

PREA Facility Audit Report: Final

Name of Facility: Dallas County Juvenile Detention Center

Facility Type: Juvenile

Date Interim Report Submitted: 10/09/2022

Date Final Report Submitted: 04/29/2023

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	☐
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	☐
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	☐
Auditor Full Name as Signed: Robert B. Latham	Date of Signature: 04/29/2023

AUDITOR INFORMATION	
Auditor name:	Latham, Robert
Email:	robertblatham@icloud.com
Start Date of On-Site Audit:	08/29/2022
End Date of On-Site Audit:	08/30/2022

FACILITY INFORMATION	
Facility name:	Dallas County Juvenile Detention Center
Facility physical address:	996 Selfield Road , Selma, Alabama - 36703
Facility mailing address:	

Primary Contact

Name:	Kimberly Bonner
Email Address:	kcbonner@outlook.com
Telephone Number:	334-877-0629

Superintendent/Director/Administrator

Name:	Marcus Hannah
Email Address:	marcushannah@att.net
Telephone Number:	334-876-4809

Facility PREA Compliance Manager

Name:	Veronica Evans
Email Address:	veronicalevans31@outlook.com
Telephone Number:	O: 334-876-4809

Facility Characteristics	
Designed facility capacity:	24
Current population of facility:	17
Average daily population for the past 12 months:	15
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Both females and males
Age range of population:	13-18
Facility security levels/resident custody levels:	Max
Number of staff currently employed at the facility who may have contact with residents:	32
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	2
Number of volunteers who have contact with residents, currently authorized to enter the facility:	2

AGENCY INFORMATION	
Name of agency:	Dallas County Commission
Governing authority or parent agency (if applicable):	
Physical Address:	102 Church St , Selma , Alabama - 36701
Mailing Address:	
Telephone number:	

Agency Chief Executive Officer Information:

Name:	
Email Address:	
Telephone Number:	

Agency-Wide PREA Coordinator Information

Name:	Kimberly Carlette Bonner	Email Address:	kcbonner@outlook.com
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SUMMARY OF AUDIT FINDINGS

The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.

Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

Number of standards exceeded:

0

Number of standards met:

43

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2022-08-29
2. End date of the onsite portion of the audit:	2022-08-30

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	☒ Yes ☐ No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	1. Alabama Department of Youth Services 2. Just Detention International 3. One Place Family Justice Center Standing Together Against Rape (STAR)

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	24
15. Average daily population for the past 12 months:	15
16. Number of inmate/resident/detainee housing units:	5

17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	☐ Yes ☐ No ☒ Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)
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Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit

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

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	16
38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	0
39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	0
40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0
41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0

42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0
43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	1
44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	0
45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	0
46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	0
47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	No text provided.

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

49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	32
50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	0
51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	2
52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	No text provided.

INTERVIEWS

Inmate/Resident/Detainee Interviews

Random Inmate/Resident/Detainee Interviews

53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	9
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54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	☒ Age ☒ Race ☒ Ethnicity (e.g., Hispanic, Non-Hispanic) ☒ Length of time in the facility ☒ Housing assignment ☒ Gender ☐ Other ☐ None
55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	Residents from each housing unit were interviewed.
56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	☒ Yes ☐ No
57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.
Targeted Inmate/Resident/Detainee Interviews	
58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	1

As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".

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

0

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

☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.

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

b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).

Corroboration strategies included discussions with staff and interviews with residents.

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

0

a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	Corroboration strategies included discussions with staff and interviews with residents.
62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	Corroboration strategies included discussions with staff and interviews with residents.
63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:	0

a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	Corroboration strategies included discussions with staff and interviews with residents.
64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	Corroboration strategies included discussions with staff and interviews with residents.
65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	1

66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	Corroboration strategies included discussions with staff and interviews with residents.
67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	Corroboration strategies included discussions with staff and interviews with residents.

68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	Corroboration strategies included discussions with staff and interviews with residents.
69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.

b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	Corroboration strategies included discussions with staff and interviews with residents.
70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	No text provided.
Staff, Volunteer, and Contractor Interviews	
Random Staff Interviews	
71. Enter the total number of RANDOM STAFF who were interviewed:	8
72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	☒ Length of tenure in the facility ☒ Shift assignment ☒ Work assignment ☒ Rank (or equivalent) ☒ Other (e.g., gender, race, ethnicity, languages spoken) ☐ None
If "Other," describe:	Gender, race, ethnicity, and languages spoken were considered.
73. Were you able to conduct the minimum number of RANDOM STAFF interviews?	☐ Yes ☒ No

a. Select the reason(s) why you were unable to conduct the minimum number of RANDOM STAFF interviews: (select all that apply)	☐ Too many staff declined to participate in interviews. ☒ Not enough staff employed by the facility to meet the minimum number of random staff interviews (Note: select this option if there were not enough staff employed by the facility or not enough staff employed by the facility to interview for both random and specialized staff roles). ☐ Not enough staff available in the facility during the onsite portion of the audit to meet the minimum number of random staff interviews. ☐ Other
74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.
Specialized Staff, Volunteers, and Contractor Interviews	
Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.	
75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	11
76. Were you able to interview the Agency Head?	☒ Yes ☐ No
77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	☒ Yes ☐ No

78. Were you able to interview the PREA Coordinator?	☒ Yes ☐ No
79. Were you able to interview the PREA Compliance Manager?	☒ Yes ☐ No ☐ NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

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

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

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

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

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

☒ Yes

☐ No

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

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

☒ Yes

☐ No

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

☒ Yes

☐ No

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

☒ Yes

☐ No

88. Informal conversations with staff during the site review (encouraged, not required)?	☒ Yes ☐ No
89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).	No text provided.

Documentation Sampling

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

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

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

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

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

Sexual Harassment Investigation Outcomes

Note: these counts should reflect where the investigation is currently. Do not double count. Additionally, for question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, and detainee sexual harassment investigation files, as applicable to the facility type being audited.

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/sampled:	0
a. Explain why you were unable to review any sexual abuse investigation files:	There were no reported allegations of sexual abuse.
99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any sexual abuse investigation files)

Inmate-on-inmate sexual abuse investigation files

100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)

Staff-on-inmate sexual abuse investigation files

103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)

Sexual Harassment Investigation Files Selected for Review

106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	0
a. Explain why you were unable to review any sexual harassment investigation files:	There were no reported allegations of sexual harassment.
107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any sexual harassment investigation files)

Inmate-on-inmate sexual harassment investigation files

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

0

109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?

☐ Yes

☐ No

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

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

☐ Yes

☐ No

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

Staff-on-inmate sexual harassment investigation files

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

0

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

☐ Yes

☐ No

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

113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	No text provided.

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

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

116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.	☐ Yes ☒ No
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AUDITING ARRANGEMENTS AND COMPENSATION

121. Who paid you to conduct this audit?

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

Standards

Auditor Overall Determination Definitions

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

Auditor Discussion Instructions

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

115.311	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination: Documents: 1. DCJDC and PVETF Policy 13.8.1: Protection from Sexual Abuse and Assault 2. DCJDC and PVETF Organizational Chart 3. DCJDC Pre-Audit Questionnaire (PAQ) Interviews: 1. PREA Coordinator 2. PREA Compliance Manager Site Review Observations: Observations during on-site review of physical plant Findings (By Provision): 115.311 (a) PAQ: The agency has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment in facilities it operates directly or under contract. The facility has a policy outlining how it will implement the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. The policy includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment. The policy includes sanctions for those found to have participated in prohibited behaviors. The policy includes a description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of residents. The Dallas County Juvenile Detention Center (DCJDC) has a comprehensive PREA Policy. It is the policy of the Dallas County Juvenile Detention Center & Perry Varner Educational and Treatment Facility to ensure that sexual activity between staff and juveniles, volunteers or contract personnel and juveniles, regardless of consensual status, is prohibited and subject to administrative and criminal disciplinary sanctions. All employees, volunteers and independent contractors are expected to have a clear understanding that these facilities strictly prohibit any type of sexual relationship with an individual under department supervision. Such conduct is considered to be a serious breach of the standards of conduct and these relationships will not be tolerated. Engaging in a personal and/or sexual relationship may result in employment termination and/or termination of the contractual or volunteer status. All private providers or entities that contract for the confinement of juveniles shall comply with the PREA standards and agree to be monitored for PREA compliance. The policy outlines the facility's approach to preventing, detecting, and responding to such conduct. The policy includes definitions of prohibited behaviors regarding sexual misconduct, sexual abuse and sexual

harassment and includes sanctions for those found to have participated in prohibited behaviors. Policy addresses prevention of sexual abuse and sexual harassment through the designations of a PREA Coordinator and PREA Compliance Manager, supervision and monitoring, criminal background checks, staff training, resident education, PREA posters and educational materials. Policy addresses detection of sexual abuse and sexual harassment through resident education, staff training, and intake screening for risk of sexual victimization and abusiveness. Policy addresses responding to sexual abuse and sexual harassment through the various ways of reporting, investigations, disciplinary sanctions for residents and staff, victim advocacy, access to emergency medical treatment and crisis intervention services, sexual abuse incident reviews, data collection, and data review for corrective action.

115.311 (b)

PAQ: The agency employs or designates an upper-level, agency-wide PREA Coordinator. The PREA Coordinator has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards at the facility. The position of the PREA Coordinator is in the agency's organizational structure.

Dallas County Juvenile Detention Center employs an upper-level, agency-wide PREA Coordinator. The PREA Coordinator is identified on the Dallas County Juvenile Detention Center organizational chart as the Assistant Administrator. She confirmed she has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities.

115.311 (c)

PAQ: Dallas County Juvenile Detention Center has designated a PREA Compliance Manager. The PREA Compliance Manager is identified on the facility organizational chart as the Program Coordinator. She confirmed she has sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards. The PREA Compliance Manager reports to the Assistant Administrator.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard requiring a zero-tolerance policy toward sexual abuse and sexual harassment and the designation of a PREA Coordinator and PREA Compliance Manager. No corrective action is required.

115.312	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination: Documents: 1. DCJDC Pre-Audit Questionnaire (PAQ) Findings (by provision): 115.312 (a) N/A PAQ: The agency has not entered into or renewed a contract for the confinement of residents since the last PREA audit. 115.312 (b) N/A Conclusion: Based upon the review and analysis of the available evidence, the auditor has determined the agency is fully compliant with this standard regarding contracting with other entities for the confinement of residents. No corrective action is required.

115.313	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination: Documents: 1. DCJDC and PVETF Policy 13.8.1: Protection from Sexual Abuse and Assault 2. Unannounced Rounds 3. DCJDC Pre-Audit Questionnaire (PAQ) Documents (Corrective Action): 1. Staffing Plan - October 6, 2022 Interviews: 1. Superintendent or Designee (Facility Director) 2. PREA Coordinator 3. PREA Compliance Manager 4. Intermediate or Higher-Level Facility Staff Site Review Observations: Observations during onsite review of facility 115.313 (a) PAQ: Since the 2017 PREA audit: 1. The average daily number of residents: 15 2. The average daily number of residents on which the staffing plan was predicated: 24 Policy is silent on the standard provision. DCJDC and PVETF Policy 13.8.1 (page 20) Dallas County Juvenile Detention Center & Perry Varner Education and Treatment Facility shall develop, implement, and document a staffing plan that provides adequate levels of staffing, and where feasible, video monitoring to protect juveniles against sexual assault. Staff /juvenile ratios of a minimum of 1:8 during juvenile waking hours and 1:12 during juvenile sleeping hours shall be maintained, except during limited and discreet exigent circumstances, which shall be fully documented. Only direct care staff shall be included in these ratios. Male and female staff ratios must be correctly maintained with at least one staff on every shift, of the same sex as the students housed in the unit. Interviews with the Facility Director and PREA Compliance Manager confirmed the facility had not developed a staffing plan. Through corrective action, a staffing plan was developed October 6, 2022. The staffing plan is fully compliant with the standard provision requirements. 115.313 (b)

PAQ: Each time the staffing plan is not complied with, the facility documents and justifies all deviations from the staffing plan.

DCJDC and PVETF Policy 13.8.1 (pages 20-21) Staff /juvenile ratios of a minimum of 1:8 during juvenile waking hours and 1:12 during juvenile sleeping hours shall be maintained, except during limited and discreet exigent circumstances, which shall be fully documented.

The auditor interviewed the Facility Director. The Facility Director reported all deviations from the staffing plan would be documented. The documentation would include explanations for non-compliance.

115.313 (c)

PAQ: The facility is obligated by law, regulation, or judicial consent decree to maintain staffing ratios of a minimum of 1:8 during resident waking hours and 1:16 during resident sleeping hours. The facility maintains staff ratios of a minimum of 1:8 during resident waking hours. The facility maintains staff ratios of a minimum of 1:16 during resident sleeping hours.

In the past 12 months:

1. The number of times the facility deviated from the staffing ratios of 1:8 security staff during resident waking hours: 0
2. The number of times the facility deviated from the staffing ratios of 1:16 security staff during resident sleeping hours: 0

DCJDC and PVETF Policy 13.8.1 (pages 20-21) Staff /juvenile ratios of a minimum of 1:8 during juvenile waking hours and 1:12 during juvenile sleeping hours shall be maintained, except during limited and discreet exigent circumstances, which shall be fully documented.

The Facility Director confirmed the ratios are 1:8 and 1:16. The Facility Director reported the facility maintains appropriate staffing ratios by monthly assessments and scheduling.

PREA Site Review:

During the onsite tour of the facility the auditor observed housing units, classroom, and recreation area were compliant with required staffing ratios.

115.313 (d)

PAQ: At least once every year the agency or facility, in collaboration with the PREA Coordinator, reviews the staffing plan to see whether adjustments are needed to:

1. The staffing plan;
2. Prevailing staffing patterns;
3. The deployment of monitoring technology; or
4. The allocation of agency or facility resources to commit to the staffing plan to ensure compliance with the staffing plan.

Policy is silent on the standard provision.

The PREA Coordinator confirmed she would be consulted regarding any

assessments of, or adjustments to, the staffing plan.

The auditor observed the facility had not developed a staffing plan and therefore had not had staffing plan reviews. Through corrective action, a staffing plan was developed October 6, 2022. The staffing plan is fully compliant with the standard provision requirements.

115.313 (e)

PAQ: The facility requires that intermediate-level or higher-level staff conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment. The facility documents unannounced rounds. The unannounced rounds cover all shifts. The facility prohibits staff from alerting other staff of the conduct of such rounds.

DCJDC and PVETF Policy 13.8.1 (page 21) Dallas County Juvenile Detention Center & Perry Varner Education and Treatment Facility shall implement a practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment. Such practice shall be for all shifts. The inspections will occur in a random and irregular manner, and the Campus Administrator must ensure that all shifts and workdays are visited by supervisors several times a month. Documentation of the inspections shall be maintained at the facility. Dallas County Juvenile Detention Center & Perry Varner Education and Treatment Facility shall have a procedure to prohibit staff from alerting other staff members that these supervisory rounds are occurring unless such announcements are related to the legitimate operational functions of the facility.

The auditor reviewed documentation showing that unannounced rounds are occurring as required by policy. The facility records the unannounced rounds in the logbook.

An interview with the PREA Coordinator confirmed she conducts unannounced rounds. They are conducted on all shifts, and she stated she does not announce the rounds are occurring.

Conclusion and Policy Suggestion, and Corrective Action:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding supervision and monitoring. Corrective action is complete.

115.313 (a)

A staffing plan was developed October 6, 2022. The staffing plan is fully compliant with the standard provision requirements.

115.315	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination: Documents: 1. DCJDC and PVETF Policy 13.8.1: Protection from Sexual Abuse and Assault 2. DCJDC Pre-Audit Questionnaire (PAQ) Documents (Corrective Action): 1. DCJDC and PVETF Detainee/Resident Searches & Seizures/Transgender/Cross-Gender Policy (developed October 24, 2022) 2. Staff training records for conducting searches of transgender and intersex residents in a professional and respectful manner - April 25, 2023 3. Training Curriculum - April 25, 2023 Interviews: 1. Random Sample of Staff 2. Random sample of Residents 3. Transgender or Intersex Residents Site Review Observations: Observations during onsite review of facility Findings (By Provision): 115.315 (a) PAQ: The facility does not conduct cross-gender strip or cross-gender visual body cavity searches of residents. In the past 12 months: 1. The number of cross-gender strip or cross-gender visual body cavity searches of residents: 0 2. The number of cross-gender strip or cross-gender visual body cavity searches of residents that did not involve exigent circumstances or were performed by non-medical staff: 0 DCJDC and PVETF Detainee/Resident Searches & Seizures/Transgender/Cross-Gender Policy (developed October 24, 2022) The facility shall not conduct cross-gender strip searches or cross-gender visual body cavity searches (meaning a search of the anal or genital opening) except in exigent circumstances or when performed by medical practitioners. 115.315 (b) PAQ: The facility does not permit cross-gender pat-down searches of residents, absent exigent circumstances. In the past 12 months: 1. The number of cross-gender pat-down searches of residents: 0

2. The number of cross-gender pat-down searches of residents that did not involve exigent circumstance(s): 0

DCJDC and PVETF Detainee/Resident Searches & Seizures/Transgender/Cross-Gender Policy (developed October 24, 2022) Pat searches of female detainees/residents *will* be conducted by female staff only. Pat searches of male detainees/residents *will be* conducted by male staff only.

Residents interviewed confirmed no staff of the opposite gender have performed a pat-down search of their body. Staff interviewed confirmed they are restricted from conducting cross-gender pat-down searches. No staff interviewed provided an example of a circumstance that would warrant such a search other than searches of transgender or intersex residents.

115.315 (c)

PAQ: Facility policy requires that all cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat-down searches be documented and justified.

Policy is silent on the standard provision.

115.315 (d)

PAQ: The facility has implemented policies and procedures that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks (this includes viewing via video camera). Policies and procedures require staff of the opposite gender to announce their presence when entering a resident housing unit or area where residents are likely to be showering, performing bodily functions, or changing clothing.

