

PREA Facility Audit Report: Final

Name of Facility: Judge John C. Creuzot Dual Diagnosis Center (DDC)

Facility Type: Community Confinement

Date Interim Report Submitted: NA

Date Final Report Submitted: 08/20/2026

Auditor Certification

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



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



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



Auditor Full Name as Signed: Lynni O'Haver

Date of Signature: 08/20/2026

AUDITOR INFORMATION

Auditor name: O'Haver, Lynni

Email: katmai910@icloud.com

Start Date of On-Site Audit: 08/13/2026

End Date of On-Site Audit: 08/14/2026

FACILITY INFORMATION

Facility name: Judge John C. Creuzot Dual Diagnosis Center (DDC)

Facility physical address: 200 Greene Road, Lancaster, Texas - 75146

Facility mailing address:

Primary Contact

Name:	Robert Lizcano
Email Address:	Robert.Lizcano@dallascounty.org
Telephone Number:	469-865-5368

Facility Director	
Name:	Robert Lizcano
Email Address:	Robert.Lizcano@dallascounty.org
Telephone Number:	469-865-5368

Facility PREA Compliance Manager	
Name:	Robert Lizcano
Email Address:	robert.lizcano@dallascounty.org
Telephone Number:	469.251.5231

Facility Health Service Administrator On-Site	
Name:	Lauren Camelin
Email Address:	lauren.camelin@dallascounty.org
Telephone Number:	972-441-6160

Facility Characteristics	
Designed facility capacity:	60
Current population of facility:	57
Average daily population for the past 12 months:	57
Has the facility been over capacity at any point in the past 12 months?	No
What is the facility's population designation?	Both women/girls and men/boys

Age range of population:	18+
Facility security levels/resident custody levels:	Orientation; Intensive, and Supportive
Number of staff currently employed at the facility who may have contact with residents:	77
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:	0

AGENCY INFORMATION

Name of agency:	Dallas County Community Supervision and Corrections Department
Governing authority or parent agency (if applicable):	
Physical Address:	1300 West Mockingbird Lane, 3rd Floor, Dallas, Texas - 75247
Mailing Address:	
Telephone number:	

Agency Chief Executive Officer Information:

Name:	
Email Address:	
Telephone Number:	

Agency-Wide PREA Coordinator Information

Name:	Yolanda Coleman	Email Address:	yolanda.coleman@dallascounty.org
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Facility AUDIT FINDINGS

Summary of Audit Findings

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

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

Number of standards exceeded:

1

- 115.233 - Resident education

Number of standards met:

40

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

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

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2026-08-13
2. End date of the onsite portion of the audit:	2026-08-14

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:	Just Detention International

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	60
15. Average daily population for the past 12 months:	57
16. Number of inmate/resident/detainee housing units:	9
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	☐ Yes ☐ No ☒ Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

23. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	52
25. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	1
26. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	0
27. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	3
28. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	1
29. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0
30. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	2

31. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	2
32. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	0
33. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	13
34. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
35. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	No text provided.
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
36. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	77
37. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	0

38. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	2
39. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	No text provided.
INTERVIEWS	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	
40. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	14
41. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	☒ Age ☒ Race ☒ Ethnicity (e.g., Hispanic, Non-Hispanic) ☒ Length of time in the facility ☒ Housing assignment ☒ Gender ☐ Other ☐ None
42. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	The Auditor was provided with the facility resident roster for selection of a random representation of residents. The facility roster includes the resident's age, gender, race, and housing assignment. This allowed the Auditor to accurately select a random representation of residents for the random interview process.

43. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	☒ Yes ☐ No
44. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.
Targeted Inmate/Resident/Detainee Interviews	
45. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	8
As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".	
47. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	1
48. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:	0

a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The facility reported no residents with a cognitive impairment at the facility at the time of the on-site. The Auditor was able to confirm this information during the Auditor's review of resident files, and through interviews conducted with specialized and random staff.
49. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:	3
50. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:	1
51. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:	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).	The facility reported no residents who were Limited English Proficient (LEP) at the facility at the time of the on-site. The Auditor was able to confirm this information during the Auditor's review of resident files, and through interviews conducted with specialized and random staff.
52. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	2
53. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	JJCC DDC continues to track the number of offenders who identify as transgender or intersex. JJCC DDC reported two transgenders or intersex offenders housed at the facility during the on-site phase of the audit. However, per BJA Memorandum dated December 2, 2025, in alignment with Executive Order 14168, targeted interviews with transgender or intersex inmates are no longer applicable to a compliance finding and therefore, were not interviewed under the targeted category.

54. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The facility reported no residents who reported sexual abuse and sexual harassment at the facility at the time of the on-site. The Auditor was able to confirm this information during the Auditor's review of documentation and during interviews with specialized and random staff and during interviews with residents.
55. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:	3
56. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:	0

a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The facility reported no residents were placed in segregated housing/isolation for risk of sexual victimization or who alleged to have suffered sexual abuse. The Auditor was able to confirm this information during the Auditor's review of resident files, and through interviews conducted with specialized and random staff.
57. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	No text provided.
Staff, Volunteer, and Contractor Interviews	
Random Staff Interviews	
58. Enter the total number of RANDOM STAFF who were interviewed:	14
59. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	☒ Length of tenure in the facility ☒ Shift assignment ☒ Work assignment ☒ Rank (or equivalent) ☐ Other (e.g., gender, race, ethnicity, languages spoken) ☐ None

60. Were you able to conduct the minimum number of RANDOM STAFF interviews?	☒ Yes ☐ No
61. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.
Specialized Staff, Volunteers, and Contractor Interviews	
Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.	
62. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	16
63. Were you able to interview the Agency Head?	☒ Yes ☐ No
64. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	☒ Yes ☐ No
65. Were you able to interview the PREA Coordinator?	☒ Yes ☐ No
66. Were you able to interview the PREA Compliance Manager?	☒ Yes ☐ No ☐ NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

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

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

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

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

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

☒ Yes

☐ No

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

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

☒ Yes

☐ No

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

☒ Yes

☐ No

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

☒ Yes

☐ No

75. Informal conversations with staff during the site review (encouraged, not required)?

☒ Yes

☐ No

76. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).	During the facility tour, the Auditor conducted eighteen informal interviews with residents and inquired to each - <i>Length of time at facility</i> <i>Received PREA Education</i> <i>How would you report an incident of PREA?</i> <i>Do you feel safe at this facility?</i> In addition to the above questions, throughout the informal interviews, the Auditor inquired to multiple residents regarding the use of the phones or tablets to contact a family member or an outside source (Dallas County Sheriff's Office, PREA Ombudsman); all residents confirmed calls can be made on the designated dormitory phones or any tablet. Residents utilized their tablets to demonstrate to the Auditor the step-by-step process to report a PREA incident either by sending an email or utilizing the tablet to call a family member or outside source (Dallas County Sheriff's Office) and request a report be filed on their behalf. Throughout each demonstration, multiple residents informed the Auditor utilizing the tablets for phone calls (with ear buds connected) provides the opportunity for the call to be private and confidential.
Documentation Sampling	
Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.	
77. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?	☒ Yes ☐ No

78. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).	Documents from resident files (22): <i>Resident receipt of PREA Education</i> - verifying receipt of resident PREA education w/ signature <i>Initial Risk Assessment and Risk Reassessment</i> - verifying initial risk screening assessments and reassessments were completed within the required timeframe.
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SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

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

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

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

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

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

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

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

Sexual Harassment Investigation Outcomes

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

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

0

a. Explain why you were unable to review any sexual abuse investigation files:	The facility reported no allegations of sexual abuse or sexual harassment were received during the twelve-month auditing period. The Auditor conducted specialized and random staff interviews and verified the information previously provided was accurate. Therefore, no investigation files were reviewed.
86. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any sexual abuse investigation files)
Inmate-on-inmate sexual abuse investigation files	
87. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
88. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
89. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
Staff-on-inmate sexual abuse investigation files	
90. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0

91. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
92. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
93. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	0
a. Explain why you were unable to review any sexual harassment investigation files:	The facility reported no allegations of sexual abuse or sexual harassment were received during the twelve-month auditing period. The Auditor conducted specialized and random staff interviews and verified the information previously provided was accurate. Therefore, no investigation files were reviewed.
94. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any sexual harassment investigation files)
Inmate-on-inmate sexual harassment investigation files	
95. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0

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

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

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

☐ Yes

☒ No

Non-certified Support Staff

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

☐ Yes

☒ No

AUDITING ARRANGEMENTS AND COMPENSATION

108. Who paid you to conduct this audit?

☐ The audited facility or its parent agency

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

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

☐ Other

Identify the name of the third-party auditing entity

Corrections Consulting Services

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

115.211	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: Judge John C. Creuzot (JJCC) Dual Diagnosis Center (DDC) PAQ Judge John C. Creuzot (JJCC) Dual Diagnosis Center (DDC), <i>PREA Policy</i> Judge John C. Creuzot (JJCC) Dual Diagnosis Center (DDC) Organizational Chart Interviews conducted with: PREA Coordinator Facility Director

Site Review Observations:

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

Findings (By Provision):

115.211 (a) – Judge John C. Creuzot (JJCC) Dual Diagnosis Center (DDC), *PREA Policy* states the facility maintains a zero-tolerance policy relating to all forms of sexual abuse and sexual harassment between staff, volunteers, contractors, and residents or their family members.

The Judge John C. Creuzot (JJCC) Dual Diagnosis Center (DDC) is committed to providing a safe and healthy environment for residents, staff, visitors, contractors and volunteers. The JJCC DDC is committed to protecting residents from sexual abuse and sexual harassment.

115.211 (b) – Judge John C. Creuzot (JJCC) Dual Diagnosis Center (DDC), *PREA Policy* states the facility shall designate an upper-level employee with sufficient time and authority to develop, implement and oversee JJCC DDC's efforts to comply with the PREA National Standards. The PREA Coordinator provides supervisory oversight to JJCC DDC ensuring coordination in the prevention, detection, intervention, investigation, and discipline / prosecution of sexual abuse. The position of PREA Coordinator at Judge John C. Creuzot (JJCC) Dual Diagnosis Center (DDC) organizational structure is the DDC Division Manager. The agency's organizational chart reflects that the PREA Coordinator is the DDC Division Manager, which is an upper-level position, and the PREA Coordinator reports to the Residential Director.

The Judge John C. Creuzot (JJCC) Dual Diagnosis Center (DDC), *PREA Policy*, outlines the role and responsibilities of the PREA Coordinator to include being provided with the time and authority to develop, implement, and oversee the efforts to comply with the PREA standards within the facility. The PREA Coordinator is responsible for coordinating and monitoring PREA related activities.

The Auditor conducted an interview with the PREA Coordinator who verified she has sufficient time and authority in her position to accomplish PREA responsibilities for the facility. The PREA Coordinator reports to the DDC Residential Director. A review

	of the Judge John C. Creuzot (JJCC) Dual Diagnosis Center (DDC) organizational chart provided evidence that the facility has designated an upper-level position as the PREA Coordinator. The Auditor interviewed the Facility Director and confirmed the responsibilities of the PREA Coordinator assigned to Judge John C. Creuzot (JJCC) DDC. The Facility Director verified that the PREA Coordinator is provided with sufficient time and authority in her position to accomplish these responsibilities. Upon review of the policy, the agency organizational chart, and upon completion of interviews, Judge John C. Creuzot (JJCC) DDC demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.
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115.212	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: JJCC DDC PAQ JJCC DDC, <i>PREA Policy</i> Findings (By Provision): 115.212 (a-b) – JJCC DDC does not contract for the confinement of its residents with private agencies or other entities, including other government agencies. The Auditor conducted separate interviews with the PREA Coordinator, Facility Director and the Agency Head and confirmed the information previously provided by the facility. Upon review of the policy and upon completion of the interviews, JJCC DDC demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.

115.213	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: JJCC DDC PAQ JJCC DDC, <i>PREA Policy</i> JJCC DDC Staffing Plan Report (2025) Interviews conducted with: Facility Director PREA Coordinator Site Review Observations: Daily operational functions Findings (By Provision): 115.213 (a) - JJCC DDC, <i>PREA Policy</i> states the facility will develop a staffing plan that provides for adequate levels of staffing to protect residents against sexual abuse. The location of video monitoring systems will be considered when determining adequate levels of staffing. In calculating staffing levels and determining the need for video monitoring, the following factors shall be taken into consideration: • The physical layout of the facility • The composition of the resident population • The prevalence of substantiated and unsubstantiated incidents of sexual abuse • Any other relevant factors. 115.213 (b) - JJCC DDC, <i>PREA Policy</i> states the facility shall make its best effort to comply on a regular basis, with the approved PREA Staffing Plan and shall document and justify all deviations. Deviations shall be documented and notifications made to

Facility Director.

According to the information contained in the PAQ, JJCC DDC reported no deviations from the staffing plan during the auditing period. The Auditor conducted an interview with the Facility Director and the PREA Coordinator, and each confirmed there were no deviations from the staffing plan in the 12 months prior to the audit. The average daily number of residents on which the facility-staffing plan was predicted was 60.

115.213 (c) – JJCC DDC, *PREA Policy* states whenever necessary, but no less frequently than once a year by August 31st, an annual PREA staffing plan assessment will be completed.

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

The Auditor conducted an interview with the Facility Director regarding the *JJCC DDC Staffing Plan*. The Facility Director discussed how the facility develops the staffing levels based on the facility's design, mission, resident population, and custody level. The Facility Director confirmed the PREA Coordinator provide a review of all positions identified in the staffing plans. The Facility Director confirmed when developing a staffing plan, several items are taken into consideration such as internal reviews, components of the physical plant, composition of the resident population, and the prevalence of substantiated and unsubstantiated allegations of sexual abuse. To ensure compliance with the staffing plan, Facility Director and Supervisory Staff conduct rounds throughout the facility for visual verification of staff assignments.

The Auditor conducted an interview with the PREA Coordinator and confirmed the process of developing a staffing plan previously described by the Facility Director. The PREA Coordinator also confirmed that an assessment of the facility-staffing plan is conducted annually, and each are consulted regarding any adjustments to the staffing plan.

