>b. PREA Coordinator</li> <li>c. PREA Compliance Manager</li> <li>d. Random Staff</li> <li>e. Mental Health Staff</li> </ol> </li> </ol> <p>Findings (By Subsection):</p> <p>Subsection (a): GCTC Policy A.0155 c i-vii pages 15-16 provides that residents may be subject to disciplinary sanctions only pursuant to a formal disciplinary process when there is an administrative and/or criminal finding that the resident engaged in resident-on-resident sexual abuse. Interviews with the Agency Head, PREA Coordinator, and PREA Compliance Manager indicate that this policy is followed.</p> <p>Subsection (b): GCTC Policy A.0155 c i-vii pages 15-16 provides that residents may be subject to disciplinary sanctions only pursuant to a formal disciplinary process. Agency Policy states that disciplinary sanctions shall be commensurate with the nature and circumstances of the abuse committed, the resident’s disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories.</p> <p>Subsection (c): GCTC Policy A.0155 c i-vii pages 15-16 provides that the disciplinary process shall consider whether a resident’s mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.</p> <p>Subsection (d): GCTC Policy A.0155 c i-vii pages 15-16 addresses the requirements of this subsection regarding offering residents therapy, counseling or other interventions as part of discipline. Policy prohibits the agency from requiring participation as a condition of access to general programming but it may be required as a condition of access to any reward-based behavior management system or other behavior-based incentives. Interviews with mental health staff indicate the practice is compliant with this subsection.</p> <p>Subsection (e): GCTC Policy A.0155 c i-vii pages 15-16 permits a resident to be disciplined for sexual contact with a staff member if the staff member did not consent to such contact.</p>

Subsection (f):

GCTC Policy A.0155 c i-vii pages 15-16 provides that a report of sexual abuse made in good faith shall not constitute a false report even if the investigation does not establish evidence sufficient to substantiate the allegation.

Subsection (g):

GCTC Policy prohibits all sexual activity between residents in the Facility and allows the Facility to discipline violators in accordance with the resident discipline plan.

Corrective Action: None

115.381	<b>Medical and mental health screenings; history of sexual abuse</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> <li>1. GCTC Policy A.0155 XIII a. i-iv page 16</li> <li>2. Interviews with the following: <ol style="list-style-type: none"> <li>a. Staff Responsible for Risk Screening</li> <li>b. Mental Health Staff</li> <li>c. Agency Head</li> <li>d. PREA Coordinator</li> </ol> </li> <li>3. Resident Intake Form</li> <li>4. On-site review of housing areas in pre and post programs specifically looking at intake area and where resident files are stored to determine security of records</li> <li>5. On-site follow-up review 2/27/19</li> </ol> <p>Findings (By Subsection):</p> <p>Subsection (a):  GCTC Policy A.0155 XIII a. i-iv page 16 offers all youth a medical and mental health appointment within 14 days of their intake screening. During the on-site audit a review of 23 randomly selected files found that 7 of 23 (30.3%) intake screenings were completed late and youth who had reported past sexual victimization had no documented referral for follow-up meeting with a medical or mental health practitioner. 2/7/19 PREA Compliance Manager informed this auditor that protocols were in place to ensure screenings and follow-ups were completed on-time. Returned to facility on 2/27/19 and reviewed 17 resident files that were intakes since the on-site and found all had screenings completed at the time of intake and of those reporting prior sexual victimization, 100% were offered a follow-up meeting with a mental health practitioner within 14 days.</p> <p>Subsection (b):  GCTC Policy A.0155 XIII a. i-iv page 16 offers all youth a medical and mental health appointment within 14 days of their intake screening. During the on-site audit a review of 23 randomly selected files found that 7 of 23 (30.3%) intake screenings were completed late and youth who had perpetrated sexual abuse in the past had no documented referral for follow-up meeting with a medical or mental health practitioner. 2/7/19 PREA Compliance Manager informed this auditor that protocols were in place to ensure screenings and follow-ups were completed on-time. Returned to facility on 2/27/19 and reviewed 17 resident files that were intakes since the on-site and found all had screenings completed at the time of intake and of those reporting prior perpetration of sexual abuse, 100% were offered a follow-up meeting with a mental health practitioner within 14 days.</p> <p>Subsection (c):  GCTC Policy A.0155 XIII a. i-iv page 16 provides that information gained at the intake screening is confidential and strictly limited to medical and mental health practitioners and other staff as required by their job function and responsibilities. During the on-site review of</p>