DCJDC and PVETF Detainee/Resident Searches & Seizures/Transgender/Cross-Gender Policy (developed October 24, 2022) The facility shall implement policies and procedures that enable detainees/residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender reviewing their breasts, buttocks, or genitalia, except in exigent circumstances.

Staff interviews confirmed staff of the opposite gender announce their presence when entering a housing unit that houses residents of the opposite gender. Interviews also confirmed residents are able to dress, shower and performing bodily functions without being viewed by staff of the opposite gender. Interviews with residents corroborated that staff announce their presence when entering a housing unit that houses residents of the opposite gender. All residents stated they are never fully naked in full view of staff of the opposite gender.

PREA Site Review:

Residents are able to shower, perform bodily functions, and change clothing in the privacy of an individual shower stall with a shower curtain. The auditor observed female and male staff announcing their presence before entering the housing units.

115.315 (e)

PAQ: The facility has a policy prohibiting staff from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status. Zero (0) such searches occurred in the past 12 months.

DCJDC and PVETF Detainee/Resident Searches & Seizures/Transgender/Cross-Gender Policy (developed October 24, 2022) If a detainee's or resident's genital status is unknown, an agency can determine it through conversations with the detainee/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.

Interviews with staff confirmed they are aware of the policy prohibiting them from searching or physically examining a transgender or intersex juvenile for the purpose of determining the juvenile's genital status.

No residents identified as transgender during the onsite phase of the audit.

115.315 (f)

The percent of all security staff who received training on conducting cross-gender pat-down searches and searches of transgender and intersex residents in a professional and respectful manner, consistent with security needs: 0%; Training was accomplished through corrective action.

DCJDC and PVETF Detainee/Resident Searches & Seizures/Transgender/Cross-Gender Policy (developed October 24, 2022) This agency will provide training to all Team Members security in how to conduct cross-gender pat-down searches and searches of transgender and intersex inmates/residents/detainees.

Staff interviewed confirmed they had not received training on how to conduct searches of transgender residents in a professional and respectful manner, consistent with security needs.

Staff training on conducting cross-gender pat-down searches and searches of transgender and intersex residents in a professional and respectful manner, consistent with security needs was accomplished through corrective action April 25, 2023, Additionally, the training curriculum was provided to the auditor for review April 25, 2023. The facility uses the Guidance on Cross-Gender and Transgender Pat Searches video provided by the PREA Resource Center.

Conclusion and Corrective Action:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is compliant with this standard regarding limits to cross-gender viewing and searches. Corrective action is complete.

115.315 (a-f) DCJDC and PVETF Detainee/Resident Searches & Seizures/Transgender/Cross-Gender Policy was developed October 24, 2022.

115.315 (f) Training on conducting searches of transgender and intersex residents in a professional and respectful manner, consistent with security needs, was

	accomplished through corrective action April 25, 2023. Additionally, the Guidance on Cross-Gender and Transgender Pat Searches training curriculum was provided to the auditor for review April 25, 2023.
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115.316	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination: Documents: 1. DCJDC and PVETF Policy 13.8.1: Protection from Sexual Abuse and Assault 2. DCJDC Pre-Audit Questionnaire (PAQ) Documents (Corrective Action): 1. Description of established procedures for residents with disabilities – April 7, 2023 2. Procedures for written materials provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: have limited reading skills, have intellectual disabilities, and who are blind or have low vision - April 7, 2023 3. Staff training on PREA-compliant practices for residents with disabilities – April 14, 2023 4. Staff training on PREA-compliant practices for residents with Limited English Proficiency - April 14, 2023 5. Availability of interpreters or other professionals hired to ensure effective communication with residents with Limited English Proficiency – April 26, 2023 6. Written materials used for effective communication about PREA with residents with Limited English Proficiency – December 14, 2022 Interviews: 1. Agency Head or Designee (PREA Coordinator) 2. Random Sample of Staff 3. Residents (with disabilities or who are limited English proficient) Site Review Observations: Observations during onsite review of facility Findings (By Provision): 115.316 (a) PAQ: The agency has established procedures to provide disabled residents equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. DCJDC and PVETF Policy 13.8.1 (page 7) Dallas County Juvenile Detention Center & Perry Varner Education and Treatment Facility shall take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Such steps shall include, when necessary to ensure effective communication with residents who are deaf or hard of hearing, providing access to

interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. In addition, Dallas County Juvenile Detention Center & Perry Varner Education and Treatment Facility shall 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, limited reading skills, or who are blind or have low vision.

No residents with disabilities were identified during the onsite phase of the audit.

The auditor requested the facility to describe how each of the following have an equal opportunity to participate in or benefit from all aspects of PREA:

1. Residents who are deaf or hard of hearing
2. Residents who are blind or have low vision
3. Residents who have intellectual disabilities
4. Residents who have psychiatric disabilities
5. Residents who have speech disabilities

The auditor requested the facility to describe steps taken to ensure effective communication with:

1. Resident who are deaf or hard of hearing

As part of corrective action, the facility provided procedures for providing residents with equal opportunity to participate in or benefit from all aspects of PREA, April 7, 2023. The steps taken to ensure effective communication with all youth include the “read aloud” option on the computer, staff verbally reading the handbook, and through visual posters, videos, etc. The facility contracts with a licensed psychiatrist for any means to communicate for further needs. Interpretation services are offered through the county MOU agreement with the Dallas County Sheriff’s Department. The facility is looking to update further methods of communication through Braille.

Staff training on PREA-compliant practices for residents with disabilities was accomplished through corrective action, April 14, 2023. The facility provided a staff sign-in sheet documenting staff have received the training.

115.316 (b)

PAQ: The agency has established procedures to provide residents with limited English proficiency equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

DCJDC and PVETF Policy 13.8.1 (page 7) Dallas County Juvenile Detention Center & Perry Varner Education and Treatment Facility shall take reasonable steps to ensure meaningful access to all aspects of the efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary.

No residents with limited English proficiency were identified during the onsite phase of the audit.

The auditor requested the facility provide information on the availability of interpretation services. Through corrective action the facility provided documented evidence of the availability of a Spanish interpreter, April 26, 2023. The auditor contacted the interpreter to confirm availability of the services. Interpretation for other languages would be provided through an agreement with the Dallas County Sheriff's Department.

Through corrective action, the facility updated the resident handbook, PREA pamphlet, and PREA posters. They are available in English and Spanish.

Staff training on PREA-compliant practices for residents with Limited English Proficiency was accomplished through corrective action, April 14, 2023. The facility provided a staff sign-in sheet documenting staff have received the training.

PREA Site Review:

The auditor observed posters are available in English and Spanish. The PREA pamphlet is not provided in Spanish. Due to lack of information, the auditor was unable to test the process for securing interpretation services on-demand.

115.316 (c)

PAQ: Agency policy prohibits use of resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations. The agency or facility documents the limited circumstances in individual cases where resident interpreters, readers, or other types of resident assistants are used.

In the past 12 months, the number of instances where resident interpreters, readers, or other types of resident assistants have been used and it was not the case that an extended delay in obtaining another interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations: 0

DCJDC and PVETF Policy 13.8.1 (page 7) Dallas County Juvenile Detention Center & Perry Varner Education and Treatment Facility shall not rely on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-responder duties, or the investigation of the resident's allegations.

Staff interviews confirmed the agency would use a Spanish speaking staff member or a language service for interpretation. No staff interviewed had any knowledge of resident interpreters, resident readers, or any other types of resident assistants being used in relation to allegations of sexual abuse or sexual harassment.

Conclusion and Corrective Action:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding residents with disabilities and residents who are limited English Proficient. Corrective action is complete.

115.316 (a)

The facility provided procedures for providing residents with equal opportunity to participate in or benefit from all aspects of PREA, April 7, 2023.

Staff training on PREA-compliant practices for residents with disabilities was completed April 14, 2023.

115.316 (b)

The facility provided documented evidence of the availability of a Spanish interpreter, April 26, 2023. Interpretation for other languages would be provided through an agreement with the Dallas County Sheriff's Department.

The facility updated the resident handbook, PREA pamphlet, and PREA posters. They are available in English and Spanish.

Staff training on PREA-compliant practices for residents with Limited English Proficiency was completed April 14, 2023.

115.317	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination: Documents: 1. DCJDC and PVETF Policy 13.8.1: Protection from Sexual Abuse and Assault 2. Criminal background record checks 3. Child abuse registry checks 4. DCJDC Pre-Audit Questionnaire (PAQ) Documents (Corrective Action): 1. Questions about prior misconduct asked at hire, evaluations, and promotions – December 14, 2022 2. Documented evidence of consideration of sexual harassment – December 14, 2022 3. Documented evidence of contacting all prior institutional employers – December 14, 2022 4. Criminal Background Record Checks – April 12, 2023 5. 5 Year Criminal Background Record Checks - April 25, 2023 Interviews: 1. Administrative (Human Resources) Staff Findings (By Provision): 115.317 (a) PAQ: Agency policy prohibits hiring or promoting anyone who may have contact with residents, and prohibits enlisting the services of any contractor who may have contact with residents, who: 1. Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); 2. Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or 3. Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section. Policy is silent on the standard provision. The auditor requested documented evidence the three (3) questions regarding past conduct were asked and answered. The HR staff interview revealed the facility does not ask all applicants and employees about previous misconduct in written applications for hiring and promotions and in written self-evaluations conducted as part of reviews for current employees.

Through corrective action, the facility developed the PREA Appraisal/Employment Questionnaire, December 14, 2022. The facility provided 14 examples of completed questionnaires, April 24, 2023.

115.317 (b)

PAQ: Agency policy requires the consideration of any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents.

Policy is silent on the standard provision.

The HR staff confirmed the department does not consider prior 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 the residents.

Through corrective action, the facility developed the PREA Appraisal/Employment Questionnaire, December 14, 2022. The questionnaire includes a question regarding incidents of sexual harassment. The facility provided 14 examples of completed questionnaires, April 24, 2023.

115.317 (c)

PAQ: Agency policy requires that before it hires any new employees who may have contact with residents, it (a) conducts criminal background record checks, (b) consults any child abuse registry maintained by the State or locality in which the employee would work; and (c) consistent with Federal, State, and local law, makes its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.

During the past 12 months:

1. The number of persons hired who may have contact with residents who have had criminal background record checks: Unknown; information has been requested.
2. The percent of persons hired who may have contact with residents who have had criminal background record checks: Unknown; information has been requested

Policy is silent on the standard provision.

The HR staff stated the department performs criminal background record checks and considers pertinent civil or administrative adjudications for all newly hired employees who may have contact with the residents and all employees, who may have contact with residents who are being considered for promotions. The HR staff also confirmed the department consults with the child abuse registry.

The auditor reviewed some background checks for new hires and staff interviewed for verification they are conducted in compliance with the standard provision. Through corrective action, the facility provided completed c background checks for all staff interviewed, April 12, 2023.

The auditor reviewed some child abuse registry checks for new hires and staff interviewed for verification they are conducted in compliance with the standard

provision. Through corrective action, the facility provided completed child abuse registry checks and submitted child abuse registry checks for all staff interviewed, April 12, 2023.

The auditor requested documented evidence that the facility contacts all prior institutional employers on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. Through corrective action, the facility developed the Applicant Reference Form, December 14, 2022. The reference form is compliant with the standard provision requirement to contact prior institutional employers.

115.317 (d)

PAQ: Agency policy requires that a criminal background records check be completed, and applicable child abuse registries consulted before enlisting the services of any contractor who may have contact with residents.

During the past 12 months:

1. The number of contracts for services where criminal background record checks were conducted on all staff covered in the contract who might have contact with residents: 4
2. The percent of contracts for services where criminal background record checks were conducted on all staff covered in the contract who might have contact with residents: The PAQ indicates the system was unable to calculate percentage because no response was entered during the pre-audit for the question "Number of contracts in the past 12 months for services with contractors who may have contact with residents:"

Policy is silent on the standard provision.

The HR staff stated the department does not perform criminal background record checks and consider pertinent civil or administrative adjudications for all contractors who may have contact with the residents and all contractors, who may have contact with residents who are being considered for promotions.

The auditor requested records of background checks of contractors who might have contact with residents for verification they are conducted in compliance with the standard provision. The HR staff identified the psychologist and doctor as two contractors.

Through corrective action, the facility conducted criminal background checks and child abuse registry checks for the 2 contractors (therapist and psychologist) who have contact with the residents, April 25, 2023. The facility provided the records and submitted checks to the auditor for review. The background check for the therapist was completed and the background check for the psychologist has been submitted.

115.317 (e)

PAQ: Agency policy requires that either criminal background records checks be conducted at least every five years of current employees and contractors who may

have contact with residents or that a system is in place for otherwise capturing such information for current employees.

Policy is silent on the standard provision.

The interview with the HR staff confirmed the department did not conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents.

Through corrective action, all employees identified as having a background check past 5 years received a current criminal background records check, April 25, 2023. Additionally, the facility created a form, the Contingent Employment Agreement, that states employees will receive criminal background records checks at 3 year intervals, March 31, 2023.

115.317 (f)

Policy is silent on the standard provision.

The auditor has requested documented evidence the three (3) questions regarding past conduct were asked and answered at hire, evaluations, and for promotions.

The HR staff interview revealed the facility does not ask all applicants and employees about previous misconduct in written applications for hiring and promotions and in written self-evaluations conducted as part of reviews for current employees.

Through corrective action, the facility developed the PREA Appraisal/Employment Questionnaire, December 14, 2022. The form will be used at hire, evaluations, and for promotions. The facility provided 14 examples of completed questionnaires, April 24, 2023 for annual appraisals.

115.317 (g)

PAQ: Agency policy states that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

Policy is silent on the standard provision.

The HR staff interview revealed the facility does not impose upon employees a continuing affirmative duty to disclose any such previous misconduct.

Through corrective action, the facility developed the PREA Appraisal/Employment Questionnaire, December 14, 2022.

115.317 (h)

Policy is silent on the standard provision.

The HR staff interview was inconclusive with regards to providing information on substantiated allegations of sexual abuse or sexual harassment involving the former employee.

Through corrective action, the facility clarified that information on substantiated

allegations of sexual abuse or sexual harassment involving the former employee would be provided as required.

Conclusion, Policy Suggestion, and Corrective Actions:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding hiring and promotion decisions. Corrective action is complete.

115.317 (a-g)

The auditor suggested policy is fully inclusive of the standard provisions requirements.

115.317 (a and f)

Documented evidence the three (3) questions regarding past conduct are asked and answered at hire, evaluations, and for promotions, was required for compliance. The facility developed the PREA Appraisal/Employment Questionnaire, December 14, 2022. The form will be used at hire, evaluations, and for promotions. The facility provided 14 examples of completed questionnaires, April 24, 2023 for annual appraisals.

115.317 (b)

Documented consideration of any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents was required for compliance. The facility developed the PREA Appraisal/Employment Questionnaire, December 14, 2022. The questionnaire includes a question regarding incidents of sexual harassment. The facility provided 14 examples of completed questionnaires, April 24, 2023.

115.317 (c)

Documented evidence that the facility contacts all prior institutional employers on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse, was required for a compliance determination. The facility developed the Applicant Reference Form, December 14, 2022.

115.317 (d)

Records of background checks of contractors who might have contact with residents was required for a compliance determination. The facility conducted criminal background checks and child abuse registry checks for the 2 contractors (therapist and psychologist) who have contact with the residents, April 25, 2023. The facility provided the records and submitted checks to the auditor for review. The background check for the therapist was completed and the background check for the psychologist has been submitted.

115.317 (e)

Documented evidence the facility conducts criminal background records checks at least every five years of current employees and contractors who may have contact with residents, is required for a compliance determination. All employees identified as having a background check past 5 years received a current criminal background

records check, April 25, 2023. Additionally, the facility created a form, the Contingent Employment Agreement, that states employees will receive criminal background records checks at 3 year intervals, March 31, 2023.

115.317 (g)

Through corrective action, the facility developed the PREA Appraisal/Employment Questionnaire, December 14, 2022. Material omissions regarding past misconduct, or the provision of materially false information, shall be grounds for termination.

115.317 (f)

The facility clarified that information on substantiated allegations of sexual abuse or sexual harassment involving the former employee would be provided as required.

115.318	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination: Documents: 1. DCJDC and PVETF Policy 13.8.1: Protection from Sexual Abuse and Assault 2. DCJDC Pre-Audit Questionnaire (PAQ) Interviews: 1. Agency Head or Designee (PREA Coordinator) 2. Superintendent or Designee (Facility Director) Site Review Observations: Observations during on-site review of physical plant Findings (By Provision): 115.318 (a) PAQ: The agency or facility has not acquired a new facility or made a substantial expansion or modification to existing facilities since the last PREA audit. The PREA Coordinator and the Facility Director both confirmed the facility would consider the ability to protect residents from sexual abuse when designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities. Also, the agency would consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse. 115.318 (b) PAQ: The agency or facility has installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since the last PREA audit. The PREA Coordinator and the Facility Director both confirmed when installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the agency shall consider how such technology may enhance the agency's ability to protect residents from sexual abuse. Conclusion: Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding upgrades to facilities and technologies. No corrective action is required.