The Auditor reviewed the average daily number of residents' report, staff rosters, and daily resident activity schedules to verify adequate staff coverage in

	comparison to resident population, resident movement, and facility size and layout. The Auditor toured the facility and observed the daily operational functions, staff interacting with residents, and general resident movement. These observations provided additional verification of policy and of standard compliance. Upon review of the policies and documentation provided and upon completion of interviews, JJCC DDC demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.
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115.215	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: JJCC DDC PAQ JJCC DDC, <i>PREA Policy</i> JJCC DDC Training Curriculum & Attendance Log Interviews conducted with: Random sample of Residents Random sample of Staff Site Review Observations: Daily operational functions Staff interaction with Residents Resident movement Findings (By Provision): 115.215 (a, b) – JJCC DDC, <i>PREA Policy</i> states the facility shall not conduct cross-gender strip searches or cross-gender pat-down searches except in exigent circumstances or when performed by medical practitioners.

115.215 (c) - The facility does not conduct cross-gender strip searches or cross-gender visual body cavity searches.

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

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

115.215 (d) - JJCC DDC, *PREA Policy* states residents may 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 living quarter checks. Employees of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions or changing clothes.

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

The Auditor conducted fourteen resident interviews, and all fourteen residents interviewed confirmed they have privacy while showering, changing clothes, or using the bathroom facilities. Additionally, all fourteen residents interviewed confirmed staff of the opposite gender announced their presence prior to entering the housing unit. The Auditor inquired to each female resident interviewed if she has ever been unable to participate in activities outside the housing area due to female staff being unavailable to conduct pat-down searches. All female residents

	confirmed this facility is a no touch, no pat search facility and denied being refused the opportunity to participate in activities with all residents confirming that a female staff member is always present and available. 115.215 (e) – This provision is no longer applicable to a compliance finding. 115.215 (f) – This provision is no longer applicable to a compliance finding. The Auditor interviewed random staff members and inquired if they have received training on how to conduct cross-gender pat-down searches of residents in a professional manner, consistent with security needs. Each staff member confirmed the facility is a no-touch, no pat search facility and such searches are not performed by staff. Upon review of staff training records and training curriculum, observations during the on-site visit, and information obtained during interviews, JJCC DDC demonstrated facility-wide practices that are consistent with policy and with the requirements that complies with the PREA standard.
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115.216	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: JJCC DDC PAQ JJCC DDC, <i>PREA Policy</i> Interviews conducted with: Facility Director Targeted Residents (Resident with Impairments) Random sample of Staff

Site Review Observation:

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

Findings (By Provision):

115.216 (a) – JJCC DDC, *PREA Policy* states residents will be provided education in formats accessible to all residents, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as residents who have limited reading skills.

115.216 (b) – JJCC DDC, *PREA Policy* states in the event a resident has difficulty understanding provided information or procedures outlined in this policy, employees must ensure that such information is effectively communicated to such residents on an individual basis.

115.216 (c) – JJCC DDC, *PREA Policy* states residents will not be relied upon to provide interpretation services, act as readers, or provide other types of communication assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-responder duties, or the investigation of the resident's allegations. In the last twelve months the facility has had zero instances where residents were used as interpreters.

The Auditor conducted interviews with random staff members. Each staff member confirmed the agency policy prohibiting the use of a resident to provide translation services except in limited circumstances where an extended delay in obtaining an interpreter could compromise the resident's safety; all staff members acknowledged the use of either the language line (interpreter services) or contacting another staff member to translate.

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

	specific to his individual needs. The Auditor conducted an interview with the PREA Coordinator regarding how the facility takes appropriate steps to ensure that all residents have an equal opportunity to participate in the facility’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The PREA Coordinator detailed the efforts made by the facility to ensure impaired residents are provided opportunities and benefits equal to those of unimpaired residents. Residents with either impairments or LEP residents are provided with alternatives to accommodate participation in the PREA program such as videos and brochures tailored to their primary language. Additionally, every effort is made to provide all training in a format that will be easily understood by residents who have a physical or developmental impairment or who have limited English proficiency. Upon review of the policies, resident intake procedures, and upon completion of interviews, JJCC DDC demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.
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115.217	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: JJCC DDC PAQ JJCC DDC, <i>PREA Policy</i> Interviews conducted with: Administrative / Human Resources Staff Site Review Observation: Documentation was reviewed which demonstrated completed background checks upon hire and every five years thereafter. Administrative questions are asked during the application process.

Findings (By Provision):

115.217 (a) – JJCC DDC, *PREA Policy* states to the extent permitted by law, the facility will decline to hire or promote anyone who may have contact with residents, and decline to enlist the services of any contractor who may have contact with residents who:

- Has engaged in sexual abuse in a prison, jail, lock up, community confinement facility, juvenile facility, or another jurisdiction;
- Has been convicted of engaging or attempting to engage in any type of sexual activity in the community facilitated by force, overt or implied threats of force or coercion, or if the victim did not consent or was unable to consent or refuse; and/or
- Has been civilly or administratively adjudicated to have engaged in any sexual abuse.

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

115.217 (c, d) – JJCC DDC, *PREA Policy* states before any new staff or enlisting the service of a contractor/volunteer that may have contact with residents, the facility shall perform a criminal background records check, contact all prior institutional employers for any information regarding sexual abuse or alleged sexual abuse, and best efforts are made to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse in consistent with federal, state, and local laws.

JJCC DDC reported, in the twelve months prior to the audit, nineteen criminal background checks were performed of persons hired or promoted who may have contact with residents.

115.217 (e) – JJCC DDC, *PREA Policy* states the facility shall conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have a system in place for otherwise capturing such information.

115.217 (f) – JJCC DDC, *PREA Policy* states the facility shall ask all applicants and staff who may have contact with residents directly about previous misconduct in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees. The PREA Annual Condition of Employment document shall also serve as verification of an employee’s fulfillment of his/her continuing affirmative duty to disclose any sexual misconduct as described in policy.

115.217 (g) – JJCC DDC, *PREA Policy* states material omissions or the provision of materially false information regarding sexual abuse shall be grounds for termination.

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

The Auditor conducted an interview with the agency’s Administrative/ Human Resources personnel who confirmed the agency conducts the required criminal background checks prior to hiring a new staff, staff who are considered for promotions, or enlisting the services of a contractor or volunteer and at least once every five years. The HR Staff Member confirmed the agency’s requirement imposed upon all staff to disclose any previous misconduct and the agency’s requirement to provide information regarding the former staff upon request of another institution or agency. In addition to using the National Crime Information Center (NCIC) and the Texas Crime Information Center (TCIC), the HR Staff Member also confirmed the agency utilizes the Texas Department of Public Safety. An individual’s fingerprints are collected during the hiring process and entered into the database, which is continuously monitored. The Texas Department of Public Safety sends an electronic notification if the individual engages in any criminal activity where fingerprints are taken and submitted into the Criminal Justice Information System (CJIS).

Upon review of the policies and review of personnel files and upon completion of the interview conducted with the Human Resources Staff, the JJCC DDC demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.