the physical plant, the Auditor was shown where resident files are securely located, requiring supervisory approval for access and only if for a legitimate business/Agency/Facility purpose.

Subsection (d):

Interviews with medical and mental health personnel indicate that these contract providers disclose the limits of confidentiality to residents and obtain informed consent. Interviews with the Agency Head and PREA Coordinator verified this and indicated that this is stated in their contracts for service which was viewed by the auditor.

Corrective Action: None

115.382	<b>Access to emergency medical and mental health services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> <li>1. GCTC Policy A.0155 b. i-iv page 16</li> <li>2. Interviews with the following: <ol style="list-style-type: none"> <li>a. First Responders</li> <li>b. Mental Health Staff</li> <li>c. Agency Head</li> <li>d. PREA Compliance Manager</li> <li>e. PREA Coordinator</li> </ol> </li> <li>3. Coordinated Response Plan</li> </ol> <p>Findings (By Subsection):</p> <p>Subsection (a): GCTC Policy A.0155 b. i-iv page 16 and the Coordinated Response Plan demonstrates compliance with this subsection. Interviews with a mental health providers, First Responders, Agency Head, and PREA Coordinator indicate a victim would receive the medical and mental health care services required by this subsection.</p> <p>Subsection (b): Interviews with first responders and PREA Coordinator indicate the practice of the Facility is compliant with this subsection. The victim will be protected as will the crime scene until the police and necessary medical personnel arrive on site or until the victim is transported. This is also stated in the Coordinated Response Plan.</p> <p>Subsection (c): GCTC Policy A.0155 b. i-iv page 16 provides that a victim will be offered timely access to medical treatment and testing in accordance with professionally accepted standards of care where medically appropriate to include emergency contraception and sexually transmitted infections prophylaxis; interviews with the Medical Staff and PREA Coordinator supported that this policy would be followed.</p> <p>Subsection (d): GCTC Policy A.0155 b. i-iv page 16 provides that treatment services are provided to the victim without financial cost to the victim. Additionally, treatment services are provided regardless of whether the victim names the abuser or cooperates with the investigation.</p> <p>Corrective Action: None</p>

**115.383 Ongoing medical and mental health care for sexual abuse victims and abusers**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

Evidence Reviewed (documents, interviews, site review):

- 1. GCTC Policy A.0155 c. i-iii
- 2. Interviews with the following:
  - a. Mental Health Staff
  - b. Agency Head
  - c. PREA Coordinator
- 3. Resident File Review

Findings (By Subsection):

Subsection (a):

GCTC Policy A.0155 c. i-iii to provide specialized medical and mental health services to any resident who has been the victim and/or the perpetrator of sexual abuse whether in the Facility or prior to his or her confinement. Interviews with the PREA Coordinator and Compliance Manager; as well as documentation indicated this had been implemented and a youth reporting past abuse was offered medical screening and mental health services.

Subsection (b):

Interviews with the PREA Coordinator and mental health staff indicate victims would be provided with appropriate levels of services as required by this subsection.

Subsection (c):

GCTC Policy A.0155 c. i-iii provides that victims will be provided medical and mental health services that are determined by medical and mental health practitioners to be necessary according to their professional judgement; St. Joseph's Medical Center in Livingston is a predominant care Facility in the community and policy states victims would be taken here for services for SANE. Mental Health services are available onsite and from SAAFE House. Interviews and Resident File Review indicated that mental health professionals were onsite and available to youth five days per week and on-call. Policy, Interviews and Resident File Review indicated that ongoing medical and mental health services were provided regularly.