115.321	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination: Documents: 1. DCJDC and PVETF Policy 13.8.1: Protection from Sexual Abuse and Assault 2. MOU: One Place Family Justice - Standing Together Against Rape (STAR) 3. Certificates: Criminal Investigation Techniques 4. Letter: Dallas County Sheriff Department Criminal Investigations Division 5. DCJDC Pre-Audit Questionnaire (PAQ) Interviews: 1. PREA Compliance Manager 2. Random Sample of Staff 3. SAFEs/SANEs (One Place Family Justice - Standing Together Against Rape (STAR)) 4. Residents who Reported a Sexual Abuse Findings (By Provision): 115.321 (a) and (b) PAQ: The facility is not responsible for conducting administrative or criminal sexual abuse investigations (including resident-on-resident sexual abuse or staff sexual misconduct). The Dallas County Sheriff Department is responsible for conducting criminal sexual abuse investigations (including resident-on-resident sexual abuse or staff sexual misconduct). The PAQ indicates, when conducting a sexual abuse investigation, the Dallas County Sheriff Department investigators would follow a uniform evidence protocol. Staff interviews confirmed they are knowledgeable of the agency's protocol for obtaining usable physical evidence if a resident alleges sexual abuse. They were also knowledgeable that the Dallas County Sheriff Department is responsible for conducting sexual abuse investigations. 115.321 (c) PAQ: The facility offers all residents who experience sexual abuse access to forensic medical examinations. Forensic medical examinations are offered without financial cost to the victim. Where possible, examinations are conducted by Sexual Assault Forensic Examiners (SAFes) or Sexual Assault Nurse Examiners (SANEs). When SANEs or SAFes are not available, a qualified medical practitioner performs forensic medical examinations. During the past 12 months: 1. The number of forensic medical exams conducted: 0 2. The number of exams performed by SANEs/SAFes: 0

3. The number of exams performed by a qualified medical practitioner: 0

DCJDC and PVETF Policy 13.8.1 (page 17) The Dallas County Juvenile Detention Center & Perry Varner Education and Treatment Facility shall offer all juveniles who experience sexual abuse access to forensic medical examinations without financial cost. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners. The facility shall document its efforts to provide SAFEs or SANEs.

The auditor observed the facility has a MOU with the One Place Family Justice - Standing Together Against Rape (STAR) Program for access to forensic medical examinations.

The auditor contacted the One Place Family Justice Executive Director and was informed that SANE's are available to conduct forensic medical examinations for victims of sexual abuse.

115.321 (d) and (e)

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

(e) PAQ: If requested by the victim, a victim advocate, or qualified agency staff member, or qualified community-based organization staff member accompanies and supports the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals.

DCJDC and PVETF Policy 13.8.1 (page 17) The Dallas County Juvenile Detention Center & Perry Varner Education and Treatment Facility shall attempt to make available to the victim a victim advocate from a rape crisis center. If a rape crisis center is not available to provide victim advocate services, the agency shall make available to provide these services through a qualified staff member from a community-based organization or a qualified agency staff member that has received Victim Advocacy training. Such training shall be documented on DYS Form 115.321 Confirmation of Receipt of Specialized Training for Victim Advocates.

The auditor observed the facility has a MOU with the One Place Family Justice for victim advocacy services.

The auditor contacted the One Place Family Justice Executive Director and was told that if requested by the facility, they would provide victim advocacy services to victims of sexual abuse. Services would be provided at no cost to the victim.

115.321 (f)

PAQ: If the agency is not responsible for administrative or criminal investigating allegations of sexual abuse and relies on another agency to conduct these investigations, the agency has requested that the responsible agency follow the requirements of paragraphs §115.321 (a) through (e) of the standards.

The facility provided a letter from the Dallas County Sheriff Department Criminal Investigations Division and training certificates for conducting criminal investigations of allegations of sexual abuse.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding evidence protocol and forensic medical examinations. No corrective action is required.

115.322	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard Auditor Discussion The following evidence was analyzed in making the compliance determination: Documents: 1. DCJDC and PVETF Policy 13.8.1: Protection from Sexual Abuse and Assault 2. Website 3. DCJDC Pre-Audit Questionnaire (PAQ) Interview: 1. Agency Head or Designee (PREA Coordinator) Findings (By Provision): 115.322 (a) PAQ: The agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. In the past 12 months: 1. The number of allegations of sexual abuse and sexual harassment that were received: 0 2. The number of allegations resulting in an administrative investigation: 0 3. The number of allegations referred for criminal investigation: 0 Referring to allegations received in the past 12 months, all administrative and/or criminal investigations were completed. Website publication - Dallas County Juvenile Detention Center shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. 115.322 (b) The agency has a policy that requires that allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, including the agency if it conducts its own investigations, unless the allegation does not involve potentially criminal behavior. The Dallas County Juvenile Detention Center has the investigation policy published on the website: http://www.dallascounty-al.org/. 115.322 (c) If a separate entity is responsible for conducting criminal investigations, such publication shall describe the responsibilities of both the agency and the investigating entity. The auditor observed the Dallas County Sheriff Department is responsible for conducting criminal investigations for the agency. Conclusion:

	Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding policies to ensure referrals of allegations for investigations. No corrective action is required.
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115.331	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination: Documents: 1. DCJDC and PVETF Policy 13.8.1: Protection from Sexual Abuse and Assault 2. Training Curriculum – partially inclusive of training topics 3. Staff Training Logs 4. Resident PREA Pamphlet 5. DCJDC Pre-Audit Questionnaire (PAQ) Documents (Corrective Action): 1. Training Curriculum – fully inclusive of all training topics – April 7, 2023 2. Staff Training Records – April 14, 2023 Interviews: 1. Random Sample of Staff Findings (By Provision): 115.331 (a) PAQ: The agency trains all employees who may have contact with residents on the eleven required topics. DCJDC and PVETF Policy 13.8.1 (page 28) For policy and procedures on PREA Specific staff training requirements, refer to Policy and Procedures for Sexual Abuse/ Assault/Harassment Training. The auditor reviewed a partial training curriculum. A fully inclusive training curriculum was required for compliance with the standard provision. Through corrective action, the training curriculum was provided, April 7, 2021. 115.331 (b) PAQ: Training is tailored to the unique needs and attributes and gender of the residents at the facility. Employees who are reassigned from facilities housing the opposite gender are given additional training. 115.331 (c) PAQ: Between trainings the agency provides employees who may have contact with residents with refresher information about current policies regarding sexual abuse and harassment. The frequency with which employees who may have contact with residents receive refresher training on PREA requirements: Annually The auditor requested training records for 2021 and 2022 for all staff to enable a compliance determination. Through corrective action the facility provided staff training April 14, 2023. The staff sign-in sheet was provided for review. All staff interviewed, including administration, specialized staff, and direct care staff,

received training.

115.331 (d)

PAQ: The agency documents that employees who may have contact with residents understand the training they have received through employee signature or electronic verification.

The facility provided staff training records for one staff trained in 2016, one staff trained in 2021, and one staff trained in 2022. The auditor requested training records for 2021 and 2022 for all staff to enable a compliance determination. Through corrective action the facility provided staff training April 14, 2023. The staff sign-in sheet was provided for review. All staff interviewed, including administration, specialized staff, and direct care staff, received training.

Conclusion and Corrective Action:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding employee training. Corrective action is complete.

115.331 (a)

A fully inclusive training curriculum was provided, April 7, 2021.

115.331 (c)

The facility provided staff training on April 14, 2023. The staff sign-in sheet was provided for review. All staff interviewed, including administration, specialized staff, and direct care staff, received training.

115.332	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination: Documents: 1. DCJDC and PVETF Policy 13.8.1: Protection from Sexual Abuse and Assault 2. PREA Fact Sheet 3. Contract Provider Receipt of PREA 4. DCJDC Pre-Audit Questionnaire (PAQ) Documents (Corrective Action): 1. Contract Provider Receipt of PREA for the 2 contract staff indicated by the PAQ – April 27, 2023 2. Contractor interviews – April 22, 2023 Interviews: Volunteers or Contractors who have Contact with Residents Findings (By Provision): 115.332 (a) PAQ: All volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency’s policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response. The number of volunteers and contractors, who have contact with residents, who have been trained in agency’s policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response: 2 Policy is silent on the standard provision. The auditor reviewed a Contract Provider Receipt of PREA for one contractor. The document indicates receipt of training on responsibilities under the agency’s policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response. The auditor requested the facility assist in scheduling interviews with the contract psychologist and therapist to enable a compliance determination. After receiving contact information, the auditor completed interviews with the therapist and psychologist, April 21, 2023. The auditor requested the training documents for the 4 contract staff indicated by the PAQ to enable a compliance determination. This training was accomplished through corrective action, April 25, 2023. Training receipts were provided to the auditor for review. The facility stated there are no active volunteers.

115.332 (b)

PAQ: 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, but all volunteers and contractors who have contact with residents shall be notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.

The auditor reviewed Contract Provider Receipt of PREA for one contractor. The document indicates receipt of training on responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response. The document indicates the contractor also received additional topics required by standard 115.331.

Through corrective action, the therapist and psychologist also received the specialized topics required by standard 115.335, April 27, 2023.

115.332 (c)

PAQ: The agency maintains documentation confirming that volunteers and contractors understand the training they have received.

The auditor reviewed Contract Provider Receipt of PREA for one contractor. The auditor requested the training documents for the 4 contract staff indicated by the PAQ to enable a compliance determination. This training was accomplished through corrective action, April 25, 2023. Training receipts were provided to the auditor for review.

Conclusion, Policy Suggestion, and Corrective Actions:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding volunteer and contractor training. Corrective action is complete.

115.332 (a-c)

- The auditor suggests policy is fully inclusive of the standard provisions requirements.
- The auditor requests the training documents for the 2 contract staff indicated by the PAQ to enable a compliance determination. This training was accomplished through corrective action, April 27, 2023. Training receipts were provided to the auditor for review.
- The auditor requested the facility assist in scheduling interviews with the contract psychologist and therapist to enable a compliance determination. After receiving contact information, the auditor completed interviews with the therapist and psychologist, April 21, 2023.

115.333	Resident education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination: Documents: 1. DCJDC and PVETF Policy 13.8.1: Protection from Sexual Abuse and Assault 2. Juvenile Confirmation of Receipt of PREA 3. Juvenile Receipt of PREA Brochure 4. Resident PREA Pamphlet 5. Resident PREA Posters 6. Resident Handbook 7. DCJDC Pre-Audit Questionnaire (PAQ) Documents (Corrective Action): 1. Resident PREA Pamphlet with current information – December 14, 2022 2. Resident Handbook inclusive of PREA information – December 14, 2022 3. Intake records for residents interviewed and 12 month historical examples – April 14, 2023 4. Comprehensive PREA education records for residents interviewed and 12 month historical examples – April 14, 2023 5. Description of established procedures for residents with disabilities – April 10, 2023 6. Written materials provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: have limited reading skills, have intellectual disabilities, and who are blind or have low vision – April 10, 2023 7. Availability of interpreters or other professionals hired to ensure effective communication with residents with Limited English Proficiency – April 26, 2026 8. Written materials used for effective communication about PREA with residents with Limited English Proficiency - December 14, 2022 9. PREA video Interviews: 1. Intake Staff 2. Random Sample of Residents Site Review Observations: Observations during on-site review of physical plant Findings (By Provision): 115.333 (a) PAQ: Residents receive information at time of intake about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment. This information is provided in an age appropriate fashion.

Of residents admitted during the past 12 months, the number who were given this information at intake: 64

DCJDC and PVETF Policy 13.8.1 (page 6) During the intake process, juveniles shall receive information explaining, in an age-appropriate fashion, the zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment. Juveniles shall be given at intake a copy of the Juvenile Handbook which includes orientation on sexual assault. This information shall be read by staff to all juveniles in groups or individually.

The auditor did not observe information about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment included in the resident handbook. The auditor observed resident brochures. The facility provided different versions of the resident PREA brochure. The auditor requests clarity on which version is currently used for intake. Through corrective action, the handbook and brochure were updated to be consistent and inclusive of the standard provision requirements, December 14, 2022.

The auditor requested the intake records for all residents present at the facility during the onsite phase of the audit and 12 month historical examples to enable a compliance determination. The records were provided for review, April 11, 2023.

115.333 (b)

PAQ: Of residents admitted during the past 12 months, the number who received such education within 10 days of intake: 208

Juveniles shall be explained their right to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents. Residents interviewed confirmed they were told about their right not to be sexually abused and sexually harassed, how to report sexual abuse or sexual harassment, and their right not to be punished for reporting sexual abuse or sexual harassment. They stated they received PREA education upon admission to the facility, during intake.

The auditor requested comprehensive education records for all residents present at the facility during the onsite phase of the audit and 12 month historical examples to enable a compliance determination. The records were provided for review, April 11, 2023.

115.333 (c)

PAQ: All residents were educated within 10 days of intake. All residents are educated on PREA within the first 24 hours of intake.

The Intake Staff stated the residents are educated on the agency's zero-tolerance policy on sexual abuse and sexual harassment. The residents sign for receipt of the PREA brochure.

115.333 (d)

PAQ: The agency shall provide resident education in formats accessible to all residents, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to residents who have limited reading skills.

DCJDC and PVETF Policy 13.8.1 (pages 6-7) Dallas County Juvenile Detention Center & Perry Varner Education and Treatment Facility shall provide juvenile orientation in formats accessible to all juveniles, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to juveniles who have limited reading skills.

Dallas County Juvenile Detention Center & Perry Varner Education and Treatment Facility shall take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Such steps shall include, when necessary to ensure effective communication with residents who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. In addition, Dallas County Juvenile Detention Center & Perry Varner Education and Treatment Facility shall 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, limited reading skills, or who are blind or have low vision.

Dallas County Juvenile Detention Center & Perry Varner Education and Treatment Facility shall take reasonable steps to ensure meaningful access to all aspects of the efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary.

No residents with disabilities were identified during the onsite phase of the audit. No residents with limited English proficiency were identified during the onsite phase of the audit.

As part of corrective action, the facility provided procedures for providing residents with equal opportunity to participate in or benefit from all aspects of PREA, April 7, 2023. The steps taken to ensure effective communication with all youth include the "read aloud" option on the computer, staff verbally reading the handbook, and through visual posters, videos, etc. The facility contracts with a licensed psychiatrist for any means to communicate for further needs. Interpretation services are offered through the county MOU agreement with the Dallas County Sheriff's Department. The facility is looking to update further methods of communication through Braille.

The auditor requested the facility provide information on the availability of interpretation services. Through corrective action the facility provided documented evidence of the availability of a Spanish interpreter, April 26, 2023. The auditor contacted the interpreter to confirm availability of the services. Interpretation for other languages would be provided through an agreement with the Dallas County Sheriff's Department.

PREA Site Review:

The auditor observed posters are available in English and Spanish. The PREA pamphlet was provided in Spanish through corrective action, October 21, 2022. Due to lack of information, the auditor was unable to test the process for securing interpretation services on-demand.

115.333 (e)

PAQ: The agency maintains documentation of resident participation in PREA education sessions.

DCJDC and PVETF Policy 13.8.1 (pages 6-7) Dallas County Juvenile Detention Center & Perry Varner Education and Treatment Facility shall maintain documentation of juvenile participation in these orientation sessions using DYS Form 115.333.1 Juvenile Confirmation of Receipt of PREA.

The auditor requested the Juvenile Receipt of PREA Brochure and Juvenile Confirmation of Receipt of PREA for all residents present at the facility during the onsite phase of the audit and 12 month historical examples to enable a compliance determination. The records were provided for review, April 11, 2023.

115.333 (f)

PAQ: The agency ensures that key information about the agency's PREA policies is continuously and readily available or visible through posters, resident handbooks, or other written formats.

DCJDC and PVETF Policy 13.8.1 (page 7) In addition to providing such education, the PREA Coordinator and PREA Compliance Manager shall ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats.

The auditor observed there are PREA posters, with key information about the agency's PREA policies, located throughout the facility. Through corrective action, the posters were updated to better reflect services the facility's practices and reporting avenues.

Conclusion and Corrective Action:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding resident education. Corrective action is complete.

115.333 (a and f)

- The auditor did not observe information about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment included in the resident handbook. The handbook was updated to be consistent and inclusive of the standard provision requirements, December 14, 2022.
- The auditor observed resident brochures. The facility provided different versions of the resident PREA brochure. The auditor requested clarity on which version is currently used for intake. The brochure was updated to be consistent and inclusive of the standard provision requirements, December 14, 2022.

- The auditor requested the intake records for all residents present at the facility during the onsite phase of the audit and 12 month historical examples to enable a compliance determination. The records were provided for review, April 11, 2023.

115.333 (b and f)

- The auditor requests the comprehensive education records for all residents present at the facility during the onsite phase of the audit and 12 month historical examples to enable a compliance determination. The records were provided for review, April 11, 2023.

115.333 (d)

The facility provided procedures for providing residents with equal opportunity to participate in or benefit from all aspects of PREA, April 7, 2023. The steps taken to ensure effective communication with all youth include the “read aloud” option on the computer, staff verbally reading the handbook, and through visual posters, videos, etc. The facility contracts with a licensed psychiatrist for any means to communicate for further needs. Interpretation services are offered through the county MOU agreement with the Dallas County Sheriff’s Department. The facility is looking to update further methods of communication through Braille, April 10, 2023.

The facility provided documented evidence of the availability of a Spanish interpreter, April 26, 2023. Interpretation for other languages would be provided through an agreement with the Dallas County Sheriff’s Department.

115.334	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination: Documents: 1. DCJDC and PVETF Policy 13.8.1: Protection from Sexual Abuse and Assault 2. DCJDC Pre-Audit Questionnaire (PAQ) Findings (By Provision): 115.334 (a) N/A The agency does not conduct any form of administrative or criminal sexual abuse investigations. 115.334 (b) N/A The agency does not conduct any form of administrative or criminal sexual abuse investigations. 115.334 (c) N/A The agency does not conduct any form of administrative or criminal sexual abuse investigations. Conclusion: Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding specialized training for investigations. No corrective action is required.