	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: JJCC DDC PAQ JJCC DDC, <i>PREA Policy</i> Interviews conducted with: Agency Head Facility Director 115.218 (a) – JJCC DDC, <i>PREA Policy</i> states when designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the agency shall consider the effect of the design, acquisition, expansion, or modification upon the agency’s ability to protect residents from sexual abuse. The JJCC DDC PAQ states the facility has not acquired a new facility or made substantial expansions or modifications to existing facilities since the last PREA audit. 115.218 (b) – JJCC DDC, <i>PREA Policy</i> states 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. The JJCC DDC PAQ states the facility has not installed additional cameras and/or updated the video monitoring system since the last PREA audit. The Auditor conducted an interview with the Agency Head and discussed if the agency considers how modifications or expansions to a facility affects the ability to protect residents from sexual abuse. The Agency Head explained how facility modification has always been focused on providing safety to both staff and residents. Modifications or expansions that are not in the best interest of the facility are not given consideration.

	The Auditor conducted an interview with the Facility Director who confirmed that prior to designing or acquiring any new facility or when planning any substantial expansion or modification, of existing facilities, the facility shall consider the effect of the design, acquisition, expansion, or modification might have upon the facility's ability to protect residents from sexual abuse. The Facility Director also confirmed that prior to the installation of cameras the facility should consider how the addition of such technology would enhance the agency's ability to protect residents from sexual abuse. The Facility Director confirmed to the Auditor that JJCC DDC has not undergone modifications or expansions nor added any additional cameras to the facility since the last audit. Upon review of the policy and upon completion of the interviews conducted with the Agency Head and the Facility Director, JJCC DDC demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.
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115.221	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: JJCC DDC PAQ JJCC DDC, <i>PREA Policy</i> JJCC DDC, correspondence w/ local crisis center SANEs / SAFEs Uniform Evidence Protocol Interviews conducted with: Random sample of Staff Victim Advocate Findings (By Provision):

115.221 (a) – JJCC DDC, *PREA Policy* states the investigating agency shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.

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

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

115.221 (c) – JJCC DDC, *PREA Policy* states the investigating entity shall offer all victims of sexual abuse access to forensic medical examinations, whether onsite or at an outside facility, without financial cost, where evidentiary or medically appropriate. Such examinations shall be performed by SAFE or SANE where possible. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners. The investigating entity shall document its efforts to provide SAFEs or SANEs.

The Auditor reviewed the Texas Senate Bill (SB-1191) which requires health care facilities to be equipped to conduct medical forensic exams for sexual abuse victims. Senate Bill 1191 also requires hospitals not designated a forensic exam facility are required to train personnel in the basic sexual assault forensic evidence collection.

According to the information previously reported in the PAQ, there were no forensic exams completed during the twelve months prior to the audit. The Auditor conducted an interview with the PREA Coordinator who provided the Auditor with an

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

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

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

115.221 (e) - JJCC DDC, *PREA Policy* states as requested by the victim, either the victim advocate, a qualified investigating entity staff member, or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information and referrals.

The Auditor reviewed documentation which included, communication between JJCC DDC and local rape crisis centers (attempts for an MOU), the Texas Department of Criminal Justice, *Texas Victim Assistance Training* (TVAT) training curriculum, and verification of attendance by facility staff member designated as a Resident Victim Representative (RVR).

The Auditor conducted an interview with a staff member designated as Resident Victim Representative (RVR). The staff member confirmed the designation of victim advocate at JJCC DDC and received the required advocacy training. The staff member confirmed the services as a victim advocate would provide include emotional support services, accompaniment to forensic exams and investigatory interviews, crisis intervention, and provide referrals and resources for continued

	follow-up emotional support services. 115.221 (f) – JJCC DDC, <i>PREA Policy</i> states the facility shall enter into a written Memorandum of Understanding (MOU) with the outside agency (Dallas County Sheriff’s Department) investigating agency or entity outlining the roles and responsibilities of the facility and the investigating entity in performing sexual abuse investigations. 115.221 (g) – This provision of the standard does not apply. Upon review of the policies, documentation, and observations made during the facility tour, and upon completion of interviews conducted prior to and during the on-site visit, JJCC DDC demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.
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115.222	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: JJCC DDC PAQ JJCC DDC, <i>PREA Policy</i> JJCC DDC website https://www.dallascounty.org/departments/cscd/programs.php Interviews conducted with: Agency Head Investigative Staff Findings (By Provision): 115.222 (a) – JJCC DDC, <i>PREA Policy</i> states the facility shall ensure that an

administrative investigation and a referral for a criminal investigation, where appropriate, is completed for all allegations of sexual abuse and sexual harassment including third-party and anonymous reports.

115.222 (b, c) – JJCC DDC, *PREA Policy* states the facility shall have in place a policy 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.

JJCC DDC, *PREA Policy* states the facility shall enter into a written Memorandum of Understanding (MOU) with the outside agency (Dallas County Sheriff's Department) investigating agency or entity outlining the roles and responsibilities of the facility and the investigating entity in performing sexual abuse investigations.

The Auditor conducted an interview with the Agency Head regarding how the agency ensures that an administrative or criminal investigation is completed for allegations of sexual abuse or sexual harassment. The Agency Head explained that allegations of sexual abuse or sexual harassment are investigated either by designated facility investigators for administrative investigations, or Dallas County Sheriff's Department for criminal investigations.

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

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

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

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

	The Facility Investigator confirmed that allegations are investigated, initially by a facility investigator, and if during the initial fact-finding process there is an indication that a criminal act was committed, the allegation would be immediately referred to the Dallas County Sheriff's Department for investigation. The Facility Investigator explained that if an allegation is referred to Dallas County Sheriff's Department for criminal investigation, the JJCC DDC investigator would continue with the administrative investigation with a focus on determining if policies and staff actions were appropriate and effective. The administrative investigation is considered a fact-finding exercise in order to make appropriate operational and housing changes to maintain a safe and secure environment. The Facility Investigator provided the Auditor with an overview to include that the initial process includes notifying and consulting with the PREA Coordinator, gathering information from the initial reports, ensuring the resident victim receives victim advocacy support services, collecting evidence, photographs, interview staff, witnesses, review unit documentation pertaining to the investigation, and interviewing the victim – depending on emotional and physical state. The Facility Investigator also provided an overview of the various documents contained in each case file to include but not limited to the initial incident reports, notifications, medical and mental health forms, advocacy information, witness statements, victim and alleged aggressor statements, investigative report, and notification of case disposition to resident (resident acknowledgement). Upon review of the policies, documentation, and upon completion of the interviews, JJCC DDC demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.
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115.231	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: JJCC DDC PAQ JJCC DDC, <i>PREA Policy</i>

JJCC DDC Training Roster / Staff Signatures

Interviews conducted with:

Random sample of Staff

Site Review Observations:

PREA Awareness Training

Findings (By Provision):

115.231 (a - c) - JJCC DDC, *PREA Policy* states staff members will receive and acknowledge PREA training within one year of hire, refresher training will be provided every two years to ensure all staff understand the agency's current sexual abuse and sexual harassment policies and procedures. PREA training shall be tailored to the gender of the residents at the facility. All staff will be trained in the following:

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

115.231 (d) - JJCC DDC, *PREA Policy* states the facility shall document that staff understand the training they have received. Documentation of staff training is noted on the *PREA Acknowledgement of Understanding*.