Subsection (d):

Facility is male only and youth placed at the facility have been adjudicated by the courts or placed by Child Protective Services with an established gender.

Subsection (e):

Facility is male only and youth placed at the facility have been adjudicated by the courts or placed by Child Protective Services with an established gender.

Subsection (f):

GCTC Policy A.0155 c. i-iii provides that victims of sexual abuse while incarcerated shall be provided testing for sexually transmitted infections as medically appropriate.

Subsection (g):

GCTC Policy A.0155 c. i-iii provides that treatment services are provided to the victim without financial cost to the victim. Additionally, treatment services are provided regardless of whether the victim names the abuser or cooperates with the investigation.

Subsection (h):

GCTC Policy A.0155 c. i-iii provides that facility shall attempt to conduct a mental health evaluation of a resident-on-resident abuser within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health professionals. Interviews with mental health staff indicate this would be the practice if this situation occurred.

Corrective Action: None.

115.386	<b>Sexual abuse incident reviews</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> <li>1. GCTC Policy A.0155 XIV a. b. c. i-vi d. pages 16-17</li> <li>2. Interviews with the following: <ol style="list-style-type: none"> <li>a. Agency Head</li> <li>b. PREA Compliance Manager</li> <li>c. PREA Coordinator</li> </ol> </li> <li>3. Meeting Notes of Incident Review Team Meetings</li> <li>4. Coordinated Response Plan</li> </ol> <p>Findings (By Subsection):</p> <p>Subsection (a):  GCTC Policy A.0155 XIV a. b. c. i-vi d. pages 16-17 requires the Facility to 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. The Agency provided copies of the incident reviews with the PAQ and on-site. Review of documentation indicates that an incident review is completed at the conclusion of every sexual abuse investigation.</p> <p>Subsection (b):  GCTC Policy A.0155 XIV a. b. c. i-vi d. pages 16-17 requires the review to ordinarily occur within 30 days of the conclusion of the investigation. Interviews with the PREA Compliance Manager indicated that this is the practice of the Facility to adhere to the 30 day time requirement and this was supported by the documentation provided with the PAQ and during the on-site.</p> <p>Subsection (c):  GCTC Policy A.0155 XIV a. b. c. i-vi d. pages 16-17 details the composition of the review team which includes the managers, supervisors, investigators and medical or mental health practitioners. The documentation of completed reviews provided with the PAQ and on-site verified compliance with subsection.</p> <p>Subsection (d):  GCTC provided copies of the Review Team’s Report findings during the PAQ and during the on-site. These reports are completed on-time but at the time on the on-site did not include all five of the required areas required by subsection. Specifically, the Report did not include an examination of the area in the facility was completed by the team or an assessment of whether monitoring technology should be deployed or augmented to supplement supervision by staff. Adding these components is required to ensure that the Review Team completes reports that include all of the indicators pursuant to subsection d and include recommendations. On 2/7/2019 the PREA Compliance Manager reported that changes were made to the Review Team’s Report and protocols. On 2/27/2019 an on-site review by this auditor found that the facility had added the missing pieces to reports completed after</p>

01/24/2019 in the review of 5 incident reviews. Documentation indicated that the review team was examining the area of the allegation and the inclusion of assessing if monitoring technology or supplementing supervision by staff would improve the safety of residents. Based on all the evidence reviewed compliance with subsection was determined.

Subsection (e):

GCTC Policy A.0155 XIV a. b. c. i-vi d. pages 16-17 requires the inclusion of findings and recommendations in the report. Policy requires that the recommendations are implemented or the reasons for not doing so are documented.