115.335	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination: Documents: 1. DCJDC and PVETF Policy 13.8.1: Protection from Sexual Abuse and Assault 2. DCJDC Pre-Audit Questionnaire (PAQ) Documents (Corrective Action): 1. Specialized training confirmation for the nurse, therapist, and psychologist - April 27, 2023 2. Documented training required by standard 115.331 for the nurse, therapist, and psychologist - April 27, 2023 Interviews: 1. Medical Staff and Mental Health Staff Findings (By Provision): 115.335 (a) PAQ: The agency has a policy related to the training of medical and mental health practitioners who work regularly in its facilities. 1. The number of all medical and mental health care practitioners who work regularly at this facility who received the training: 3 (through corrective action) 2. The percent of all medical and mental health care practitioners who work regularly at this facility who received the training required by agency policy: (through corrective action) Policy is silent on the standard provision. An interview with the nurse was did not confirm he received the specialized training topics regarding sexual abuse and sexual harassment. 115.335 (b) PAQ: The agency does not employee medical staff that conduct forensic exams. Forensic medical examinations are performed offsite. An interview with the nurse confirmed forensic medical examinations are not conducted at the facility. 115.335 (c) PAQ: The agency maintains documentation showing that medical and mental health practitioners have completed the required training. Policy is silent on the standard provision. Specialized training confirmation for the nurse, therapist, and psychologist is

required for a compliance determination. Through corrective action the therapist and psychologist received the training, April 27, 2023.

115.335 (d)

Medical and mental health care practitioners shall also receive the training mandated for employees under § 115.331 or for contractors and volunteers under § 115.332, depending upon the practitioner's status at the agency.

Policy is silent on the standard provision.

The auditor reviewed staff PREA training records. The nurse received the training mandated for employees under §115.331. The same documented training for the therapist, and psychologist was required for a compliance determination. Through corrective action the therapist and psychologist received the training, April 27, 2023.

Conclusion, Policy Suggestion, and Corrective Actions:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding specialized training for medical and mental health care. Corrective action is complete.

115.335 (a-d)

- The auditor suggests policy is fully inclusive of the standard provisions requirements.
- Specialized training confirmation for the nurse, therapist, and psychologist was required. Through corrective action the therapist and psychologist received the training, April 27, 2023.
- Documented training required by standard 115.331 for the nurse, therapist, and psychologist was required. Through corrective action the therapist and psychologist received the training, April 27, 2023.

115.335 (c)

PAQ: The agency maintains documentation showing that medical and mental health practitioners have completed the required training.

Policy is silent on the standard provision.

Specialized training confirmation for the nurse, therapist, and psychologist is required for a compliance determination. Through corrective action the therapist received the training, April 24, 2023. The nurse and psychologist received the training, April 25, 2023.

115.335 (d)

Medical and mental health care practitioners shall also receive the training mandated for employees under § 115.331 or for contractors and volunteers under § 115.332, depending upon the practitioner's status at the agency.

Policy is silent on the standard provision.

The auditor reviewed staff PREA training records. The nurse received the training

mandated for employees under §115.331. The same documented training for the therapist, and psychologist was required for a compliance determination. Through corrective action the therapist received the training, April 24, 2023 and the psychologist received the training, April 25, 2023.

Conclusion, Policy Suggestion, and Corrective Actions:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding specialized training for medical and mental health care. Corrective action is complete.

115.335 (a-d)

- The auditor suggests policy is fully inclusive of the standard provisions requirements.
- Specialized training confirmation for the nurse, therapist, and psychologist is required. Through corrective action the therapist received the training, April 24, 2023. The nurse and psychologist received the training, April 25, 2023.
- Documented training required by standard 115.331 for the nurse, therapist, and psychologist was required. Through corrective action the therapist received the training, April 24, 2023 and the psychologist received the training, April 25, 2023.

115.341	Obtaining information from residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination: Documents: 1. DCJDC and PVETF Policy 13.8.1: Protection from Sexual Abuse and Assault 2. Risk Assessment Tool 3. DCJDC Pre-Audit Questionnaire (PAQ) Documents (Corrective Action): 1. Risk assessment tool (inclusive of all criteria) – implemented (October 25, 2022) 2. Periodic Reassessments – implemented (October 25, 2022) Interviews: 1. PREA Coordinator 2. PREA Compliance Manager 3. Staff Responsible for Risk Screening 4. Random Sample of Residents Findings (By Provision): 115.341 (a) PAQ: The agency has a policy that requires screening (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness toward other residents. The policy requires that residents be screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their intake. In the past 12 months: 1. The number of residents entering the facility (either through intake or transfer) whose length of stay in the facility was for 72 hours or more who were screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their entry into the facility: 192 2. The percent of residents entering the facility (either through intake or transfer) whose length of stay in the facility was for 72 hours or more who were screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their entry into the facility: 100% The policy did not require that a resident's risk level be reassessed periodically throughout their confinement. DCJDC and PVETF Policy 13.8.1 (pages 8-9) All juveniles shall be screened within 24 hours of arrival at the facility utilizing an Intake Screening for Assaultive Behavior, Sexually Aggressive Behavior and Risk for Sexual Victimization, to identify potential vulnerabilities or tendencies of acting out with sexually aggressive behavior.

The intake officer responsible for risk screening confirmed she screens residents upon admission to the facility or transfer from another facility for risk of sexual abuse victimization or sexual abusiveness toward other residents. She stated she screens residents for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their intake. The information is ascertained through conversations with residents during intake and reviewing any relevant information. Residents' risk levels have not been reassessed.

Ten residents were interviewed. They confirmed they were asked questions like the following examples at intake:

1. Have you have ever been sexually abused?
2. Do you identify with being gay, bisexual, or transgender?
3. Do you have any disabilities?
4. Do you think you might be in danger of sexual abuse at the facility?

The auditor reviewed completed risk assessments verification. Twenty-two assessments were reviewed for the 12-month audit period and for residents interviewed. All 22 assessments were completed within 72 hours of intake.

Periodic reassessments were required for compliance with the standard provision. Through corrective action, 6 month reassessments were implemented, October 25, 2022.

115.341 (b)

PAQ: Risk assessment is conducted using an objective screening instrument.

The auditor observed the objective screening instrument.

115.341 (c)

At a minimum, the agency shall attempt to ascertain information about:

- a. Prior sexual victimization or abusiveness;
- b. 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;
- c. Current charges and offense history;
- d. Age;
- e. Level of emotional and cognitive development;
- f. Physical size and stature;
- g. Mental illness or mental disabilities;
- h. Intellectual or developmental disabilities;
- i. Physical disabilities;
- j. The resident's own perception of vulnerability; and
- k. Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents.

DCJDC and PVETF Policy 13.8.1 (pages 8-9) At a minimum, facilities shall attempt to ascertain information about:

- Prior sexual victimization or abusiveness.

- Any gender nonconforming appearance or mannerisms, or self- identification as lesbian, gay, bisexual, transgender, or intersex, and whether the juvenile may, therefore, be vulnerable to sexual abuse.
- Current charges and offense history.
- Age
- Level of emotional and cognitive development.
- Physical size and stature.
- Mental illness or mental disabilities.
- Intellectual or developmental disabilities.
- Physical disabilities.
- The juvenile's own perception of vulnerability; and
- Any other specific information about individual juveniles that may indicate a heightened need for supervision, additional safety precautions, or separation from certain other juveniles.

The auditor reviewed the risk assessment tool and found it not to be inclusive of all required information. The following criteria are missing:

- Any gender nonconforming appearance or manner
- Current charges and offense history
- Level of emotional and cognitive development
- Physical size and stature
- Mental illness or mental disabilities
- Physical disabilities
- The resident's own perception of vulnerability

Through corrective action, a fully inclusive risk assessment tool was developed, October 25, 2022.

115.341 (d)

The interview with the intake officer responsible for risk screening confirmed the information is ascertained through conversations with the residents using the risk assessment tool. Other assessments and records are referred to when available.

115.341 (e)

DCJDC and PVETF Policy 13.8.1 (page 9) This plan shall be shared with all management staff within the facility and a copy shall be placed in the juvenile's administrative file. Every effort shall be made to ensure that sensitive information is not exploited to the juvenile's detriment by staff or other juveniles.

The PREA Coordinator, PREA Compliance Manager and Staff Responsible for Risk Screening confirmed the agency has outlined who can have access to a resident's risk assessment within the facility, to protect sensitive information from exploitation.

Conclusion and Corrective Action:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding screening for risk of victimization and abusiveness. Corrective action is complete.

115.341 (a)

The standard requires that the resident's risk level be reassessed periodically throughout their confinement. Through corrective action, 6 month reassessments were implemented, October 25, 2022.

115.341 (c)

The risk assessment tool must be inclusive of all criteria. Through corrective action, a fully inclusive risk assessment tool was developed, October 25, 2022.

115.342	Placement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination: Documents: 1. DCJDC and PVETF Policy 13.8.1: Protection from Sexual Abuse and Assault 2. Risk Assessment Tool 3. Housing Unit Placement 4. DCJDC Pre-Audit Questionnaire (PAQ) Documents (Corrective Action): 1. Risk assessment tool (updated) – (October 25, 2022) Interviews: 1. Superintendent or Designee (Facility Director) 2. PREA Coordinator 3. PREA Compliance Manager 4. Staff Responsible for Risk Screening 5. Staff who Supervise Residents in Isolation (N/A) 6. Medical and Mental Health Staff 7. Residents in Isolation (for risk of sexual victimization/who allege to have suffered sexual abuse) – none 8. Transgendered/Intersex/Gay/Lesbian/Bisexual Residents - none Site Review Observations: Observations during on-site review of physical plant Findings (By Provision): 115.342 (a) PAQ: The agency/facility uses information from the risk screening required by §115.341 to inform housing, bed, work, education, and program assignments with the goal of keeping all residents safe and free from sexual abuse. DCJDC and PVETF Policy 13.8.1 (page 9) Upon completion of the Intake Screening, the treatment coordinator at the facility shall review the form to determine if the juvenile was identified at intake as high risk for vulnerabilities or tendencies of acting out with sexually aggressive or assaultive behavior that would require special services. The PREA Compliance Manager discussed how the facility uses information from risk screening during intake to keep residents safe and free from sexual abuse. The facility would consider on a case by case basis how a resident feels and consider if they feel safe. They would consider options available to ensure the resident feels safe. The Staff Responsible for Risk Screening confirmed the facility uses information from

the risk screening during intake to keep residents safe and free from sexual abuse and sexual harassment. She stated she would consult with the PREA Coordinator.

The auditor observed the risk assessment tool indicates housing assignment based on information from the risk screening. Additionally, the auditor observed the residents have assigned seating in the classroom. Through corrective action, the risk assessment tool was updated to inform housing, bed, work, education, and program assignments, October 25, 2022.

115.342 (b)

PAQ: The facility has a policy that residents at risk of sexual victimization may only be placed in isolation as a last resort if less restrictive measures are inadequate to keep them and other residents safe, and only until an alternative means of keeping all residents safe can be arranged. The facility policy requires that residents at risk of sexual victimization who are placed in isolation have access to legally required educational programming, special education services, and daily large-muscle exercise.

In the past 12 months:

1. The number of residents at risk of sexual victimization who were placed in isolation: 0
2. The number of residents at risk of sexual victimization who were placed in isolation who have been denied daily access to large muscle exercise, and/or legally required education, or special education services: 0
3. The average period of time residents at risk of sexual victimization who were held in isolation to protect them from sexual victimization: N/A

DCJDC and PVETF Policy 13.8.1 (page 11) Juveniles alleging sexual assault may be isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other juveniles safe, and then only until an alternative means of keeping all juveniles safe can be arranged. During any period of isolation, facilities shall not deny juveniles daily large-muscle exercise and any legally required educational programming or special education services. Residents in isolation shall receive daily visits from a medical or mental health care clinician. Juveniles shall also have access to other programs and work opportunities to the extent possible. Documentation of programming shall be maintained by each facility.

The Facility Director confirmed the facility has not used isolation to protect a resident who has alleged to have suffered sexual abuse in the last 12 months. Residents would only be isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative measure of keeping all residents safe can be arranged. Residents would only be placed in isolation until it is deemed safe for them to return to general population.

115.342 (c)

PAQ: The facility prohibits placing lesbian, gay, bisexual, transgender, or intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status. The facility prohibits considering lesbian, gay, bisexual,

transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive.

DCJDC and PVETF Policy 13.8.1 (page 11) Lesbian, gay, bisexual, transgender, or intersex residents shall not be placed in particular housing, bed, or other assignments solely on the basis of such identification or status, nor shall facilities consider lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive.

The PREA Coordinator and PREA Compliance Manager both confirmed the facility does not have a special housing unit for lesbian, gay, bisexual, transgender, or intersex residents.

No residents identified as lesbian, gay, bisexual, transgender, or intersex during the onsite phase of the audit.

Site review: The auditor observed the housing units. There was no particular housing, bed, or other assignments of lesbian, gay, bisexual, transgender, or intersex residents solely on the basis of such identification or status.

115.342 (d)

PAQ: The agency or facility makes housing and program assignments for transgender or intersex residents in the facility on a case-by-case basis.

DCJDC and PVETF Policy 13.8.1 (page 11) In deciding whether to assign a transgender or intersex juvenile to a facility for male or female juveniles, and in making other housing and programming assignments, the agency shall consider, on a case-by-case basis, whether a placement would ensure the juvenile's health and safety, and whether the placement would present management or security problems.

The PREA Compliance Manager confirmed housing and programming assignments for transgender or intersex residents are made on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether the placement would present management or security problems. The PREA Compliance Manager stated housing and programming assignments are decided with consideration to a resident's personal feelings of a safe placement.

The auditor reviewed a Housing Unit Placement Form (dated June 15, 2022) indicating a transgender female resident was placed on the girl's wing due to the resident's request and comfort level.

115.342 (e)

PAQ: Placement and programming assignments for each transgender or intersex resident shall be reassessed at least twice each year to review any threats to safety experienced by the resident.

DCJDC and PVETF Policy 13.8.1 (page 11) Placement and programming assignments for each transgender or intersex resident shall be reassessed at least twice each year to review any threats to safety experienced by the juvenile by PREA Risk

Reassessment.

The PREA Compliance Manager and intake officer responsible for risk screening confirmed placement and programming assignments are reassessed at least twice each year to review any threats to safety experienced by the resident.

115.342 (f)

PAQ: A transgender or intersex resident's own views with respect to his or her own safety shall be given serious consideration.

DCJDC and PVETF Policy 13.8.1 (page 12) A transgender or intersex juvenile's own view with respect to his or her own safety shall be given serious consideration in determining safety issues.

The PREA Compliance Manager confirmed the agency considers whether placement will ensure a resident's health and safety. The intake officer responsible for risk screening confirmed transgender or intersex residents' views of their safety are given serious consideration in placement and programming assignments.

115.342 (g)

PAQ: Transgender and intersex residents shall be given the opportunity to shower separately from other residents.

DCJDC and PVETF Policy 13.8.1 (page 12) Transgender and intersex residents shall shower separately from other juveniles.

The PREA Coordinator and Staff Responsible for Risk Screening confirmed transgender and intersex residents are given the opportunity to shower separately from other residents. All residents shower individually.

No resident identified as transgender or intersex during the onsite phase of the audit.

Site Review: The auditor observed all residents shower separately in a shower stall with a shower curtain that provides privacy. Staff stated transgender and intersex residents would be given the opportunity to shower separately.

115.342 (h)

PAQ: From a review of case files of residents at risk of sexual victimization who were held in isolation in the past 12 months, the number of case files that include BOTH:

1. A statement of the basis for facility's concern for the resident's safety, and
 2. The reason or reasons why alternative means of separation cannot be arranged:
- N/A

No residents at risk of sexual victimization were held in isolation in the past 12 months.

Policy is silent on the standard provision.

115.342 (i)

PAQ: If a resident at risk of sexual victimization is held in isolation, the facility

affords each such resident a review every 30 days to determine whether there is a continuing need for separation from the general population.

Policy is silent on the standard provision.

No residents at risk of sexual victimization were held in isolation in the past 12 months.

Conclusion, Policy Suggestion, and Corrective Action:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding use of screening information. Corrective action is complete.

115.342 (h and i) The auditor suggests policy is fully inclusive of the standard provisions requirements.

115.342 (a) The risk assessment tool was updated to inform housing, bed, work, education, and program assignments, December 14, 2022.

115.351	Resident reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination: Documents: 1. DCJDC and PVETF Policy 13.8.1: Protection from Sexual Abuse and Assault 2. Posters 3. Resident Handbook 4. Pamphlet 5. DCJDC Pre-Audit Questionnaire (PAQ) Documents (Corrective Action): 1. Handbook and pamphlet (consistent with accurate reporting information) – (December 14, 2022) 2. Posters (consistent with accurate reporting information) – (April 20, 2023) 3. Grievance procedures plan of action (October 25, 2022) 4. Policy updated (April 27, 2023) Interviews: 1. PREA Compliance Manager 2. Random Sample of Staff 3. Random Sample of Residents 4. Residents who Reported a Sexual Abuse (none) Site Review Observations: Observations during on-site review of physical plant Findings (By Provision): 115.351 (a) PAQ: The agency has established procedures allowing for multiple internal ways for residents to report privately to agency officials about: Sexual abuse or sexual harassment; Retaliation by other residents or staff for reporting sexual abuse and sexual harassment; AND Staff neglect or violation of responsibilities that may have contributed to such incidents. DCJDC and PVETF Policy 13.8.1 (page 12) Reporting methods include the following internal methods: • Juveniles who are victims of sexual abuse/assault/harassment have the option to report the incident to any staff member in addition to immediate point-of-contact line staff member • Juveniles may use a Grievance Form, available in each living unit and in the school, to report sexual abuse/harassment, or they may make a verbal report to their Advocacy Representative. Staff interviews confirmed residents can privately report sexual abuse or sexual

harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, or staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment by calling telling or writing a grievance. Residents stated they would report sexual abuse or sexual harassment that happened to them or someone else by telling staff, calling the hotline, or writing a grievance.

The resident handbook, pamphlet, and posters contained out-of-date and inaccurate information for reporting. Posters were not consistent throughout the facility. The posters didn't clearly indicate the purpose for the different numbers provided. The auditor observed pencils and grievance forms are available in the classroom and common areas and residents do not have to request them. The auditor tested the grievance system and received no response.