	The Auditor reviewed training curriculum and documentation of staff signatures verifying training comprehension and attendance. The training curriculum outlined the staff member's responsibilities in preventing, detecting, and response to resident sexual abuse and sexual harassment. The curriculum also provided staff with communicating effectively and professionally with residents, understanding that residents have the right to be free from sexual abuse and sexual harassment. The JJCC DDC PREA training curriculum provided to the Auditor provides a complete overview and an staff's role within the facility. The curriculum also included a resident's right to be free from sexual abuse and sexual harassment, including the right to be free from retaliation for reporting, prevention, detection, response and reporting of sexual abuse and sexual harassment, professional boundaries, and effective and professional communication with residents. The training also included the appropriate method to introduce/announce "opposite gender" staff and into an all-male or all-female housing unit. The Auditor conducted random staff interviews, and each staff member articulated the agency's zero tolerance policy on sexual abuse and sexual harassment, their role and responsibilities regarding sexual abuse and sexual harassment prevention, detection, reporting, and response, how to communicate effectively and professionally with residents, and a resident right to be free from sexual abuse and sexual harassment. All staff members acknowledged receiving the training every year during his/her In-service training. Upon review of the policies and training documentation listed above and previously discussed, and after completion of interviews, in addition to the files reviewed during the on-site visit, JJCC DDC demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.
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115.232	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: JJCC DDC PAQ JJCC DDC, <i>PREA Policy</i>

	Interviews conducted with: Volunteers or Contractors who have contact with Residents Findings (By Provision): 115.232 (a, b) - JJCC DDC, <i>PREA Policy</i> states the facility shall ensure 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. 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. 115.232 (c) - JJCC DDC, <i>PREA Policy</i> states the agency shall maintain documentation confirming volunteers and contractors understand the training received. The Auditor reviewed training documentation to include training curriculum and attendance roster for contract and volunteer staff. Additional documentation included signatures from each contract staff and volunteer staff confirming understanding of policies and training received. The volunteer and contractor training was tailored based on the services they provide and the level of contact they have with residents and included the facility's zero-tolerance policy regarding sexual abuse and sexual harassment along with how to report such incidents. The Auditor conducted interviews with contract staff members who confirmed and acknowledged their understanding of the agency's zero tolerance policy and PREA standards and reporting responsibilities. Upon review of the policy and after completion of interviews, JJCC DDC demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.
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115.233	Resident education
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	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	Document Review: JJCC DDC PAQ JJCC DDC, <i>PREA Policy</i> JJCC DDC Resident Handbook JJCC DDC Acknowledgement of Receipt of PREA Education PREA / Sexual Awareness Handout (multiple languages) Interviews conducted with: PREA Coordinator Intake Staff Random Sample of Residents Targeted Residents (Residents with Impairments) Site Review Observations: Resident files – Comprehensive PREA Education PREA Zero-Tolerance Signage posted throughout facility Findings (By Provision): 115.233 (a, b) – JJCC DDC, <i>PREA Policy</i> states upon arrival to the facility, all residents shall be provided written information regarding sexual abuse prevention and reporting, how to safely report incidents, threats or suspicions of sexual abuse/ harassment and their rights to be free from sexual abuse and retaliation for reporting such incidents. The Auditor reviewed the comprehensive PREA educational video transcript, provided in multiple languages, which is given to all residents upon intake into the facility. During the pre-on-site phase of the audit, the Auditor reviewed

documentation of residents received into the facility during the twelve-month auditing period, and verification each resident was provided with comprehensive PREA education. The comprehensive documentation included *Residents PREA Acknowledgement* which included resident signatures and acknowledgment of understanding.

During the on-site, the Auditor reviewed twenty-two additional documents (*Residents PREA Acknowledgement*) from the files of residents which were selected for the targeted and random interviews. All forms included the residents' signature and acknowledgment of understanding. This review provided additional verification that the facility maintains documentation of resident participation in PREA education.

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

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

Residents referred to utilizing multiple PREA informational bulletins, pamphlets, and brochures, which are posted throughout the facility, or the resident tablet as a source of information. The resident tablet has an app which has multiple resources (videos and documents) available for offenders to review which provides additional PREA education/information. Each resident confirmed the tablet also has the capability to make phone calls and when used with the earbuds, these calls made me made privately.

All fourteen residents interviewed referred to notifying a staff member, counselor, or family member as the most direct method to report or inquire about PREA information. All residents interviewed also referred to calling a family member as their source outside the facility and all fourteen residents interviewed confirmed

knowledge of third-party reporting. Twelve of the fourteen residents interviewed were aware of the availability of submitting an anonymous PREA report.

115.233 (c) – JJCC DDC, *PREA Policy* states the facility 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 residents who have limited reading skills.

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

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

115.233 (d) – JJCC DDC, *PREA Policy* states the facility shall maintain documentation of resident participation in educational sessions pertaining to sexual abuse and sexual harassment. Documentation and verification of resident orientation and education on PREA will be completed with the Resident PREA Acknowledgement form. Staff will maintain the original signed acknowledgement form in the residents' file.

115.233 (e) – JJCC DDC, *PREA Policy* states in addition to providing such education, the facility shall ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats.

The Auditor conducted a tour of the facility and observed PREA informational bulletins. These PREA bulletins are posted in multiple languages, located inside every dormitory, as well as several informational bulletins were posted in common areas in each building and throughout the facility. The bulletins display phone numbers and addresses, advocacy services and are displayed in multiple languages.

	The Auditor conducted an interview with the PREA Coordinator and discussed the resident comprehensive PREA orientation and documentation process. The PREA Coordinator provided specific details on the process of educating residents including the initial orientation upon intake into the facility, the comprehensive orientation video, and the continued educational process through PREA informational pamphlets, sexual assault prevention brochures, and the signage posted throughout the facility. Upon review of the policy and documentation listed above and previously discussed, and after completion of staff and resident interviews, in addition to the observations made throughout the on-site tour, JJCC DDC demonstrated facility-wide practices that are consistent with policy and the requirements that complies with and exceeds the PREA standard.
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115.234	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: JJCC DDC PAQ JJCC DDC, <i>PREA Policy</i> JJCC DDC, PREA Specialized Training Curriculum & Training Certificates Interviews conducted with: Investigative Staff Site Review Observations: Training documentation Findings (By Provision): 115.234 (a, b) – JJCC DDC, <i>PREA Policy</i> states the PREA Coordinator shall ensure all staff assigned to conduct administrative investigations will receive specialized

training, specifically, the Texas Board of Criminal Justice, PREA Ombudsman Office training curriculum titled, PREA Specialized Investigator Training

115.234 (c) – JJCC DDC, *PREA Policy* states a certificate of completion shall be maintained in accordance with facility record retention policies.

The Auditor reviewed training records, which included the specialized training curriculum from the Texas Board of Criminal Justice, PREA Ombudsman Office, *PREA Specialized Investigator Training* and training certificates of completion verifying investigative staff that conduct sexual abuse investigations attended and completed the required specialized training. The specialized training curriculum is extensive and included, but not limited to, the following topics:

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

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

Upon review of the policy and documentation listed above and previously discussed, and after completion of interviews, in addition to the observations made throughout the on-site visit, JJCC DDC demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.