Corrective Action: None

115.387	<b>Data collection</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> <li>1. GCTC Policy A.0155 XV a. b. c. i-iv. Page 18</li> <li>2. Bureau of Justice Statistics Survey of Sexual Victimization, 2017 (completed report)</li> <li>3. Aggregate Data Presented on the Agency Website <a href="http://www.gctc.us/prea.html">http://www.gctc.us/prea.html</a></li> </ol> <p>Findings (By Subsection):</p> <p>Subsection (a): GCTC Policy A.0155 XV a. b. c. i-iv. Page 18 requires the facility to collect accurate and uniform data for every allegation of sexual abuse that occurs in the Agency. These data were verified on the Agency’s Website during the onsite review.</p> <p>Subsection (b): GCTC Policy A.0155 XV a. b. c. i-iv. Page 18 requires the Agency to aggregate annually all sexual abuse incident data. These data were verified on the Agency’s Website during the onsite review.</p> <p>Subsection (c): GCTC Policy A.0155 XV a. b. c. i-iv. Page 18 details the types of data to be collected and it is, at a minimum, the data necessary to complete the Survey of Sexual Violence conducted by the Department of Justice and the Bureau of Justice Statistics. These data were verified on the Agency’s Website during the onsite review.</p> <p>Subsection (d): GCTC Policy A.0155 XV a. b. c. i-iv. Page 18 requires the Facility to maintain, review and collect data as required by this subsection. These data were verified on the Agency’s Website during the onsite review.</p> <p>Subsection (e): GCTC Policy A.0155 XV a. b. c. i-iv. Page 18 requires the agency to collect incident-based aggregate data from all private facilities to which the department contracts for the placement of juveniles. This data was viewed on the Agency’s Website.</p> <p>Subsection (f): GCTC Policy A.0155 XV a. b. c. i-iv. Page 18 requires the Agency to provide all data from the previous calendar year to the Department of Justice no later than June 30th of each year upon request. The Agency presented the 2017 SSV and posted these same data with 2016 and 2015 data on the Agency’s website. This was verified at the time of the onsite review.</p> <p>Corrective Action: None</p>



115.388	<b>Data review for corrective action</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Evidence Reviewed (documents, interviews, site review):</p> <ol style="list-style-type: none"> <li>1. GCTC Policy A.0155 XV, XVI page 18</li> <li>2. Bureau of Justice Statistics Survey of Sexual Victimization, 2017 (completed report)</li> <li>3. Aggregate Data Presented on the Agency Website <a href="http://www.gctc.us/prea.html">http://www.gctc.us/prea.html</a></li> <li>4. Interviews with: <ol style="list-style-type: none"> <li>a. Agency Head</li> <li>b. PREA Coordinator</li> </ol> </li> <li>5. Revised Annual Report - <a href="https://www.gctc.us/36273_1">https://www.gctc.us/36273_1</a></li> </ol> <p>Findings (By Subsection):</p> <p>Subsection (a): GCTC Policy A.0155 XV a. b. c. i-iv. Page 18 requires the agency to review data collected and aggregated as detailed in this subsection. Review of the 2017 Annual Report found that the report did not include Identifying Problem Areas, Taking Corrective Action on an ongoing basis, and preparing an annual report of its findings and corrective actions. Corrective Action is required to include all identifiers of subsection in amended report.</p> <p>Subsection (b): GCTC Policy A.0155 XV a. b. c. i-iv. Page 18 requires the annual report include a comparison of the current year's data and the corrective actions with those from prior years and shall provide an assessment of the department's progress in addressing sexual abuse. Review of the Annual Report for 2017 verified that a comparison of the current year to previous year as described in subsection was included.</p> <p>Subsection (c): GCTC Policy A.0155 XV a. b. c. i-iv. Page 18 requires the annual report to be approved by the Agency Head and made available to the public on the department's website. These data were confirmed to be available on the Agency's website.</p> <p>Subsection (d): GCTC Policy A.0155 XV a. b. c. i-iv. Page 18 authorizes the agency to redact certain information as authorized by the standard.</p> <p>Corrective Action: An amended annual report is required to include all requirements of subsection a and be identified in standard. The agency shall amend the 2017 report to include its efforts to assess and improve the effectiveness of sexual abuse prevention, detection, and response policies, practices, and training, including: 1) Identifying problem areas; 2) Taking Corrective action on an ongoing basis; and 3) including the findings and corrective actions for the facility and the agency in the annual report.</p> <p>On 8/21/2019 GCTC provided a link (<a href="https://www.gctc.us/36273_1">https://www.gctc.us/36273_1</a>) to their Revised 2017</p>