Through corrective action the handbook, pamphlet, and posters were updated to better reflect facility's practices and reporting methods. The handbook and pamphlet were updated, December 14, 2022. The posters were updated , April 20, 2023.

115.351 (b)

PAQ: The agency provides at least one way for residents to report abuse or harassment to a public or private entity or office that is not part of the agency. DYS does not detain youth solely for civil immigration purposes. The agency has a policy requiring residents detained solely for civil immigration purposes be provided information on how to contact relevant consular officials and relevant officials of the Department of Homeland Security.

DCJDC and PVETF Policy 13.8.1 (Updated April 27, 2023) Juveniles or others may report allegations by calling One Place family Justice Center (website:(www.oneplacejc.com) 24-Hour Crisis Hotline at 1800-650-6522) located at 530 South Lawrence Street, Montgomery, AL 36014; or STAR (Standing Together Against Rape) 24-Hour Crisis Hotline at 334-213-1227.

Through corrective action, the policy was updated April 20, 2023, with corrected information.

The posters didn't detail what services were available and for what purposes. For example, the DYS grievance hotline was posted, but there was no explanation for the purpose of the hotline. Through corrective action, the posters were updated April 27, 2023, with corrected information. Thos posters provide the Standing Together Against Rape (STAR) 24-hour abuse hotline number. The auditor successfully tested the availability to report by calling STAR.

The pamphlet and resident handbook contained out-of-date and inaccurate information. Through corrective action, the pamphlet and resident handbook were updated December 14, 2022, with corrected information.

During the onsite phase of the audit, the PREA Compliance Manager identified the DYS hotline as a way residents can report sexual abuse or sexual harassment to a

public or private entity that is not part of the agency. This method has been updated and now is identified as the STAR 24-hour abuse hotline.

Residents stated they would report sexual abuse or sexual harassment that happened to them or someone else by telling staff, calling the hotline, or writing a grievance. Residents also could identify someone that does not work at the facility they could report to.

115.351 (c)

PAQ: The agency has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties. Staff are required to document verbal reports. The time frame that staff are required to document verbal reports: immediately; but no later than 24 hours.

Policy is silent on the standard provision.

Staff interviewed confirmed verbal reports would be documented within the allotted time frame.

115.351 (d)

PAQ: The facility provides residents with access to tools to make written reports of sexual abuse or sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.

The PREA Compliance Manager stated residents are provided access to a grievance box, an amnesty box. Letter writing materials would be provided to residents to make written reports of sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse or sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.

The auditor observed grievance boxes and forms available to the residents. Through corrective action, updated grievance procedures were developed, October 25, 2022.

115.351 (e)

PAQ: The agency has established procedures for staff to privately report sexual abuse and sexual harassment of residents in the following ways: amnesty box

Staff are informed of these procedures in the following ways: training

Policy is silent on the standard provision.

Staff interviews revealed they would privately report sexual abuse and sexual harassment of residents by writing a grievance or calling the hotline.

Conclusion, Policy Update, and Corrective Actions:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding resident reporting. Corrective action is complete.

115.351 (a and b)

	• The pamphlets and the resident handbook were updated to contain up to date and accurate information for reporting, December 14, 2022. • Posters were updated to contain up to date and accurate information for reporting, April 20, 2023 • Updated grievance procedures were developed, October 25, 2022. 115.351 (c and e) • The reporting information included in the policy was out of date and inaccurate. Policy was updated to reflect current reporting methods, April 27, 2023.
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115.352	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination: Documents: 1. DCJDC and PVETF Policy 13.8.1: Protection from Sexual Abuse and Assault 2. Grievance Form 3. Request Form 4. DCJDC Pre-Audit Questionnaire (PAQ) Documents (Corrective Action): 1. Grievance procedures developed – October 25, 2023 2. Resident handbook updated with relevant information – (December 14, 2022). Interviews: 1. Residents who Reported a Sexual Abuse – none present Site Review Observations: Observations during on-site review of physical plant Findings (By Provision): 115.352 (a) PAQ: The agency has an administrative procedure for dealing with resident grievances regarding sexual abuse. Policy is silent on the standard provision. The auditor reviewed the resident handbook and verified relevant information is provided regarding making a report through the grievance system. The auditor tested the grievance system and received no response. The PREA Coordinator reported the boxes aren't used. Through corrective action, the facility provided updated grievance procedures, October 25, 2022. The procedures are as follows: 1) The detainee/resident will notify staff that they need a grievance form, in which they will be given one by staff and allowed to write the grievance. 2) A Team Member will then escort the detainee/resident to the area where the PREA Grievance Box is located and then the detainee/resident will fold up the form and place the Grievance Form in the box. 3) If the detainee/resident does not feel comfortable with a Team Member escorting them to turn in the grievance form for fear of retaliation, then another Team Member can be requested to do so. 4) Detainees/Residents can turn in a grievance form anonymously. 5) All grievance forms will be confidential. 6) Detainees/Residents will not be retaliated against for reporting an issue. 7) The PREA Grievance Box will be checked twice daily, in the mornings by the PREA

Coordinator, Kimberly Bonner and in the evenings by the PREA Compliance Manager, Veronica Evans.

115.352 (b)

PAQ: Agency policy or procedure allows a resident to submit a grievance regarding an allegation of sexual abuse at any time regardless of when the incident is alleged to have occurred. Agency policy does not require a resident to use an informal grievance process, or otherwise to attempt to resolve with staff, an alleged incident of sexual abuse.

Policy is silent on the standard provision.

115.352 (c)

PAQ: The agency's policy and procedure allow a resident to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint.

Policy is silent on the standard provision.

115.352 (d)

PAQ: The agency has policy and procedures that require that a decision on the merits of any grievance or portion of a grievance alleging sexual abuse be made within 90 days of the filing of the grievance.

In the past 12 months:

1. The number of grievances that were filed that alleged sexual abuse: 0
2. The number of grievances alleging sexual abuse that reached final decision within 90 days after being filed: 0
3. The number of grievances alleging sexual abuse that involved extensions because final decision was not reached within 90 days: 0

Policy is silent on the standard provision.

115.352 (e)

PAQ: Agency policy and procedure permits third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse, and to file such requests on behalf of residents.

Agency policy allows parents or legal guardians of residents to file a grievance alleging sexual abuse, including appeals, on behalf of such resident, regardless of whether or not the resident agrees to having the grievance filed on their behalf.

The number of the grievances alleging sexual abuse filed by residents in the past 12 months in which the resident declined third-party assistance, containing documentation of the resident's decision to decline: 0

Policy is silent on the standard provision.

The auditor observed third-party reporting methods published on the agency's

website and posted in public areas of the facility. The auditor tested third-party reporting by emailing the PREA Coordinator. The auditor received verbal confirmation the third-party test report was received.

115.352 (f)

PAQ: The agency has a policy and established procedures for filing an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse. Agency policy and procedures for emergency grievances alleging substantial risk of imminent sexual abuse require an initial response within 48 hours. The agency's policy and procedure for emergency grievances alleging substantial risk of imminent sexual abuse require that a final agency decision be issued within 5 days.

The number of emergency grievances alleging substantial risk of imminent sexual abuse that were filed in the past 12 months: 0

Policy is silent on the standard provision.

115.352 (g)

PAQ: The agency has a written policy that limits its ability to discipline a resident for filing a grievance alleging sexual abuse to occasions where the agency demonstrates that the resident filed the grievance in bad faith.

In the past 12 months, the number of resident grievances alleging sexual abuse that resulted in disciplinary action by the agency against the resident for having filed the grievance in bad faith: 0

Policy is silent on the standard provision.

Conclusion, Policy Suggestion, and Corrective Actions:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding exhaustion of administrative remedies. Corrective action is complete.

115.352 (a-g)

- The auditor suggests policy is fully inclusive of the standard provisions requirements.
- The resident handbook was updated, December 14, 2022.
- Updated grievance procedures were developed, October 25, 2022.

115.353	Resident access to outside confidential support services and legal representation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination: Documents: 1. DCJDC and PVETF Policy 13.8.1: Protection from Sexual Abuse and Assault 2. MOU: One Place Family Justice 3. DCJDC Pre-Audit Questionnaire (PAQ) Documents (Corrective Action): 1. Posters Updated) – (April 20, 2023) 2. Pamphlet Updated) – (December 14, 2022) 3. Resident Handbook Updated) – (December 14, 2022) Interviews: 1. Superintendent of Designee (Facility Director) 2. PREA Compliance Manager 3. Random Sample of Residents 4. Residents who Reported a Sexual Abuse Findings (By Provision): 115.353 (a) PAQ: The facility provides residents access to outside victim advocates for emotional support services related to sexual abuse by: 1. Giving residents (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. 2. Enabling reasonable communication between residents and these organizations, in as confidential a manner as possible. DCJDC and PVETF Policy 13.8.1 (pages 19-20) Dallas County Juvenile Detention Center & Perry Varner Education and Treatment Facility shall provide juveniles 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, and, for persons detained solely for civil immigration purposes, immigrant services agencies. The Dallas County Juvenile Detention Center & Perry Varner Education and Treatment Facility shall enable reasonable communication between juveniles and these organizations and agencies, in as confidential a manner as possible. Resident interviews revealed they were not aware there are services available outside of the facility for dealing with sexual abuse if they ever need it. The auditor observed posters and pamphlets had out of date or incorrect information. The

auditor tested access to outside emotional support services by calling the number provided. The auditor was informed by the agency contacted that they would not be the correct agency to provide services available for residents at the facility.

Through corrective action, the PREA pamphlet was updated to state outside emotional support services would be available through One Place Family Justice Standing Together Against Rape (STAR), December 14, 2022. The pamphlet provides a mailing address and telephone number for STAR.

The facility does not detain persons solely for civil immigration purposes.

115.353 (b)

PAQ: The facility informs residents, prior to giving them access to outside support services, the extent to which such communications will be monitored. The facility informs residents, prior to giving them access to outside support services, of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant Federal, State, or local law.

DCJDC and PVETF Policy 13.8.1 (page 20) Dallas County Juvenile Detention Center & Perry Varner Education and Treatment Facility shall inform juveniles, 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.

Residents interviewed were not knowledge of the extent to which such communications will be monitored when accessing to outside support services. Through corrective action, the PREA pamphlet was updated to inform residents of the extent to which such communications will be monitored when accessing outside support services, December 14, 2022. Additionally, the updated pamphlet informs residents that STAR victim advocates are mandatory reporters.

115.353 (c)

PAQ: The agency or facility maintains memoranda of understanding (MOUs) or other agreements with community service providers that are able to provide residents with emotional support services related to sexual abuse. The agency or facility maintains copies of those agreements.

DCJDC and PVETF Policy 13.8.1 (page 20) Dallas County Juvenile Detention Center & Perry Varner Education and Treatment Facility shall maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide juveniles with confidential emotional support services related to sexual abuse. The agency shall maintain copies of agreements or documentation showing attempts to enter into such agreements.

The auditor reviewed the MOU to provide residents with emotional support services related to sexual abuse with One Place Family Justice. The auditor contacted One Place Family Justice and confirmed victim advocacy is available to the youth at the facility.

115.353 (d)

PAQ: The facility provides residents with reasonable and confidential access to their attorneys or other legal representation. The facility provides residents with reasonable access to parents or legal guardians.

DCJDC and PVETF Policy 13.8.1 (page 20) Dallas County Juvenile Detention Center & Perry Varner Education and Treatment Facility shall also provide residents with reasonable and confidential access to their attorneys or other legal representation and reasonable access to parents or legal guardians.

The Facility Director and PREA Compliance Manager confirmed the facility would provide residents with reasonable and confidential access to their attorneys or other legal representation and reasonable access to parents or legal guardians. Residents are permitted to have unmonitored, confidential meetings with their attorneys or other legal representation in person and by telephone. Residents are provided access to their parents or legal guardians through telephone calls and visitation. Currently visitation is suspended due to COVID restrictions.

Conclusion and Corrective Action:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding resident access to outside confidential support services and legal representation. Corrective action is complete.

115.353 (a)

The PREA pamphlet was updated to state outside emotional support services would be available through One Place Family Justice Standing Together Against Rape (STAR), December 14, 2022. The pamphlet provides a mailing address and telephone number for STAR.

The facility clarified that the facility does not detain persons solely for civil immigration purposes.

115.353 (b)

The PREA pamphlet was updated to inform residents of the extent to which such communications will be monitored when accessing outside support services, December 14, 2022. Additionally, the updated pamphlet informs residents that STAR victim advocates are mandated reporters.

115.354	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination: Documents: 1. DCJDC and PVETF Policy 13.8.1: Protection from Sexual Abuse and Assault 2. DCJDC Pre-Audit Questionnaire (PAQ) §115.354 PAQ: The agency or facility provides a method to receive third-party reports of resident sexual abuse or sexual harassment. DCJDC and PVETF Policy 13.8.1 (page 12) Third party reporting information is also available on the PREA website for reporting allegations of sexual abuse or sexual harassment on behalf of juveniles. DCJDC and PVETF Policy 13.8.1 (page 14) The facility officers shall report all allegations of sexual assault/harassment, including third-party and anonymous reports, to the PREA Coordinator, Kimberly Bonner, at 334-412-5446, who will notify local law enforcement. The auditor observed third-party reporting methods published on the agency's website and posted in public areas of the facility. The auditor tested third-party reporting by emailing the PREA Coordinator. The auditor received verbal confirmation the third-party test report was received. Conclusion: Based upon the review and analysis of the available evidence, the auditor has determined the facility exceeds this standard regarding third-party reporting by providing multiple ways for third-party reporting. No corrective action is required.

115.361	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination: Documents: 1. DCJDC and PVETF Policy 13.8.1: Protection from Sexual Abuse and Assault 2. Alabama Mandatory Reporting Law 3. Training Records: Mandatory Reporting Laws 4. DCJDC Pre-Audit Questionnaire (PAQ) Document (Corrective Action): 1. Policy updated – April 10, 2023 Interviews: 1. Superintendent or Designee (Facility Director) 2. PREA Compliance Manager 3. Random Sample of Staff 4. Medical and Mental Health Staff Findings (By Provision): 115.361 (a) PAQ: The agency requires all staff to report immediately and according to agency policy: 1. 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. 2. Any retaliation against residents or staff who reported such an incident. 3. Any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. DCJDC and PVETF Policy 13.8.1 (page 13) Any employee shall immediately report to their supervisor, any knowledge, suspicion, or information they receive regarding an incident of sexual assault/harassment that is alleged to have occurred. Policy was silent on the following aspects of the standard provision: • Reporting any retaliation against residents or staff who reported such an incident. • Reporting staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Through corrective action, policy was updated to be fully inclusive if the standard requirements, April 10, 2023. Interviews with staff confirmed the requirement to report 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; retaliation against residents or staff who reported such an incident; and any staff

neglect or violation of responsibilities that may have contributed to an incident or retaliation.

115.361 (b)

PAQ: The agency requires all staff to comply with any applicable mandatory child abuse reporting laws.

Through corrective action, policy was updated to be fully inclusive if the standard requirements, April 10, 2023.

Staff interviews confirmed they are aware of Alabama laws related to mandatory reporting of sexual abuse.

115.361 (c)

PAQ: Apart from reporting to designated supervisors or officials and designated State or local service agencies, agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions.

DCJDC and PVETF Policy 13.8.1 (page 13) Apart from reporting to designated supervisors, special investigators, law enforcement and designated State agencies, staff are prohibited from revealing any information related to a sexual assault report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions.

Staff interviewed were knowledgeable that policy prohibits them from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions.

115.361 (d)

DCJDC and PVETF Policy 13.8.1 (page 13) Medical and mental health practitioners shall be required to report sexual abuse up their chain of command, as well as where required by mandatory reporting laws.

The auditor interviewed the nurse. The nurse stated he discloses the limitations of confidentiality and their duty to report, at the initiation of services to a resident. He confirmed he is mandated to immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment. He stated he has not become aware of such incidents.

115.361 (e)

DCJDC and PVETF Policy 13.8.1 (page 14) Allegations of sexual abuse shall be investigated pursuant to Dallas County Juvenile Detention Center & Perry Varner Education and Treatment Facility Policy and Procedure. Notification of allegations to the juvenile's parents/guardians' attorney, or other legal representative shall be given pursuant to the instructions of the SIU. The Special Investigation Unit shall first make a finding regarding the minimal level of credibility of the allegation. If the

SIU determines the allegation is minimally credible, notification to the parents/ guardian, attorney or legal representative shall be made by the Administrator of Dallas County Juvenile Detention Center & Perry Varner Education and Treatment Facility or his/her designee or by private provider program director or designee.

The Special Investigator or designee shall also report the allegation to the juvenile court retaining jurisdiction over the alleged victim and to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation.

The Facility Director stated when the facility receives an allegation of sexual abuse, he reports the allegation to the PREA Coordinator, probation officer, parents, DYS, and local law enforcement of criminal. If the victim is under the guardianship of the child welfare system, he stated the allegation would promptly be reported to the victim's caseworker. Lastly, he stated if a juvenile court retains jurisdiction over a victim, the allegation would promptly be reported to the juvenile's attorney or other legal representative of record.

The PREA Compliance Manager stated when the facility receives an allegation of sexual abuse, she reports the allegation to the PREA Coordinator. If the victim is under the guardianship of the child welfare system, she stated the allegation would promptly be reported to the victim's caseworker. Lastly, she stated if a juvenile court retains jurisdiction over a victim, the allegation would be reported to the juvenile's attorney or other legal representative of record within 14 days.

115.361 (f)

DCJDC and PVETF Policy 13.8.1 (page 14) The facility officers shall report all allegations of sexual assault/harassment, including third-party and anonymous reports, to the PREA Coordinator, Kimberly Bonner, at 334-412-5446, who will notify local law enforcement.

The Facility Director confirmed allegations of sexual abuse and sexual harassment, including third-party and anonymous reports are reported to designated facility investigators.