115.235	Specialized training: Medical and mental health care
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Auditor Overall Determination: Meets Standard

Auditor Discussion

Document Review:

JJCC DDC PAQ

JJCC DDC, *PREA Policy*

Interviews conducted with:

Facility Director

PREA Coordinator

Findings (By Provision):

115.235 (a) – JJCC DDC, *PREA Policy* states medical and mental health care professionals, who work regularly in the facility, shall receive specialized medical training as outlined below these topics will include:

- How to detect and assess signs of sexual abuse and sexual harassment
- How to preserve physical evidence of sexual abuse
- How to respond effectively and professionally to victims of sexual abuse and sexual harassment
- How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

115.235 (b) – Forensic examinations are conducted at the local hospital by SANE/SAFE examiners.

115.235 (c) – JJCC DDC, *PREA Policy* states medical and clinical staff will receive specialized training, coordinated by the PREA Coordinator and delivered by qualified trainers, and such training shall be documented in training files.

The Auditor reviewed the training records of medical and clinical staff currently assigned to the facility; training records included the training curriculum and certificates of completion (with signatures). The training curriculum included the

	required elements of the agency policy and of the PREA standard. The Auditor conducted interviews with Medical & Mental Health staff members and confirmed receipt of specialized training on how to preserve physical evidence of sexual abuse, how to respond effectively and professionally to victims of sexual abuse and sexual harassment, and how to report allegations of sexual abuse and sexual harassment. Medical and Mental Health staff members also confirmed receiving the agency's general PREA training, which included the zero tolerance to sexual abuse and sexual harassment. Upon review of the policy and documentation listed above and previously discussed, and after completion of interviews, in addition to the observations made during the on-site visit file review, JJCC DDC demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.
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115.241	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: JJCC DDC PAQ JJCC DDC, <i>PREA Policy</i> JJCC DDC, <i>Sexual Victimization & Abusiveness Risk Screening</i> Interviews conducted with: Random sample of Residents Staff Responsible for Risk Screening PREA Coordinator Site Review Observations: Risk Assessment

Findings (By Provision):

115.241 (a) - JJCC DDC, *PREA Policy* states upon admission to the facility, and upon transfer to another facility, residents shall be screened by staff assigned to perform the initial intake screening process in order to obtain information relevant to housing, counseling and groups with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive and identify past victims and/or predators and assess vulnerability to sexual abuse victimization.

115.241 (b) - JJCC DDC, *PREA Policy* states staff shall complete the interview portion of the screening upon intake or at least within twenty-four (24) hours of arrival at the facility. Screening shall include interview questions and a review of the resident's computerized record which must be completed within seventy-two (72) hours of admission to the facility. Prior criminal history will be considered.

According to information provided in the PAQ, the number of residents entering the facility (either through intake or transfer) within the past 12 months (whose length of stay in the facility was for 72 hours or more) who were screened for risk of sexual victimization or risk of sexually abusing other residents with 72 hours of their entry into the facility was 138, 100% of residents.

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

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

During the pre-on-site, the Auditor reviewed *Sexual Victimization & Abusiveness*

Risk Screening forms completed during the auditing period. During the on-site, the Auditor reviewed an additional twenty-two *Sexual Victimization & Abusiveness Risk Screening* forms of residents from the random and targeted interviews and residents that risk assessment warranted a referral or reassessment. All forms were filled out accurately and completely and in accordance with agency policy.

115.241 (c, d, e) – JJCC DDC, *PREA Policy* states the assessment will be based on objective criteria and other evidence-based or contract driven methods. Screening will be completed and documented using the *Sexual Victimization & Abusiveness Risk Screening* form, which will be shared with residents’ Counselor for proper treatment planning and monitoring. The screening process shall consider, at a minimum, the following criteria to assess a resident’s risk of sexual victimization or predation:

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

115.241 (f, g) – JJCC DDC, *PREA Policy* states within 30 days of the resident’s arrival at the facility a reassessment of the resident’s risk level of victimization or abusiveness will be conducted by the appropriate staff member designated by the Director. The reassessment will include any additional relevant information received by the facility since the initial intake screening and when warranted, due to a referral, request, incident of sexual abuse, or receipt of additional information that may impact the resident’s risk of victimization or abusiveness.

The Auditor conducted an interview with the Staff Member responsible for conducting screenings for risk of victimization and abusiveness. The Staff Member provided the Auditor with a complete overview of the resident classification process and the resident risk screening process to include how all residents are screened within 24 hours (or less) of their arrival at the facility. The Staff Member also confirmed that all interviews are conducted privately, and the interviews include the classification and risk assessment process, program opportunities, qualifications for job assignments, and educational opportunities.

115.241 (h) – JJCC DDC, *PREA Policy* states residents may not be disciplined for refusing to answer, or for not disclosing complete information in response to the questions asked pursuant to the assessment process. When a resident is unable or unwilling to answer a question in an assessment the staff member will record this as either refused or unknown. This especially pertains to these questions:

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

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

115.241 (i) – JJCC DDC, *PREA Policy* states appropriate controls shall be implemented within the facility regarding the dissemination of responses to questions asked in order to ensure that sensitive information is not exploited by staff or other residents to the resident's detriment.

The Auditor inquired to the Staff Member how the facility protects such sensitive information. The Staff Member confirmed access to such information is strictly limited and any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to assist with making treatment plans and informed management decisions (housing, education, and program assignments).

The Auditor conducted an interview with the PREA Coordinator and inquired with the PREA Coordinator about how the facility protects sensitive information, in particular a resident's risk assessment. The PREA Coordinator explained how risk assessments are maintained and stored securely, and access is limited to authorized staff.

Upon review of the policies, on-site file, and documentation review, and upon

	completion of the interviews, JJCC DDC demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.
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115.242	Use of screening information
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: JJCC DDC PAQ JJCC DDC, <i>PREA Policy</i> JJCC DDC <i>Sexual Victimization & Abusiveness Risk Screening</i> Interviews conducted with: PREA Coordinator Staff Responsible for Risk Screening Non-heterosexual residents Site Observation: Resident initial risk assessment & reassessment Findings (By Provision): 115.242 (a) – JJCC DDC, <i>PREA Policy</i> states the results of the screening process will be used to obtain information relevant to housing, counseling and groups with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive and identify past victims and/or predators and assess vulnerability to sexual abuse victimization. The Auditor conducted an interview with PREA Coordinator regarding the responsibility to conduct screenings for risk of victimization and abusiveness. The PREA Coordinator provided the Auditor with a complete overview of the resident

	classification process and the resident risk screening process to include how all residents are screened within 24 hours (or less) of their arrival at the facility. The PREA Coordinator explained how the facility uses the information obtained from the risk screening assessment interviews to determine housing assignment for each resident, which is done strictly on a case-by- case basis. 115.242 (b) – JJCC DDC, <i>PREA Policy</i> states decisions will be made on an individualized basis to ensure the safety of each resident. The Auditor requested an up-to-date resident roster for gay or bisexual residents to conducted targeted resident interviews. All other resident interviews were conducted with the guidance of the National PREA Resource Center, <i>PREA Compliance Audit Instrument - Interview Guide for Residents</i>. The Auditor conducted interviews with residents who identified as gay or bisexual. The residents were questioned whether they were placed in a housing area only for gay or bisexual residents. Each resident acknowledged being housed in a general population housing area for all residents of the same level of classification. 115.242 (c) – This provision is no longer applicable to a compliance finding. 115.242 (d, e) – This provision is no longer applicable to a compliance finding. 115.242 (f) – This provision is no longer applicable to a compliance finding. 115.242 (g) – This provision is no longer applicable to a compliance finding. Upon review of the policies and upon completion of the interviews, JJCC DDC demonstrated facility- wide practices that are consistent with policy and the requirements that complies with the PREA standard.
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115.251	Resident reporting
	Auditor Overall Determination: Meets Standard