Annual Report. The revised reports included narrative that identified problem areas, on-going corrective action, and a description of findings and corrective actions for the facility and agency. The revised 2017 Annual Report now met the requirements of standard. In addition to the Revised 2017 Annual Report. GCTC has also posted its 2018 Annual Report. The 2018 Annual Report was also contained each of the requirements of the standard and illustrated institutionalization of Annual Report compliance with standards. Based on the evidence received on 8/21/2019; compliance with standard was determined.

<b>115.389</b>	<b>Data storage, publication, and destruction</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	Evidence Reviewed (documents, interviews, site review):
	<ol style="list-style-type: none"> <li>1. GCTC Policy A.0155 XV, XVI page 18</li> <li>2. Bureau of Justice Statistics Survey of Sexual Victimization, 2017 (completed report)</li> <li>3. Aggregate Data Presented on the Agency Website <a href="http://www.gctc.us/prea.html">http://www.gctc.us/prea.html</a></li> <li>4. Interviews with: <ol style="list-style-type: none"> <li>a. Agency Head</li> </ol> </li> </ol>
	Findings (By Subsection):
	<p>Subsection (a):  GCTC Policy A.0155 XV, XVI page 18 requires all sexual abuse and sexual harassment data collected shall be securely retained by the Agency. Data is securely retained in practice.</p> <p>Subsection (b):  GCTC Policy A.0155 XV, XVI page 18 requires the Agency to annually make all aggregated sexual abuse data from the Facility and private contracted facilities readily available to the public through the department's website. These data were present on the website.</p> <p>Subsection (c):  GCTC Policy A.0155 XV, XVI page 18 requires the Facility to remove all personal identifiers on the data before making the aggregated sexual abuse data publicly available. These data were present on the website.</p> <p>Subsection (d):  GCTC Policy A.0155 XV, XVI page 18 requires the agency to maintain sexual abuse data collected for at least ten (10) years after the date of its initial collection. Interviews with the Agency Head indicated these records were stored in compliance with the policy.</p>
	Corrective Action: None

<b>115.401</b>	<b>Frequency and scope of audits</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence:</p> <ol style="list-style-type: none"> <li>1. PAQ</li> <li>2. On-Site Audit</li> <li>3. 02/27/19 follow-up review on-site</li> <li>4. Interviews: <ol style="list-style-type: none"> <li>a. Agency Head</li> <li>b. PREA Compliance Manager</li> <li>c. PREA Coordinator</li> <li>d. 20 staff members</li> <li>e. 12 Randomly Selected Residents</li> <li>f. 4 specialized resident interviews</li> </ol> </li> <li>5. Investigation and Incident Files</li> <li>6. Review Team and Deviation Reports</li> <li>7. Staff Training Records</li> <li>8. 23 resident files on-site audit and 17 resident files on 2/27/19</li> </ol> <p>Findings By Subsection:</p> <p>Subsection (a) Review of past audit and on-line report showed this was the first year of a new three year cycle and the Agency and Facility had been audited in 2015.</p> <p>Subsection (b) Review of past audit and on-line report showed this was the first year of a new three year cycle and the Agency and Facility had been audited in 2015.</p> <p>Subsection (h) This auditor entered all buildings and areas of the facility and returned on 2/27/19 to review dorms a second time.</p> <p>Subsection (i) This auditor received all documents requested for the audit.</p> <p>Subsection (m) This auditor was permitted to interview staff and residents as indicated in the evidence presented.</p> <p>Subsection (n) Residents were provided with access to contact this auditor via mail or by email prior to the audit and provided with information on how to contact the auditor after the audit in accordance to the subsection.</p>