Conclusion and Policy Requirement:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding staff and agency reporting duties. Corrective action is complete.

115.361 (a and b)

Policy was updated to be fully inclusive of the standard requirements, April 10, 2023.

115.362	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination: Documents: 1. DCJDC and PVETF Policy 13.8.1: Protection from Sexual Abuse and Assault 2. DCJDC Pre-Audit Questionnaire (PAQ) Interviews: 1. Agency Head or Designee (PREA Coordinator) 2. Superintendent or Designee (Facility Director) 3. Random Sample of Staff Findings: PAQ: When the agency or facility learns that a resident is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the resident (i.e., it takes some action to assess and implement appropriate protective measures without unreasonable delay). In the past 12 months: The number of times the agency or facility determined that a resident was subject to substantial risk of imminent sexual abuse: 0 Policy is silent on the standard provision. The PREA Coordinator stated a resident is subject to a substantial risk of imminent sexual abuse, the facility would take immediate protective actions such as separating the youth from a threat and proceeding with security measures to ensure the resident feels safe from any risk of abuse. The Facility Director confirmed a resident is subject to a substantial risk of imminent sexual abuse, the facility would take immediate protective actions such as separating the resident from potential risk and following protocol to ensure continued safety after an investigative finding. Staff interviews revealed actions taken to protect a resident at risk of imminent sexual abuse would include immediate separation from potential harm. Conclusion: Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding agency protection duties. No corrective action is required.

115.363	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination: Documents: 1. DCJDC and PVETF Policy 13.8.1: Protection from Sexual Abuse and Assault 2. DCJDC Pre-Audit Questionnaire (PAQ) Interviews: 1. Agency Head or Designee (PREA Coordinator) 2. Superintendent or Designee (Facility Director) Findings (By Provision): 115.363 (a) PAQ: The agency has a policy requiring that, upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred. The agency's policy also requires that the head of the facility notify the appropriate investigative agency. In the past 12 months, the number of allegations the facility received that a resident was abused while confined at another facility: 0 DCJDC and PVETF Policy 13.8.1 (page 15) Upon receiving an allegation that a juvenile was sexually abused while confined at another facility, the head of the facility that received the allegation shall notify the head of the facility or appropriate office of the facility where the alleged abuse occurred and shall also notify the appropriate investigative agency. 115.363 (b) PAQ: Agency policy requires that the facility head provides such notification as soon as possible, but no later than 72 hours after receiving the allegation. DCJDC and PVETF Policy 13.8.1 (page 15) Such notification shall be provided and documented as soon as possible, but no later than 72 hours after receiving the allegation. 115.363 (c) PAQ: The agency or facility documents that it has provided such notification within 72 hours of receiving the allegation. DCJDC and PVETF Policy 13.8.1 (page 15) Such notification shall be provided and documented as soon as possible, but no later than 72 hours after receiving the allegation. 115.363 (d)

PAQ: Agency/facility policy requires that allegations received from other facilities/agencies are investigated in accordance with the PREA standards. The facility head or agency office that receives such notification shall ensure that the allegation is investigated in accordance with these standards.

In the past 12 months, the number of allegations of sexual abuse the facility received from other facilities: 0

DCJDC and PVETF Policy 13.8.1 (page 15) The facility administrator that receives such notification shall ensure that the allegation is investigated in accordance with PREA standards.

The PREA Coordinator and Facility Director stated there has been no occurrences of the facility receiving an allegation from another facility or agency that an incident of sexual abuse or harassment occurred at the facility. The PREA Coordinator would ensure an investigation would take place.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding reporting to other confinement facilities. No corrective action is required.

115.364	Staff first responder duties
	Auditor Overall Determination: Meets Standard Auditor Discussion The following evidence was analyzed in making the compliance determination: Documents: 1. DCJDC and PVETF Policy 13.8.1: Protection from Sexual Abuse and Assault 2. DCJDC Pre-Audit Questionnaire (PAQ) Documents (Corrective Action): 1. Policy updated – April 10, 2023 2. Documented receipt of first responder training – April 14, 2023 Interviews: 1. Staff First Responders 2. Random Sample of Staff 3. Residents who Reported a Sexual Abuse Findings (By Provision): 115.364 (a) PAQ: The agency has a first responder policy for allegations of sexual abuse. The policy requires that, upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report separate the alleged victim and abuser. The policy requires that, upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report preserve and protect any crime scene until appropriate steps can be taken to collect any evidence. The policy requires that, if the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. The policy requires that, if the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report 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. In the past 12 months, the number of allegations that a resident was sexually abused: 0 Of these allegations: 1. The number of times the first security staff member to respond to the report separated the alleged victim and abuser: 0 2. The number of allegations where staff were notified within a time period that still allowed for the collection of physical evidence: 0 3. The number of times the first security staff member to respond to the report preserved and protected any crime scene until appropriate steps could be taken to

collect any evidence: 0

4. The number of times the first security staff member to respond to the report requested 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: 0

5. The number of times the first security staff member to respond to the report ensured 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: 0

DCJDC and PVETF Policy 13.8.1 (pages 15-16) Upon learning of an allegation that a juvenile was sexually abused, the first staff member to respond to the report shall be required to:

- Separate the alleged victim and abuser.
- Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence.
- If the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged victim and 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.

The auditor observed policy did not fully reflect the standard provision requirement for victims. Through corrective action, the policy was updated to state the first security staff member to respond to the report 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, April 10, 2023.

Interviews with staff revealed they needed first responder refresher training. Through corrective action, the refresher training was received, April 14, 2023. Training sign-in sheets were provided to the auditor for review.

115.364 (b)

PAQ: The agency policy requires that if the first staff responder is not a security staff member, that responder shall be required to:

1. Request that the alleged victim not take any actions that could destroy physical evidence.
2. Notify security staff.

Of the allegations that a resident was sexually abused made in the past 12 months, the number of times a non-security staff member was the first responder: 0

DCJDC and PVETF Policy 13.8.1 (page 16) The staff first responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify supervisor.

Interviews with staff revealed they need first responder refresher training. Through corrective action, the refresher training was received, April 14, 2023. Training sign-in sheets were provided to the auditor for review.

	Conclusion, Policy Requirement, and Corrective Actions: Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding staff first responder duties. Corrective action is complete. 115.364 (a) Policy was fully inclusive of the standard provision requirement for victims. The policy was updated to state the first security staff member to respond to the report 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, April 10, 2023. 115.364 (a and b) First responder refresher training is required. Refresher training was received, April 14, 2023. Training sign-in sheets were provided to the auditor for review.
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115.365	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination: Documents: 1. DCJDC and PVETF Policy 13.8.1: Protection from Sexual Abuse and Assault 2. Dallas County Juvenile Detention Center and Perry Varner Educational Treatment Facility Written Institutional Plan 3. DCJDC Pre-Audit Questionnaire (PAQ) Documents (Corrective Action): 1. Written institutional plan to coordinate actions taken in response to an incident of sexual abuse (September 24, 2022) Interview: 1. Superintendent or Designee (Facility Director) Findings: PAQ: The facility has developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership. The auditor observed the facility has a written institutional plan that summarizes the standards, rather than coordinating actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership. Conclusion and Corrective Actions: Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding a coordinated response to an incident of sexual abuse. Corrective action is complete. A written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership was developed September 24, 2022. The auditor reviewed the plan and verified it is compliant with the standard requirements.

115.366	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination: Documents: 1. DCJDC Pre-Audit Questionnaire (PAQ) Interview: 1. Agency Head or Designee (PREA Coordinator) Findings (By Provision): 115.366 (a) N/A The Facility Director and PREA Coordinator stated the facility does not participate in collective bargaining agreements. 115.366 (b) N/A The Facility Director and PREA Coordinator stated the facility does not participate in collective bargaining agreements. Conclusion: Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding the preservation of ability to protect residents from contact with abusers. No corrective action is required.

115.367	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination: Documents: 1. DCJDC and PVETF Policy 13.8.1: Protection from Sexual Abuse and Assault 2. Protection Against Retaliation Form 3. DCJDC Pre-Audit Questionnaire (PAQ) Documents (Corrective Action): 1. Policy updated – April 10, 2023 Interviews: 1. Agency Head or Designee (PREA Coordinator) 2. Superintendent or Designee (Facility Director) 3. Designated Staff Member Charged with Monitoring Retaliation 4. Residents who Reported a Sexual Abuse - none present Findings (By Provision): 115.367 (a) PAQ: The agency has a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff. The Agency designates staff member(s) or charges department(s) with monitoring for possible retaliation. The name(s) and title(s) of the staff member(s): Kimberly Bonner, PREA Coordinator Veronica Evans, PREA Compliance Manager The standard requires the agency to establish a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff, and shall designate which staff members or departments are charged with monitoring retaliation. Through corrective action, policy was updated to be inclusive of the standard requirements, April 10, 2023. 115.367 (b) Through corrective action, policy was updated to be inclusive of the standard requirements, April 10, 2023. The auditor interviewed the PREA Coordinator. The PREA Coordinator reported the agency protects residents and staff from retaliation for sexual abuse or sexual harassment allegations through removing staff/residents until an investigation is completed. Monitoring would continue to ensure retaliation does not occur.

The auditor interviewed the Facility Director. The Facility Director described the different measures that would be taken to protect residents and staff from retaliation. The facility would work with the PREA Coordinator to consider housing changes or removal of an abuser. Counseling with mental health would be recommended.

The auditor interviewed the PREA Compliance Manager. The PREA Compliance Manager stated the role she plays in preventing retaliation against residents and staff who report sexual abuse or sexual harassment, or against those who cooperate with sexual abuse or sexual harassment investigations includes separating a resident from an alleged abuser, documenting and reporting to the PREA Coordinator for further investigation. The PREA Coordinator will then notify the team of the monitoring routine or schedule for preventative measures.

The PREA Compliance Manager stated she would initiate contact with residents who have reported sexual abuse. She would work with all residents, follow protocol, and follow instructions provided by the PREA Coordinator.

There were no residents in isolation (for risk of sexual victimization/who allege to have suffered sexual abuse) or residents who reported a sexual abuse.

115.367 (c)

PAQ: The agency and/or facility monitors the conduct or treatment of residents or staff who reported sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by residents or staff.

The length of time that the agency and/or facility monitors the conduct or treatment: 90 days

The agency/facility acts promptly to remedy any such retaliation. The agency/facility continues such monitoring beyond 90 days if the initial monitoring indicates a continuing need. The number of times an incident of retaliation occurred in the past 12 months: 0

Through corrective action, policy was updated to be inclusive of the standard requirements, April 10, 2023.

The Facility Director stated measures he would take when he suspects retaliation would be to report the retaliation to the team, and proceed with retaliation monitoring.

The PREA Compliance Manager stated things she looks for to detect possible retaliation includes changes in mood, consistency of routines, and avoiding certain residents or staff. She stated she would monitor reports, behavior, and programming. She would monitor the conduct and treatment of residents and staff who report the sexual abuse of a resident or were reported to have suffered sexual abuse for 90 days, but longer if necessary.

The auditor observed the Protections Against Retaliation Form is formatted to

monitor retaliation for 90 days and longer when needed.

115.367 (d)

Through corrective action, policy was updated to be inclusive of the standard requirements, April 10, 2023.

The PREA Compliance Manager stated monitoring occurs for at least 90 days.

The auditor observed the Protections Against Retaliation Form is formatted for weekly status checks.

115.367 (e)

Through corrective action, policy was updated to be inclusive of the standard requirements, April 10, 2023.

The PREA Coordinator reported the facility would ensure an individual who cooperates with an investigation would be provided ways to report fears of retaliation.

The Facility Director confirmed the agency protects residents and staff from retaliation for sexual abuse or sexual harassment allegations through housing changes, removal of abusers, and recommending counseling. If retaliation is suspected monitoring would proceed.

115.367 (f) N/A

Through corrective action, policy was updated to be inclusive of the standard requirements, April 10, 2023.

Conclusion, Policy Requirement, and Corrective Actions: Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding agency protection against retaliation. Corrective action is complete.

The standard requires the agency to establish a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff, and shall designate which staff members or departments are charged with monitoring retaliation. Policy was updated to be inclusive of the standard requirements, April 10, 2023.

115.368	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard Auditor Discussion The following evidence was analyzed in making the compliance determination: Documents: 1. DCJDC and PVETF Policy 13.8.1: Protection from Sexual Abuse and Assault 2. DCJDC Pre-Audit Questionnaire (PAQ) Interviews: 1. Superintendent or Designee (Facility Director) 2. Staff who Supervise residents in Isolation 3. Medical and Mental Health Staff Findings: PAQ: The facility has a policy that residents who allege to have suffered sexual abuse may only be placed in isolation as a last resort if less restrictive measures are inadequate to keep them and other residents safe, and only until an alternative means of keeping all residents safe can be arranged. The number of residents who allege to have suffered sexual abuse who were placed in isolation in the past 12 months: 0 Policy is silent on the standard provision. The Facility Director confirmed the facility has not used isolation to protect a resident who has alleged to have suffered sexual abuse in the last 12 months. Residents would only be isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative measure of keeping all residents safe can be arranged. Residents would only be placed in isolation until it is deemed safe for them to return to general population. The intake officer stated residents placed in isolation for protection from sexual abuse or after alleging to have suffered sexual abuse, still have access to programs, privileges, education, and work opportunities. Residents are placed in involuntary isolation only until an alternative means of separation from likely abusers can be arranged. Residents in isolation would receive daily visits from medical/mental health clinicians. Once a resident is placed in involuntary isolation, the facility would review the resident's circumstances every 30 days to determine if continued placement in involuntary isolation is needed. The nurse stated all residents placed in isolation would receive daily visits from medical or mental health care clinicians. Conclusion: Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding post-allegation protective custody. No corrective action is required.

115.371	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination: Documents: 1. DCJDC and PVETF Policy 13.8.1: Protection from Sexual Abuse and Assault 2. Certificates: Criminal Investigation Techniques 3. Letter: Dallas County Sheriff Department Criminal Investigations Division 4. DCJDC Pre-Audit Questionnaire (PAQ) Interviews: 1. Superintendent or Designee (Facility Director) 2. PREA Coordinator 3. PREA Compliance Manager 4. Investigative Staff – N/A 5. Residents who Reported a Sexual Abuse Findings (By Provision): 115.371 (a) N/A PAQ: The agency/facility has a policy related to criminal and administrative agency investigations. Policy is silent on the standard provision. The agency does not conduct administrative or criminal sexual abuse investigations. 115.371 (b) The facility does not conduct sexual abuse investigations. The Dallas County Sheriff Department is responsible for conducting sexual abuse investigations. The facility provided a letter from the Dallas County Sheriff Department Criminal Investigations Division and training certificates for conducting criminal investigations of allegations of sexual abuse. 115.371 (c) Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator. Policy is silent on the standard provision. The agency does not conduct administrative or criminal sexual abuse investigations. There were no investigation reports. 115.371 (d)

PAQ: The agency does not terminate an investigation solely because the source of the allegation recants the allegation.

Policy is silent on the standard provision. The agency does not conduct administrative or criminal sexual abuse investigations.

115.371 (e)

When the quality of evidence appears to support criminal prosecution, the agency shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.

Policy is silent on the standard provision. The agency does not conduct administrative or criminal sexual abuse investigations.

115.371 (f)

The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as resident or staff. No agency shall require a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.

Policy is silent on the standard provision. The agency does not conduct administrative or criminal sexual abuse investigations.

There were no residents who reported a sexual abuse.

115.371 (g)

Administrative investigations: (1) Shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and (2) Shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

Policy is silent on the standard provision. The agency does not conduct administrative or criminal sexual abuse investigations.

115.371 (h)

Criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible.

Policy is silent on the standard provision. The agency does not conduct administrative or criminal sexual abuse investigations.

Criminal sexual abuse investigations are conducted by the Dallas County Sheriff Department Criminal Investigations Division.

115.371 (i)

PAQ: Substantiated allegations of conduct that appear to be criminal are referred for prosecution.

Policy is silent on the standard provision. The agency does not conduct administrative or criminal sexual abuse investigations.

The number of substantiated allegations of conduct that appear to be criminal that were referred for prosecution since the last PREA audit: 0

The Dallas County Sheriff Department would refer substantiated allegations that appear to be criminal for prosecution.

115.371 (j)

PAQ: The agency retains all written reports pertaining to the administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

Policy is silent on the standard provision. The agency does not conduct administrative or criminal sexual abuse investigations.

There were no investigation reports.

115.371 (k)

The departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation.

Policy is silent on the standard provision. The agency does not conduct administrative or criminal sexual abuse investigations.

115.371 (l) N/A

115.371 (m)

When outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation.

Policy is silent on the standard provision. The agency does not conduct administrative or criminal sexual abuse investigations.

The Facility Director, PREA Coordinator, and PREA Compliance Manager stated if an outside agency investigates allegations of sexual abuse, the facility remains informed of the progress of a sexual abuse investigation through verbal and written communication.

Conclusion and Policy Suggestion: Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding criminal and administrative agency investigations. No corrective action is required.

115.371 (a-m) The auditor suggests policy is fully inclusive of the standard provisions requirements.

115.372	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination: Documents: 1. DCJDC and PVETF Policy 13.8.1: Protection from Sexual Abuse and Assault 2. DCJDC Pre-Audit Questionnaire (PAQ) Findings: PAQ: The agency imposes a standard of a preponderance of the evidence or a lower standard of proof when determining whether allegations of sexual abuse or sexual harassment are substantiated. Policy is silent on the standard provision. Conclusion and Policy Suggestion: Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding evidentiary standard for administrative investigations. No corrective action is required. The auditor suggests policy is inclusive of the standard requirement.