Auditor Discussion

Document Review:

JJCC DDC PAQ

JJCC DDC, *PREA Policy*

JJCC DDC Resident Orientation Handbook

JJCC DDC, PREA Zero-Tolerance Poster (English/Spanish)

Interviews conducted with:

Random sample of Residents

PREA Coordinator

Random sample of Staff

Site Observations:

PREA informational signage

Sexual Assault Awareness Handout (multiple languages)

Findings (By Provision):

115.251 (a) - JJCC DDC, *PREA Policy* states residents shall be provided multiple internal ways for residents to privately report sexual abuse and 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.

JJCC DDC offers multiple ways for residents to report sexual abuse and sexual harassment, including reports can be made anonymously. JJCC DDC Sexual Assault Awareness brochure and PREA Zero-Tolerance posters, which are provided to each resident upon admission into the facility, outline the multiple reporting methods, which include:

- Call our Director, Robert Lizcano at 469.865.5368.
- Report to the PREA coordinator, Yolanda Coleman at 469.941.3410
- Report in person to ANY staff member, volunteer, contractor, medical or mental health staff.
- Submit a grievance or resident communication form.
- Tell a family member, friend, legal counsel, or anyone else outside the facility. They can report on your behalf by calling 972.441.6160, Dallas County Judicial Treatment Center
- For external reporting you may report to:
 - Dallas County Sheriff's Department at 214.749.8641 or
 - Send letters to: PREA Ombudsman Office P.O. Box 99, Huntsville, TX 77342-0099, call 936.437.5570. Emails can be sent to prea.ombudsman@tdcj.texas.gov
- You may remain anonymous if you wish.
- You can also submit a report on someone's behalf or someone at the facility can report for you using the ways listed here.

JJCC DDC, Resident Orientation Handbook and the PREA Zero-Tolerance poster state JJCC DDC has a "zero tolerance" toward all forms of sexual abuse, abuse, or harassment with residents and shall make every effort to maintain a safe environment for staff and residents.

During the facility tour, the Auditor observed PREA Zero-tolerance informational signage and Sexual Assault Awareness handout posted in all housing dormitories, resident educational and program areas, and in the religious programs / services areas, and resident work areas. The PREA informational signage was posted in multiple languages.

The Auditor conducted informal interviews with residents in the housing dormitories, various work assignments, and while touring the programs, educational, and vocational buildings. The Auditor inquired to each resident on the various PREA reporting methods available, and each resident confirmed reporting to any staff member, submitting a grievance, or utilizing an outside reporting method - writing or calling a family member or friend and request a report be submitted on their behalf.

During the informal interviews with offenders, the Auditor inquired on the use of phones or tablets to contact a family member or friend; all residents confirmed calls can be made on the designated dormitory phones or their individual tablet. Throughout the facility tour, multiple residents utilized their tablets to demonstrate

to the Auditor the step-by-step process to report a PREA incident either by sending an email to a Staff Member, or family member or utilizing the tablet to call a family member and request a report be filed on their behalf. Throughout each demonstration, multiple residents confirmed to the Auditor the preference to utilize the tablets for phone calls (with ear buds connected) as it provides the opportunity for the phone call to be private and confidential.

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

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

115.251 (b) - JJCC DDC, *PREA Policy* states the agency shall also provide 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 facility and that is able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials, allowing the resident to remain anonymous upon request. Residents can make an anonymous report to the Dallas County Sheriff's Department at 214.749.8641.

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

115.251 (d) - The JJCC DDC, *PREA Policy* states a method shall be provided for staff to privately report sexual abuse and sexual harassment of residents. Staff can report privately to the Dallas County Sheriff's Department at 214.749.8641.

	The Auditor-conducted interviews with random staff members and asked each staff member how a resident can privately report sexual abuse and sexual harassment or retaliation by other residents or staff for previously reporting sexual abuse and sexual harassment. Each staff member interviewed was able to articulate the various methods a resident may privately report an allegation of sexual abuse or sexual harassment (family member, third party reporting, Dallas County Sheriff's Department or the Dallas County Police Department). Staff members also explained that reports concerning sexual abuse or sexual harassment, whether reported verbally or in writing, are considered confidential and must be documented immediately. The Auditor conducted an interview with the PREA Coordinator to verify reporting methods for sexual abuse or sexual harassment allegations that are available for residents and staff. The PREA Coordinator confirmed the multiple methods of reporting available for residents and staff, and these reports can be made either verbally, in writing, by a third party and may be done so in private or anonymously and all reports, no matter of the method used to report, are confidential and handled promptly and professionally. Upon review of the policies, contracts, staff handbook, JJCC DDC resident handbook, and viewing of the PREA informational brochures and signs and upon completion of interviews conducted, JJCC DDC demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.
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115.252	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: JJCC DDC PAQ JJCC DDC, <i>PREA Policy</i> JJCC DDC, Resident Orientation Handbook Findings (By Provision):

115.252 (a) – JJCC DDC, *PREA Policy* states PREA incidents may be processed through the facility’s resident grievance process.

115.252 (b) – JJCC DDC, *PREA Policy* states there is no time limit on when a resident may submit a grievance regarding an allegation of sexual abuse.

115.252 (c) – JJCC DDC, *PREA Policy* states the agency shall not require a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse.

115.252 (d) – JJCC DDC, *PREA Policy* states the facility shall issue a final decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance. Computation of the 90-day time period shall not include time consumed by the residents in preparing any appeal. The facility may claim an extension of time to respond to 70 days, if the normal time period for response is insufficient to make an appropriate decision. The facility shall notify the residents in writing of any such extension and provide a date by which a decision will be made. At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, the resident may consider the absence of a response to be a denial at any level.

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

115.252 (e) – JJCC DDC, *PREA Policy* states if a third-party files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.

115.252 (f) – JJCC DDC, *PREA Policy* states the agency shall establish procedures for

	filing an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse. After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, the agency shall immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken and shall provide an initial response within 48 hours and shall issue a final agency decision within 5 calendar days. The initial response and final agency decision shall document the agency's determination whether the resident is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance. 115.252 (g) - JJCC DDC, <i>PREA Policy</i> states the agency may discipline a resident for filing a grievance related to alleged sexual abuse only where the agency demonstrates that the resident filed the grievance in bad faith. During the pre-on-site phase of the audit, the Auditor reviewed the JJCC DDC, Resident Handbook and confirmed the handbook contains information about the grievance process to include explanation of the two types of grievance, informal and formal. The handbook informs residents that additional and more detailed grievance information is covered during orientation. Upon review of policies, documentation, case files, and of the JJCC DDC Resident Handbook, and upon completion of interviews conducted during the on-site visit, JJCC DDC demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.
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115.253	Resident access to outside confidential support services
	Auditor Overall Determination: Meets Standard Auditor Discussion Document Review: JJCC DDC, <i>PREA Policy</i> JJCC DDC, Resident Orientation Handbook JJCC DDC, PREA Zero-Tolerance Poster (English/Spanish) Interviews conducted with:

Random sample of Residents

Site Review Observations:

PREA informational signage

PREA / Sexual Assault Awareness Handout

Dallas Area Rape Crisis Center (DARCC)

Parkland Victim Intervention Program / Rape Crisis Center

Findings (By Provision):

115.253 (a) - JJCC DDC, *PREA Policy* states residents shall be provided access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, state, or national victim advocacy or rape crisis organizations. Such information should be included in the facility's Resident Handbook. The facility shall enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible.