115.403	<b>Audit contents and findings</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence:</p> <p>1. Prior PREA Audit <a href="http://www.gctc.us/prea.html">http://www.gctc.us/prea.html</a></p> <p>Subsection (f)</p> <p>The past PREA Audit completed 3 years ago is posted on the agency website. This report indicates it is the Final Report.</p>

## Appendix: Provision Findings

115.311 (a)	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes

115.311 (b)	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes

115.311 (c)	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	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)	<b>Contracting with other entities for the confinement of residents</b>	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na

<b>115.312 (b)</b>	<b>Contracting with other entities for the confinement of residents</b>	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.312(a)-1 is "NO".)	na

<b>115.313 (a)</b>	<b>Supervision and monitoring</b>	
	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 staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies?	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: 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

<b>115.313 (b)</b>	<b>Supervision and monitoring</b>	
	Does the agency comply with the staffing plan except during limited and discrete exigent circumstances?	yes
	In circumstances where the staffing plan is not complied with, does the facility fully document all deviations from the plan? (N/A if no deviations from staffing plan.)	yes

115.313 (c)	Supervision and monitoring	
	Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes
	Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes
	Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A only until October 1, 2017.)	yes
	Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.)	yes
	Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph?	yes

115.313 (d)	Supervision and monitoring	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes

115.313 (e)	<b>Supervision and monitoring</b>	
	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 functions of the facility? (N/A for non-secure facilities )	yes

115.315 (a)	<b>Limits to cross-gender viewing and searches</b>	
	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)	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances?	yes

115.315 (c)	<b>Limits to cross-gender viewing and searches</b>	
	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)	<b>Limits to cross-gender viewing and searches</b>	
	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)	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If a resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes

115.315 (f)	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

115.316 (a)	<b>Residents with disabilities and residents who are limited English proficient</b>	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all	yes

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

	through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision?	
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<b>115.316 (b)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes

<b>115.316 (c)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident’s safety, the performance of first-response duties under §115.364, or the investigation of the resident’s allegations?	yes

115.317 (a)	<b>Hiring and promotion decisions</b>	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the 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)	<b>Hiring and promotion decisions</b>	
	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 (c)	<b>Hiring and promotion decisions</b>	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency: 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)	<b>Hiring and promotion decisions</b>	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
	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)	<b>Hiring and promotion decisions</b>	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes

115.317 (f)	<b>Hiring and promotion decisions</b>	
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes

115.317 (g)	<b>Hiring and promotion decisions</b>	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes

115.317 (h)	<b>Hiring and promotion decisions</b>	
	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)	<b>Upgrades to facilities and technologies</b>	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	yes

<b>115.318 (b)</b>	<b>Upgrades to facilities and technologies</b>	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the 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

<b>115.321 (a)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes

<b>115.321 (b)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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)	<b>Evidence protocol and forensic medical examinations</b>	
	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)	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes

115.321 (e)	<b>Evidence protocol and forensic medical examinations</b>	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes

115.321 (f)	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency is not responsible for investigating allegations of sexual abuse.)	yes

115.321 (h)	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321 (d) above.)	na

115.322 (a)	<b>Policies to ensure referrals of allegations for investigations</b>	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes

115.322 (b)	<b>Policies to ensure referrals of allegations for investigations</b>	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes

115.322 (c)	<b>Policies to ensure referrals of allegations for investigations</b>	
	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

<b>115.332 (b)</b>	<b>Volunteer and contractor training</b>	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes

<b>115.332 (c)</b>	<b>Volunteer and contractor training</b>	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes

<b>115.333 (a)</b>	<b>Resident education</b>	
	During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	Is this information presented in an age-appropriate fashion?	yes

<b>115.333 (b)</b>	<b>Resident education</b>	
	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 sexual abuse and sexual harassment?	yes
	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

<b>115.334 (a)</b>	<b>Specialized training: Investigations</b>	
	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

<b>115.334 (b)</b>	<b>Specialized training: Investigations</b>	
	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

<b>115.334 (c)</b>	<b>Specialized training: Investigations</b>	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes

115.335 (a)	<b>Specialized training: Medical and mental health care</b>	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment?	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?	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?	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?	yes

115.335 (b)	<b>Specialized training: Medical and mental health care</b>	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams.)	yes

115.335 (c)	<b>Specialized training: Medical and mental health care</b>	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere?	yes

115.335 (d)	<b>Specialized training: Medical and mental health care</b>	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331?	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?	yes

<b>115.341 (a)</b>	<b>Obtaining information from residents</b>	
	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

<b>115.341 (b)</b>	<b>Obtaining information from residents</b>	
	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 the agency attempt to ascertain information about: Age?	yes
	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 pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	yes

115.342 (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 making facility and housing placement decisions and programming assignments?	yes

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

<b>115.342 (i)</b>	<b>Placement of residents</b>	
	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

<b>115.351 (a)</b>	<b>Resident reporting</b>	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: 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

<b>115.351 (b)</b>	<b>Resident reporting</b>	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
	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

<b>115.351 (c)</b>	<b>Resident reporting</b>	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes

<b>115.351 (d)</b>	<b>Resident reporting</b>	
	Does the facility provide residents with access to tools necessary to make a written report?	yes

<b>115.351 (e)</b>	<b>Resident reporting</b>	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes

<b>115.352 (a)</b>	<b>Exhaustion of administrative remedies</b>	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes

<b>115.352 (b)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring 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)	<b>Exhaustion of administrative remedies</b>	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes

115.352 (g)	<b>Exhaustion of administrative remedies</b>	
	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)	<b>Resident access to outside confidential support services and legal representation</b>	
	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)	<b>Resident access to outside confidential support services and legal representation</b>	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes

115.353 (c)	<b>Resident access to outside confidential support services and legal representation</b>	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes

<b>115.353 (d)</b>	<b>Resident access to outside confidential support services and legal representation</b>	
	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

<b>115.354 (a)</b>	<b>Third-party reporting</b>	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes

<b>115.361 (a)</b>	<b>Staff and agency reporting duties</b>	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or 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 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?	yes

<b>115.361 (b)</b>	<b>Staff and agency reporting duties</b>	
	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 the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.)	yes
	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

<b>115.361 (f)</b>	<b>Staff and agency reporting duties</b>	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes

<b>115.362 (a)</b>	<b>Agency protection duties</b>	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes

<b>115.363 (a)</b>	<b>Reporting to other confinement facilities</b>	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
	Does the head of the facility that received the allegation also notify the appropriate investigative agency?	yes

<b>115.363 (b)</b>	<b>Reporting to other confinement facilities</b>	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes

<b>115.363 (c)</b>	<b>Reporting to other confinement facilities</b>	
	Does the agency document that it has provided such notification?	yes

<b>115.363 (d)</b>	<b>Reporting to other confinement facilities</b>	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes

115.364 (a)	<b>Staff first responder duties</b>	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, 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)	<b>Staff first responder duties</b>	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes

115.365 (a)	<b>Coordinated response</b>	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes

115.366 (a)	<b>Preservation of ability to protect residents from contact with abusers</b>	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes

115.367 (a)	<b>Agency protection against retaliation</b>	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes

115.367 (b)	<b>Agency protection against retaliation</b>	
	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 of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: 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

<b>115.367 (e)</b>	<b>Agency protection against retaliation</b>	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes

<b>115.368 (a)</b>	<b>Post-allegation protective custody</b>	
	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