115.373	Reporting to residents
	Auditor Overall Determination: Meets Standard Auditor Discussion The following evidence was analyzed in making the compliance determination: Documents: 1. DCJDC and PVETF Policy 13.8.1: Protection from Sexual Abuse and Assault 2. Juvenile Notification of Investigative Outcome 3. DCJDC Pre-Audit Questionnaire (PAQ) Interviews: 1. Superintendent or Designee (Facility Director) 2. Investigative Staff - N/A 3. Residents who Reported a Sexual Abuse Findings (by provision): 115.373 (a) PAQ: The agency has a policy requiring that any resident who makes an allegation that he or she suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency. In the past 12 months: 1. The number of criminal and/or administrative investigations of alleged resident sexual abuse that were completed by the agency/facility: 0 2. Of the investigations that were completed of alleged sexual abuse, the number of residents who were notified, verbally or in writing, of the results of the investigation: 0 Policy is silent on the standard provision. The auditor interviewed the Facility Director. The Facility Director confirmed the facility notifies a resident who makes an allegation of sexual abuse, that the allegation has been determined to be substantiated, unsubstantiated, or unfounded. The auditor reviewed the Juvenile Notification of Investigative Outcome Form for verification residents are informed, in writing, as to whether an allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency. 115.373 (b) PAQ: If an outside entity conducts such investigations, the agency requests the relevant information from the investigative entity in order to inform the resident of the outcome of the investigation. In the past 12 months: 1. The number of investigations of alleged resident sexual abuse in the facility that were completed by an outside agency: 0

2. Of the outside agency investigations of alleged sexual abuse that were completed, the number of residents alleging sexual abuse in the facility who were notified verbally or in writing of the results of the investigation: 0

Policy is silent on the standard provision.

115.373 (c)

PAQ: Following a resident's allegation that a staff member has committed sexual abuse against the resident, the agency/facility subsequently informs the resident (unless the agency/facility has determined that the allegation is unfounded) whenever:

1. The staff member is no longer posted within the resident's unit;
2. The staff member is no longer employed at the facility;
3. The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or
4. The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

There has not been a substantiated or unsubstantiated complaint (i.e., not unfounded) of sexual abuse committed by a staff member against a resident in the past 12 months.

Policy is silent on the standard provision.

The auditor reviewed Juvenile Notification of Investigative Outcome Form for verification notifications to residents would include the standard provision requirements.

115.373 (d)

PAQ: Following a resident's allegation that he or she has been sexually abused by another resident in an agency facility, the agency subsequently informs the alleged victim whenever:

1. The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or
2. The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

Policy is silent on the standard provision.

The auditor reviewed Juvenile Notification of Investigative Outcome Form for verification notifications to residents would include the standard provision requirements.

115.373 (e)

PAQ: The agency has a policy that all notifications to residents described under this standard are documented.

In the past 12 months:

1. The number of notifications to residents that were made pursuant to this standard: 0

2. The number of those notifications that were documented: 0

Policy is silent on the standard provision.

The auditor reviewed the Juvenile Notification of Investigative Outcome Form for verification notifications to residents described under this standard would be documented.

115.373 (f)

An agency's obligation to report under this standard shall terminate if the resident is released from the agency's custody.

Policy is silent on the standard provision.

Conclusion and Policy Suggestion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding reporting to residents. No corrective action is required.

115.373 (a-f) The auditor suggests policy is fully inclusive of the standard provisions requirements.

115.376	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination: Documents: 1. DCJDC and PVETF Policy 13.8.1: Protection from Sexual Abuse and Assault 2. DCJDC Pre-Audit Questionnaire (PAQ) Findings (by provision): 115.376 (a) PAQ: Staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. DCJDC and PVETF Policy 13.8.1 (page 22) Staff shall be subject to disciplinary sanctions up to and including termination for violating sexual abuse or sexual harassment policies. 115.376 (b) In the past 12 months: 1. The number of staff from the facility that have violated agency sexual abuse or sexual harassment policies: 0 2. The number of those staff from the facility that have been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies: 0 DCJDC and PVETF Policy 13.8.1 (page 22) Termination shall be the presumptive disciplinary sanction for staff who has engaged in sexual abuse. 115.376 (c) PAQ: Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. In the past 12 months, the number of staff from the facility that have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies: 0 DCJDC and PVETF Policy 13.8.1 (page 22) Disciplinary sanctions for violations of Dallas County Juvenile Detention Center & Perry Varner Education and Treatment facility policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be 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.

115.376 (d)

PAQ: All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.

In the past 12 months, the number of staff from the facility that have been reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies: 0

DCJDC and PVETF Policy 13.8.1 (page 22) All terminations for violations of sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to local law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding disciplinary sanctions for staff. No corrective action is required.

115.377	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard Auditor Discussion The following evidence was analyzed in making the compliance determination: Documents: 1. DCJDC and PVETF Policy 13.8.1: Protection from Sexual Abuse and Assault 2. DCJDC Pre-Audit Questionnaire (PAQ) Interview: 1. Superintendent or Designee (Facility Director) Findings (by provision): 115.377 (a) PAQ: Agency policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. Agency policy requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with residents. In the past 12 months, no contractors or volunteers have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of residents. DCJDC and PVETF Policy 13.8.1 (page 24) Any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with juveniles and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. 115.377 (b) PAQ: The facility takes appropriate remedial measures and considers whether to prohibit further contact with residents in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. DCJDC and PVETF Policy 13.8.1 (page 24) Any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with juveniles and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. The auditor interviewed the Facility Director. The Facility Director stated actions the facility would take in the case of any violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer would include dismissal and reporting to law enforcement. Conclusion: Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding corrective action for contractors and volunteers. No corrective action is required.

115.378	Interventions and disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination: Documents: 1. DCJDC and PVETF Policy 13.8.1: Protection from Sexual Abuse and Assault 2. DCJDC Pre-Audit Questionnaire (PAQ) Interviews: 1. Superintendent or Designee (Facility Director) Findings (by provision): 115.378 (a) PAQ: Residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse. Residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following a criminal finding of guilt for resident-on-resident sexual abuse. In the past 12 months: 1. The number of administrative findings of resident-on-resident sexual abuse that have occurred at the facility: 0 2. The number of criminal findings of guilt for resident-on-resident sexual abuse that have occurred at the facility: 0 DCJDC and PVETF Policy 13.8.1 (page 23) A juvenile may be subject to disciplinary sanctions by the Disciplinary Committee only pursuant to a formal disciplinary process following an administrative finding that the juvenile engaged in juvenile-on-juvenile sexual abuse or following a criminal finding of guilt for juvenile-on-juvenile sexual abuse. 115.378 (b) PAQ: In the event a disciplinary sanction for resident-on resident sexual abuse results in the isolation of a resident, the facility policy requires that residents in isolation have daily access to large muscle exercise, legally required educational programming, and special education services. In the event a disciplinary sanction for resident-on resident sexual abuse results in the isolation of a resident, residents in isolation receive daily visits from a medical or mental health care clinician. In the event a disciplinary sanction for resident-on resident sexual abuse results in the isolation of a resident, residents in isolation have access to other programs and work opportunities to the extent possible. In the past 12 months: 1. The number of residents placed in isolation as a disciplinary sanction for resident-on resident sexual abuse: 0

2. The number of residents placed in isolation as a disciplinary sanction for resident-on resident sexual abuse, who were denied daily access to large muscle exercise, and/or legally required educational programming, or special education services: N/A
3. The number of residents placed in isolation as a disciplinary sanction for resident-on resident sexual abuse, who were denied access to other programs and work opportunities: N/A

DCJDC and PVETF Policy 13.8.1 (page 23) Any disciplinary sanctions shall be commensurate with the nature and circumstances of the abuse committed, the juvenile's disciplinary history, and the sanctions imposed for comparable offenses by other juveniles with similar histories.

The auditor interviewed the Facility Director. The Facility Director described disciplinary sanctions residents are subject to following an administrative or criminal finding the resident engaged in resident-on-resident sexual abuse. They would include interventions and counseling as well as consultation with the probation officer. The sanctions would be proportionate to the nature and circumstances of the abuses committed, the residents' disciplinary histories, and the sanctions imposed for similar offenses by other residents with similar histories. Isolation is not used as a disciplinary sanction, but rather a special management plan would be developed.

115.378 (c)

When determining sanctions, a resident's mental disabilities or mental illness is considered when determining what type of sanction, if any, should be imposed.

DCJDC and PVETF Policy 13.8.1 (page 23) The Disciplinary Committee shall consider whether a juvenile's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. The Disciplinary Committee may want to consult with the juvenile's case manager for additional information on the juvenile's mental status before imposing a sanction.

The Facility Director stated mental disability or mental illness is considered when determining sanctions.

115.378 (d)

PAQ: The facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse. If the facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse, the facility considers whether to require the offending resident to participate in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives. Access to general programming or education is not conditional on participation in such interventions.

DCJDC and PVETF Policy 13.8.1 (page 23) If therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse are available, the facility shall consider whether to offer the offending juvenile participation in such interventions. The facility may require participation in such interventions as a condition of access to any rewards-based behavior

management system or other behavior-based incentives, but not as a condition to access to general programming or education.

115.378 (e)

PAQ: The agency disciplines residents for sexual contact with staff only upon finding that the staff member did not consent to such contact.

DCJDC and PVETF Policy 13.8.1 (page 24) Dallas County Juvenile Detention Center & Perry Varner Education and Treatment Facility may discipline a juvenile for sexual contact with staff only upon a finding that the staff member did not consent to such contact.

115.378 (f)

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

DCJDC and PVETF Policy 13.8.1 (page 24) For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.

115.378 (g)

PAQ: The agency prohibits all sexual activity between residents. The agency deems such activity to constitute sexual abuse only if it determines that the activity is coerced.

DCJDC and PVETF Policy 13.8.1 (page 24) Dallas County Juvenile Detention Center & Perry Varner Education and Treatment Facility prohibits all sexual activity between juveniles and may discipline juveniles for such activity. DYS, however, does not deem such activity to constitute sexual abuse if it determines that the activity is not coerced.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding interventions and disciplinary sanctions for residents. No corrective action is required.

115.381	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard Auditor Discussion The following evidence was analyzed in making the compliance determination: Documents: 1. DCJDC and PVETF Policy 13.8.1: Protection from Sexual Abuse and Assault 2. DCJDC Pre-Audit Questionnaire (PAQ) Interviews: 1. Staff Responsible for Risk Screening 2. Medical and Mental Health Staff 3. Residents who Disclose Sexual Victimization at Risk Screening Findings (by provision): 115.381 (a) PAQ: All residents at this facility who have disclosed any prior sexual victimization during a screening pursuant to §115.341 are offered a follow-up meeting with a medical or mental health practitioner. The follow-up meeting was offered within 14 days of the intake screening. Medical and mental health staff maintain secondary materials (e.g., form, log) documenting compliance with the above required services. In the past 12 months, the number of residents who disclosed prior victimization during screening who were offered a follow up meeting with a medical or mental health practitioner: 0 The PREA Coordinator reported no residents at the facility have disclosed any prior sexual victimization during the 12-month audit period. DCJDC and PVETF Policy 13.8.1 (page 10) In consultation with the administrative staff, the assigned intake officer shall incorporate appropriate treatment goals and objectives into the juvenile's service plan to address any identified issues. If the screening indicates that a resident has experienced prior sexual victimization or has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure that the juvenile is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. The auditor reviewed risk screening tool. There is a section to document follow-up meetings with mental health staff if prior sexual victimization is confirmed. The intake officer responsible for risk screening confirmed if a screening indicates that a resident has prior sexual victimization, whether in an institutional setting, or in the community, they are offered a follow-up meeting with a medical/and or mental health practitioner within 14 days. No residents were identified as reporting prior sexual victimization during risk screening during the onsite phase of the audit.

115.381 (b)

PAQ: All residents who have previously perpetrated sexual abuse, as indicated during the screening pursuant to § 115.341, are offered a follow-up meeting with a mental health practitioner. The follow-up meeting was offered within 14 days of the intake screening. Mental health staff maintain secondary materials (e.g., form, log) documenting compliance with the above required services. In the past 12 months, the percent of residents who previously perpetrated sexual abuse, as indicated during screening, who were offered a follow up meeting with a mental health practitioner: 0

The PREA Coordinator reported no residents at the facility have disclosed any previously perpetrated sexual abuse during the 12-month audit period.

DCJDC and PVETF Policy 13.8.1 (page 10) In consultation with the administrative staff, the assigned intake officer shall incorporate appropriate treatment goals and objectives into the juvenile's service plan to address any identified issues. If the screening indicates that a resident has experienced prior sexual victimization or has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure that the juvenile is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening.

The auditor reviewed risk screening tool. There is a section to document follow-up meetings with mental health staff if previously perpetrated sexual abuse is confirmed.

The intake officer responsible for risk screening confirmed if a screening indicates that a resident has previously perpetrated sexual abuse, whether in an institutional setting, or in the community, they are offered a follow-up meeting with a medical/ and or mental health practitioner within 14 days.

115.381 (c)

PAQ: Information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners.

DCJDC and PVETF Policy 13.8.1 (page 10) Any information related to sexual abuse victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, education, and program assignments. Refer to Guidelines for PREA Shared Information.

An interview with the nurse confirmed the information shared with other staff is strictly limited to informing security and management decisions, including treatment plans, housing, bed, work, education, and program assignments The auditor observed that information is securely retained.

115.381 (d)

PAQ: 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.

DCJDC and PVETF Policy 13.8.1 (page 10) Medical and mental health practitioners shall obtain informed consent from juveniles before reporting information about prior sexual victimization that did not occur in an institutional setting unless the resident is under the age of 18.

An interview with the nurse confirmed he obtains informed consent from residents before reporting about prior sexual victimization that did not occur in an institutional setting. He stated informed consent from residents is obtained at the beginning of treatment services. Informed consent is obtained for all residents regardless of age.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding medical and mental health screenings, history of sexual abuse. No corrective action is required.

115.382	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination: Documents: 1. DCJDC and PVETF Policy 13.8.1: Protection from Sexual Abuse and Assault 2. MOU: One Place Family Justice - Standing Together Against Rape (STAR) 3. DCJDC Pre-Audit Questionnaire (PAQ) Interviews: 1. Medical and Mental Health Staff 2. Residents who Reported a Sexual Abuse 3. Security Staff and Non-Security Staff First Responders Site Review Observations: Observations during on-site review of physical plant Findings (By Provision): 115.382 (a) PAQ: Resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The nature and scope of such services are determined by medical and mental health practitioners according to their professional judgment. Medical and mental health staff maintain secondary materials (e.g., form, log) documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis. DCJDC and PVETF Policy 13.8.1 (page 13) Central Alabama Child Advocacy Center shall provide crisis intervention services to victims of sexual abuse/assault and shall complete before providing services the PREA Confidentiality and the Victim Advocate form. Policy is not fully inclusive of the standard provision. An interview with the nurse confirmed the nature and scope of these services would be determined according to his professional judgment and determined by the emergency room physician. The auditor observed the facility has a MOU with the One Place Family Justice - Standing Together Against Rape (STAR) Program for access to forensic medical examinations and crisis intervention services. The auditor contacted the One Place Family Justice Executive Director and was

informed that SANE's are available to conduct forensic medical examinations for victims of sexual abuse.

115.382 (b)

PAQ: If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, staff first responders shall take preliminary steps to protect the victim pursuant to § 115.362 and shall immediately notify the appropriate medical and mental health practitioners.

Policy is silent on the standard provision.

115.382 (c)

PAQ: Resident victims of sexual abuse while incarcerated are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. Medical and mental health staff maintain secondary materials documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and 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.

Policy is silent on the standard provision.

The nurse stated victims of sexual abuse would be offered timely information about access to emergency contraception and sexually transmitted infection prophylaxis.

115.382 (d)

PAQ: Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

Policy is silent on the standard provision.

Conclusion and Policy Suggestion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding access to emergency medical and mental health services. No corrective action is required.

The auditor suggests policy is fully inclusive of the standard provisions requirements.

115.383	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination: Documents: 1. DCJDC and PVETF Policy 13.8.1: Protection from Sexual Abuse and Assault 2. DCJDC Pre-Audit Questionnaire (PAQ) Interviews: 1. Medical and Mental Health Staff 2. Residents who Reported a Sexual Abuse Site Review Observations: Observations during on-site review of physical plant Findings (by provision): 115.383 (a) PAQ: The facility offers medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. Policy is silent on the standard provision. The auditor observed medical facilities during the site review. A psychiatrist visits the facility one day a week. 115.383 (b) The nurse stated evaluation and treatment of residents who have been victimized would include follow-up services, treatment plans and, when necessary, referrals for continued care after leaving the facility. 115.383 (c) The nurse stated medical and mental health services are consistent with the community level of care. 115.383 (d) PAQ: Female victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests. Policy is silent on the standard provision. 115.383 (e) PAQ: If pregnancy results from conduct specified in paragraph (d) of this section, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services.

Policy is silent on the standard provision.

The nurse stated victims of sexual abuse would be offered timely and comprehensive information about and timely access to all lawful pregnancy-related medical services as soon as possible.

115.383 (f)

PAQ: Resident victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate.

Policy is silent on the standard provision.

115.383 (g)

PAQ: Treatment services are 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.

Policy is silent on the standard provision.

115.383 (h)

PAQ: The facility attempts to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate by mental health practitioners.

Policy is silent on the standard provision.

Conclusion and Policy Suggestion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding ongoing medical and mental health care for sexual abuse victims and abusers. No corrective action is required.

The auditor suggests policy is fully inclusive of the standard provisions requirements.

115.386	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination: Documents: 1. DCJDC and PVETF Policy 13.8.1: Protection from Sexual Abuse and Assault 2. DCJDC Pre-Audit Questionnaire (PAQ) Interviews: 1. Superintendent or Designee (Facility Director) 2. PREA Compliance Manager 3. Incident Review Team Findings (by provision): 115.386 (a) PAQ: The facility conducts a sexual abuse incident review at the conclusion of every sexual abuse criminal or administrative investigation unless the allegation has been determined to be unfounded. In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility, excluding only “unfounded” incidents: 0 DCJDC and PVETF Policy 13.8.1 (page 24) The PREA Compliance Manager shall conduct a sexual abuse incident review using the Sexual Abuse Critical Incident Review form 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. 115.386 (b) PAQ: The facility ordinarily conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation. In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility that were followed by a sexual abuse incident review within 30 days, excluding only “unfounded” incidents: 0 DCJDC and PVETF Policy 13.8.1 (page 24) Such review shall ordinarily occur within 30 days of the conclusion of the investigation. 115.386 (c) PAQ: The sexual abuse incident review team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners. DCJDC and PVETF Policy 13.8.1 (page 25) The review team shall include upper-level

management officials, with input from line supervisors, investigators, and medical or mental health practitioners.

The Facility Director confirmed the facility has a sexual abuse incident review team; the team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners.

115.386 (d)

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

DCJDC and PVETF Policy 13.8.1 (page 25) The review team shall:

- Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse.
- Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility.
- Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse
- Assess the adequacy of staffing levels in that area during different shifts.
- Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and
- Prepare a report of its findings, including but not necessarily limited to determinations made and any recommendations for improvement and submit such report to the facility head and DYS PREA Coordinator.

The Facility Director was interviewed as a member of the sexual abuse incident review team. He stated the team considers 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 was motivated or otherwise caused by other group dynamics at the facility. The area in the facility where the incident allegedly occurred is examined to assess whether physical barriers in the area may enable abuse. Adequacy of staffing levels in the area is assessed for different shifts. He confirmed the team assesses whether monitoring technology should be deployed or augmented to supplement supervision by staff. He stated the team uses information from the sexual abuse incident review to consider changes that need to be made to be more preventive and improve the capacity of responding.

The PREA Compliance Manager stated the facility prepares a report of its findings from the sexual abuse incident review, including any determinations of the factors listed above and any recommendations form improvement.

The auditor reviewed one Sexual Abuse Incident Review Form. The form is inclusive of the standard requirements.

115.386 (e)

PAQ: The facility implements the recommendations for improvement or documents its reasons for not doing so.

DCJDC and PVETF Policy 13.8.1 (page 25) The facility shall implement the recommendations for improvement or shall document its reasons for not doing so.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding sexual abuse incident reviews. No corrective action is required.

115.387	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination: Documents: 1. DCJDC and PVETF Policy 13.8.1: Protection from Sexual Abuse and Assault 2. Survey of Sexual Victimization Substantiated Incident Form (Juvenile) 3. DCJDC Pre-Audit Questionnaire (PAQ) Findings (by provision): 115.387 (a) PAQ: The agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. The standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Victimization conducted by the Department of Justice. DCJDC and PVETF Policy 13.8.1 (page 26) Dallas County Juvenile Detention Center & Perry Varner Education and Treatment Facility shall collect accurate, uniform data for every allegation of sexual abuse using the DOJ Form SSV-IJ Survey of Sexual Violence Incident Report, standardized instrument, and definitions. The auditor reviewed the Survey of Sexual Victimization Substantiated Incident Form (Juvenile) for verification. 115.387 (b) PAQ: The agency aggregates the incident-based sexual abuse data at least annually. DCJDC and PVETF Policy 13.8.1 (page 26) Dallas County Juvenile Detention Center & Perry Varner Education and Treatment Facility shall aggregate the incident-based sexual abuse data at least annually. The auditor reviewed a document signed by the Facility Director, stating there have been no allegations of sexual abuse in the last 12 months. 115.387 (c) PAQ: The standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice. Policy is silent on the standard provision. The auditor reviewed the Survey of Sexual Victimization Substantiated Incident Form (Juvenile) for verification.

115.387 (d)

PAQ: The agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

DCJDC and PVETF Policy 13.8.1 (page 26) Facilities shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

There were no incident reports, investigation files, or sexual abuse incident reviews due to there being no allegations of sexual abuse in the last 12 months.

115.387 (e)

N/A; The agency does not contract for the confinement of its residents.

115.387 (f)

N/A; The Department of Justice has not requested agency data.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding data collection. No corrective action is required.

115.388	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination: Documents: 1. DCJDC and PVETF Policy 13.8.1: Protection from Sexual Abuse and Assault 2. DCJDC Pre-Audit Questionnaire (PAQ) Documents (Corrective Action): 1. Annual Report (April 23, 2023) Interviews: 1. Agency Head or Designee (PREA Coordinator) 2. PREA Coordinator 3. PREA Compliance Manager Findings (by provision): 115.388 (a) PAQ: The agency reviews 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, and training, including: 1. Identifying problem areas; 2. Taking corrective action on an ongoing basis; and 3. Preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole. DCJDC and PVETF Policy 13.8.1 (page 27) The DYS PREA Coordinator shall annually review data collected and aggregated in order to assess and improve the effectiveness of the DYS sexual abuse prevention, detection, and response policies and practices, and training including: • Identifying problem areas. • Taking corrective action on an ongoing basis; and • Preparing an annual report of findings and corrective actions for each facility, as well as the agency as a whole. The standard provision requires the agency reviews 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, and training. DYS would be a separate agency for purposes of the standard provision. Annual reports of findings from data review and any corrective actions were required for compliance with the standard provision. Through corrective action, the facility developed an annual report that is fully inclusive of the standard requirements, April 23, 2023. The report includes data for 2019-2022. 115.388 (b)

PAQ: The annual report includes a comparison of the current year's data and corrective actions with those from prior years. The annual report provides an assessment of the agency's progress in addressing sexual abuse.

DCJDC and PVETF Policy 13.8.1 (page 27) The Annual PREA Report shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of DYS's progress in addressing sexual abuse.

Annual reports were required for compliance with the standard provision. The reports must include a comparison of the current year's data and corrective actions with those from prior years. The reports must provide an assessment of the agency's progress in addressing sexual abuse. Through corrective action, the facility developed an annual report that is fully inclusive of the standard requirements, April 23, 2023. The report includes data for 2019-2022. The annual report provides an assessment of the agency's progress in addressing sexual abuse.

115.388 (c)

PAQ: The agency makes its annual report readily available to the public at least annually through its website. The annual reports are approved by the agency head.

DCJDC and PVETF Policy 13.8.1 (page 27) The Annual PREA Report shall be approved by the Executive Director and made readily available to the public through its website.

Annual reports were required for compliance with the standard provision. The reports must be approved by the agency head and made readily available to the public through the agency's website. Through corrective action, the facility developed an annual report that is fully inclusive of the standard requirements, April 23, 2023. The report is approved by the agency head and published on the agency's website at <http://www.dallascounty-al.org/secondary.aspx?pageID=87>.

115.388 (d)

PAQ: When the agency redacts material from an annual report for publication the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility. The agency indicates the nature of material redacted.

DCJDC and PVETF Policy 13.8.1 (page 27) Dallas County Juvenile Detention Center & Perry Varner Education and Treatment Facility may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of the facility but must indicate the nature of the material redacted.

Annual reports were required for compliance with the standard provision. The reports must indicate the nature of material redacted. Through corrective action, the facility developed an annual report that is fully inclusive of the standard requirements, April 23, 2023. The report indicates personal identifying information is redacted.

	Conclusion and Corrective Actions: Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding data review for corrective action. Corrective action is complete. 115.388 (a-d) The facility developed an annual report that is fully inclusive of the standard requirements, April 23, 2023.
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115.389	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination: Documents: 1. DCJDC and PVETF Policy 13.8.1: Protection from Sexual Abuse and Assault 2. DCJDC Pre-Audit Questionnaire (PAQ) Documents (Corrective Action): 1. Published Annual Reports – (April 23, 2023) Findings (by provision): 115.389 (a) PAQ: The agency ensures that incident-based and aggregate data are securely retained. DCJDC and PVETF Policy 13.8.1 (page 27) The DYS PREA Coordinator shall be responsible for compiling records and annually reporting statistical data to the Federal Bureau of Justice as required by the PREA Law of 2003. The PREA Coordinator stated the agency reviews data collected and aggregated in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, and training. The agency ensures that data collected is securely retained. 115.389 (b) PAQ: Agency policy requires that aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts be made readily available to the public, at least annually, through its website. DCJDC and PVETF Policy 13.8.1 (page 28) DYS shall 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. Through corrective action, the annual report was published on the agency’s website (April 23, 2023). 115.389 (c) PAQ: Before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers. DCJDC and PVETF Policy 13.8.1 (page 28) Before making aggregated sexual abuse data publicly available, all personal identifiers shall be removed. Through corrective action, the facility developed an annual report that is fully inclusive of the standard requirements, April 23, 2023. The report indicates personal

identifying information is redated.

115.389 (d)

PAQ: The agency maintains sexual abuse data sexual abuse data collected pursuant to §115.387 for at least 10 years after the date of initial collection, unless Federal, State, or local law requires otherwise.

DCJDC and PVETF Policy 13.8.1 (page 28) All case records associated with claims of sexual abuse, including incident reports, investigative reports, juvenile information, case disposition, medical and counseling evaluation findings, and recommendations for post-release treatment and/or counseling shall be retained in accordance with the DYS record retention schedule.

Conclusion, Policy Suggestion, and Corrective Actions:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding data storage, publication, and destruction. Corrective action is complete.

115.389 (a-d)

- The auditor suggests that policy should reflect the agency's responsibilities.
- The annual report was published on the agency's website (April 23, 2023).

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination: 1. DCJDC Pre-Audit Questionnaire (PAQ) 2. Interviews 3. Research 4. Policy Review 5. Document Review 6. Observations during onsite review of facility Findings: During the three-year period starting on August 20, 2013, and the current audit cycle, the Dallas County Juvenile Detention Center was audited in 2016 and 2019. The auditor was given access to, and the ability to observe, all areas of the facility. The auditor was permitted to conduct private interviews with residents at the facility. The auditor sent an audit notice to the facility six weeks prior to the on-site audit. The facility confirmed the audit notice was posted by emailing pictures of the posted audit notices. The audit notice contained contact information for the auditor. The residents were permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel. No confidential information or correspondence was received. Conclusion: Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding frequency and scope of audits. No corrective action is required.

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard Auditor Discussion The following evidence was analyzed in making the compliance determination: 1. DCJDC Pre-Audit Questionnaire (PAQ) 2. Policy Review 3. Documentation Review 4. Interviews 5. Observations during onsite review of facility Documents (Corrective Action): 1. Published 2016 and 2019 PREA Audit Reports (April 27, 2023) Findings: The auditor observed no PREA audit reports published on the agency's website. The 2016 and 2019 audit reports are required to be published for compliance with the standard. Conclusion and Corrective Actions: Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding audit contents and findings. Corrective action is complete. Through corrective action, the 2016 and 2019 audit reports were published on the agency's website at http://www.dallascounty-al.org/secondary.aspx?pageID=87 (April 27, 2023).

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

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

115.313 (a)	Supervision and monitoring	
	Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has implemented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Generally accepted juvenile detention and correctional/secure residential practices?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any judicial findings of inadequacy?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from Federal investigative agencies?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate 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"	yes

	or areas where staff or residents may be isolated)?	
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The composition of the resident population?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The number and placement of supervisory staff?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Institution programs occurring on a particular shift?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any applicable State or local laws, regulations, or standards?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any other relevant factors?	yes
115.313 (b)	Supervision and monitoring	
	Does the agency comply with the staffing plan except during limited and discrete exigent circumstances?	yes
	In circumstances where the staffing plan is not complied with, does the facility fully document all deviations from the plan? (N/A if no deviations from staffing plan.)	na

115.313 (c)	Supervision and monitoring	
	Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes
	Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes
	Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A only until October 1, 2017.)	yes
	Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.)	yes
	Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph?	yes
115.313 (d)	Supervision and monitoring	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes

115.313 (e)	Supervision and monitoring	
	Has the facility implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? (N/A for non-secure facilities)	yes
	Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities)	yes
	Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? (N/A for non-secure facilities)	yes
115.315 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.315 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances?	yes
115.315 (c)	Limits to cross-gender viewing and searches	
	Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches?	yes

115.315 (d)	Limits to cross-gender viewing and searches	
	Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit?	yes
	In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units)	yes
115.315 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If a resident's genital status is unknown, does the facility 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)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

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

	with residents with disabilities including residents who: Have intellectual disabilities?	
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision?	yes
115.316 (b)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.316 (c)	Residents with disabilities and residents who are limited English proficient	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations?	yes

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

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

115.317 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.317 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.317 (h)	Hiring and promotion decisions	
	Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.318 (a)	Upgrades to facilities and technologies	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	na

115.318 (b)	Upgrades to facilities and technologies	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	yes
115.321 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	na
115.321 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	na
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	na

115.321 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.321 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.321 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes

115.321 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency is not responsible for investigating allegations of sexual abuse.)	yes
115.321 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321(d) above.)	yes
115.322 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.322 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes

115.322 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.321(a))	yes

115.331 (a)	Employee training	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment	yes
	Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
	Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent?	yes

115.331 (b)	Employee training	
	Is such training tailored to the unique needs and attributes of residents of juvenile facilities?	yes
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes
115.331 (c)	Employee training	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
115.331 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.332 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes

115.332 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes
115.332 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.333 (a)	Resident education	
	During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	Is this information presented in an age-appropriate fashion?	yes
115.333 (b)	Resident education	
	Within 10 days of intake, does the agency provide age-appropriate 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

115.334 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.331, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	na
115.334 (b)	Specialized training: Investigations	
	Does this specialized training include: Techniques for interviewing juvenile sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	na
	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).)	na
	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).)	na
	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).)	na
115.334 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	na

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

115.335 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
115.341 (a)	Obtaining information from residents	
	Within 72 hours of the resident's arrival at the facility, does the agency obtain and use information about each resident's personal history and behavior to reduce risk of sexual abuse by or upon a resident?	yes
	Does the agency also obtain this information periodically throughout a resident's confinement?	yes
115.341 (b)	Obtaining information from residents	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes

115.341 (c)	Obtaining information from residents	
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history?	yes
	During these PREA screening assessments, at a minimum, does 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
115.342 (i)	Placement of residents	
	In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes
115.351 (a)	Resident reporting	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: 2. Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes

115.351 (b)	Resident reporting	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private 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
115.351 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.351 (d)	Resident reporting	
	Does the facility provide residents with access to tools necessary to make a written report?	yes
115.351 (e)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes

115.352 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	no
115.352 (b)	Exhaustion of administrative remedies	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring an resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes
115.352 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes

115.352 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency determines that the 90 day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension of time to respond is 70 days per 115.352(d)(3)) , does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes

115.352 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	yes
	Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.)	yes
	If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.)	yes

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

115.353 (a)	Resident access to outside confidential support services and legal representation	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?	yes
	Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?	yes
115.353 (b)	Resident access to outside confidential support services and legal representation	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.353 (c)	Resident access to outside confidential support services and legal representation	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.353 (d)	Resident access to outside confidential support services and legal representation	
	Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation?	yes
	Does the facility provide residents with reasonable access to parents or legal guardians?	yes

115.354 (a)	Third-party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes
115.361 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or 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
115.361 (b)	Staff and agency reporting duties	
	Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws?	yes
115.361 (c)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials and designated State or local services agencies, are staff prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes

115.361 (d)	Staff and agency reporting duties	
	Are medical and mental health practitioners required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section as well as to the designated State or local services agency where required by mandatory reporting laws?	yes
	Are medical and mental health practitioners required to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.361 (e)	Staff and agency reporting duties	
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the appropriate office?	yes
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the alleged victim's parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified?	yes
	If the alleged victim is under the guardianship of the child welfare system, does the facility head or his or her designee promptly report the allegation to the alleged victim's caseworker instead of 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
115.361 (f)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes

115.362 (a)	Agency protection duties	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes
115.363 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
	Does the head of the facility that received the allegation also notify the appropriate investigative agency?	yes
115.363 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.363 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.363 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes

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

115.366 (a)	Preservation of ability to protect residents from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	no
115.367 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.367 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services?	yes

115.367 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report 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
115.367 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.368 (a)	Post-allegation protective custody	
	Is any and all use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342?	yes
115.371 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	na
	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).)	na
115.371 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334?	yes

115.371 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.371 (d)	Criminal and administrative agency investigations	
	Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?	yes
115.371 (e)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.371 (f)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.371 (g)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes

115.371 (h)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.371 (i)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.371 (j)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.371(g) and (h) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention?	yes
115.371 (k)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes
115.371 (m)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.372 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes

115.373 (a)	Reporting to residents	
	Following an investigation into a resident's allegation of sexual abuse suffered in the facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.373 (b)	Reporting to residents	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes

115.373 (c)	Reporting to residents	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency 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)	Disciplinary sanctions for staff	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes

115.377 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.377 (b)	Corrective action for contractors and volunteers	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?	yes
115.378 (a)	Interventions and disciplinary sanctions for residents	
	Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, may residents be subject to disciplinary sanctions only pursuant to a formal disciplinary process?	yes

115.378 (b)	Interventions and disciplinary sanctions for residents	
	Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible?	yes
115.378 (c)	Interventions and disciplinary sanctions for residents	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes
115.378 (d)	Interventions and disciplinary sanctions for residents	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to offer the offending resident participation in such interventions?	yes
	If the agency requires participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, does it always refrain from requiring such participation as a condition to accessing general programming or education?	yes

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

115.381 (c)	Medical and mental health screenings; history of sexual abuse	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
115.381 (d)	Medical and mental health screenings; history of sexual abuse	
	Do medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18?	yes
115.382 (a)	Access to emergency medical and mental health services	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.382 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362?	yes
	Do staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.382 (c)	Access to emergency medical and mental health services	
	Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes

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

115.383 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.383 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
115.386 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.386 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.386 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes

115.386 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.386 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.387 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.387 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes

115.387 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.387 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.387 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	na
115.387 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	na

115.388 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
115.388 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.388 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.388 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
115.389 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.387 are securely retained?	yes

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

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