<b>115.371 (a)</b>	<b>Criminal and administrative agency investigations</b>	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency 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

<b>115.371 (b)</b>	<b>Criminal and administrative agency investigations</b>	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334?	yes

<b>115.371 (c)</b>	<b>Criminal and administrative agency investigations</b>	
	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

<b>115.371 (d)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?	yes

<b>115.371 (e)</b>	<b>Criminal and administrative agency investigations</b>	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes

<b>115.371 (f)</b>	<b>Criminal and administrative agency investigations</b>	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes

<b>115.371 (g)</b>	<b>Criminal and administrative agency investigations</b>	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes

<b>115.371 (h)</b>	<b>Criminal and administrative agency investigations</b>	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes

<b>115.371 (i)</b>	<b>Criminal and administrative agency investigations</b>	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes

<b>115.371 (j)</b>	<b>Criminal and administrative agency investigations</b>	
	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

<b>115.371 (k)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes

<b>115.371 (m)</b>	<b>Criminal and administrative agency investigations</b>	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.321(a).)	yes

<b>115.372 (a)</b>	<b>Evidentiary standard for administrative investigations</b>	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes

<b>115.373 (a)</b>	<b>Reporting to residents</b>	
	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 has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes

115.373 (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)	<b>Disciplinary sanctions for staff</b>	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes

115.377 (a)	<b>Corrective action for contractors and volunteers</b>	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes

115.377 (b)	<b>Corrective action for contractors and volunteers</b>	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?	yes

115.378 (a)	<b>Interventions and disciplinary sanctions for residents</b>	
	Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, 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

<b>115.378 (e)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes

<b>115.378 (f)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	For the purpose of disciplinary action, does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes

<b>115.378 (g)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes

<b>115.381 (a)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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

<b>115.381 (b)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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)	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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)	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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)	<b>Access to emergency medical and mental health services</b>	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes

115.382 (b)	<b>Access to emergency medical and mental health services</b>	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do 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)	<b>Access to emergency medical and mental health services</b>	
	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

<b>115.382 (d)</b>	<b>Access to emergency medical and mental health services</b>	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes

<b>115.383 (a)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes

<b>115.383 (b)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes

<b>115.383 (c)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes

<b>115.383 (d)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)	na

<b>115.383 (e)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	If pregnancy results from the conduct described in paragraph § 115.383(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.)	na

<b>115.383 (f)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes

<b>115.383 (g)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes

<b>115.383 (h)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes

<b>115.386 (a)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes

<b>115.386 (b)</b>	<b>Sexual abuse incident reviews</b>	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes

<b>115.386 (c)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes

<b>115.386 (d)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d) (1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes

<b>115.386 (e)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes

<b>115.387 (a)</b>	<b>Data collection</b>	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes

<b>115.387 (b)</b>	<b>Data collection</b>	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes

<b>115.387 (c)</b>	<b>Data collection</b>	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes

<b>115.387 (d)</b>	<b>Data collection</b>	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes

<b>115.387 (e)</b>	<b>Data collection</b>	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	yes

<b>115.387 (f)</b>	<b>Data collection</b>	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes

115.388 (a)	<b>Data review for corrective action</b>	
	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)	<b>Data review for corrective action</b>	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes

115.388 (c)	<b>Data review for corrective action</b>	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes

115.388 (d)	<b>Data review for corrective action</b>	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes

115.389 (a)	<b>Data storage, publication, and destruction</b>	
	Does the agency ensure that data collected pursuant to § 115.387 are securely retained?	yes

<b>115.389 (b)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes

<b>115.389 (c)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes

<b>115.389 (d)</b>	<b>Data storage, publication, and destruction</b>	
	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

<b>115.401 (a)</b>	<b>Frequency and scope of audits</b>	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes

115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a “no” response does not impact overall compliance with this standard.)	yes
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	na

115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes

115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes

115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with 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	
	<p>The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A only if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.)</p>	yes