115.253 (b) - JJCC DDC, *PREA Policy* states shall be informed, prior to giving the access, of the extent to which such communications shall be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.

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

The Auditor inquired to each resident interviewed, if needed, are there services available outside of the facility for dealing with sexual abuse. Twelve of the fourteen residents interviewed confirmed being provided with such information during the comprehensive PREA orientation as well as informational posters being displayed throughout the housing units. Each resident confirmed such services are offered

through the Dallas Area Rape Crisis Center (DARCC) and the Parkland Victim Intervention Program / Rape Crisis Center. Each resident also confirmed the brochures for DARCC and Parkland VIP / Rape Crisis Center are posted throughout the facility as well as available through the PREA Coordinator, Counselor, or any staff member.

During the tour of the facility, the Auditor conducted informal interviews with residents in the housing dormitories and while touring the programs and educational areas. Throughout the tour, the Auditor noted the Zero-Tolerance PREA informational posters which provided information on how to contact victim advocacy services, the Sexual Abuse Awareness Handouts, DARCC, and the Parkland VIP / Rape Crisis Center brochures were displayed in all the above areas and buildings.

115.253 (c) – JJCC DDC, *PREA Policy* states the facility shall maintain or attempt to enter into Memorandums of Understanding (MOU) or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse.

The Auditor conducted an interview with the PREA Coordinator who confirmed the facility is working on renewing an MOU with the Dallas Area Rape Crisis Center to provide victim advocacy services for the residents of JJCC DDC. The PREA Coordinator confirmed that all residents are provided with resources to include contact information for the Dallas Area Rape Crisis Center as well as the Parkland VIP / Rape Crisis Center. Every effort is made to ensure all residents are provided with these resources continuously either through the Resident Handbook, posters, brochures, and information on the resident tablets.

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

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

115.254	Third party reporting
	Auditor Overall Determination: Meets Standard Auditor Discussion Document Review: JJCC DDC PAQ JJCC DDC, <i>PREA Policy</i> JJCC DDC, Resident Orientation Handbook JJCC DDC, https://nuecescountyprobation.com/?page_id=225 JJCC DDC, PREA Zero-Tolerance Poster (English / Spanish) Interviews conducted with: Random sample of Residents Site Review Observation: PREA Zero-Tolerance signage Findings (By Provision): 115.254 (a) – JJCC DDC, <i>PREA Policy</i> states the facility shall provide at least one way for residents to report abuse or harassment to a public or private entity or office that is not a part of JJCC DDC, and that is able to receive and immediately forward resident reports of sexual abuse and sexual harassment to facility officials, allowing the resident to remain anonymous upon request. Residents can make an anonymous report to the Dallas County Sheriff's Department at 214.749.8641. JJCC DDC, publishes agency policy regarding the referral of allegations of sexual abuse or sexual harassment for criminal investigation on the agency website https://www.dallascounty.org/departments/cscd/programs.php The Auditor requested an updated resident roster, organized by housing unit, provides resident characteristics such as age, gender, race, and housing

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

Interviews conducted with:

Random sample of Staff

Medical / Mental Health Staff

Facility Director

Site Observations:

Staff reporting documentation of resident information, incident reports and investigations being completed and the review of reports demonstrated allegations are addressed timely.

Findings (By Provision):

115.261 (a) - JJCC DDC, *PREA Policy* states any person who witnesses, learns of, receives a verbal or written statement from an alleged victim or other person with knowledge or who has a reasonable belief as to the occurrence of alleged sexual harassment or sexual abuse involving a resident shall report to law enforcement and supervisor(s) or designee immediately. Staff will report immediately to their supervisor, the PREA coordinator, PREA Investigators, or facility director, if any staff neglects that contributed to any such incidents. Staff will also report immediately all reports or suspicion of retaliation against staff or residents for reporting sexual abuse or sexual harassment.

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

115.261 (b) - JJCC DDC, *PREA Policy* states all information concerning an event of resident sexual abuse or sexual harassment is to be treated as confidential.

115.261 (c) – JJCC DDC, *PREA Policy* states apart from reporting to designated PREA-trained team members, employees shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary, and as specified in this policy, to make treatment, investigation, and other security and management decisions.

The Auditor conducted interviews with Medical and Mental Health Staff regarding responsibilities to disclose to residents the confidentiality limitations and reporting incidents of sexual abuse or sexual harassment. Each Medical and Mental Health Staff member articulated in detail step-by- step process when reporting incidents of sexual abuse or sexual harassment as well as expressed the requirement to report such incidents immediately. Each Medical and Mental Health Staff member acknowledged disclosing the confidentiality limitation prior to the initiation of services with any resident. The Auditor inquired if any residents had reported an incident of sexual abuse or harassment during the past twelve months and both denied receiving such a report.

115.261 (d) – JJCC DDC does not house residents under the age of 18 nor residents who are considered vulnerable adults.

115.261 (e) – JJCC DDC, *PREA Policy* states employees must take all allegations of sexual abuse seriously, including verbal, anonymous, and third-party reports, and treat them as if the allegation is credible. Staff shall promptly document any verbal reports.

The Auditor inquired to the Facility Director are allegations of sexual abuse and sexual harassment, to include third party and anonymous sources, reported to designated facility investigators. The Facility Director indicated all allegations of sexual abuse and sexual harassment, no matter the origin of reporting, are reported directly to the designated facility investigators for administrative investigations, or to the Dallas County Sheriff’s Department for criminal investigations.

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

	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: JJCC DDC PAQ JJCC DDC, <i>PREA Policy</i> Interviews conducted with: Agency Head Facility Director Random sample of Staff Findings (By Provision): 115.262 (a) - JJCC DDC, <i>PREA Policy</i> states when the facility learns that a resident is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the resident. During the twelve months prior to the audit, the facility reported in the PAQ there were no residents at risk of imminent sexual abuse. During the on-site phase of the audit, the Auditor interviewed facility staff, PREA Coordinator, and the Facility Director and each confirmed the information previously reported in the PAQ. The Auditor conducted interviews with random staff members and inquired about his/her actions if they received information that a resident was at imminent risk of sexual abuse. Each staff member articulated the agency's response protocol to receiving such information and all staff members interviewed confirmed their priority is ensuring the safety of the residents. Staff indicated they would safeguard the residents and immediately notify their supervisor to investigate the threat to the residents and to find safe housing for the residents. The Auditor conducted an interview with the Facility Director and inquired as to what action is taken upon learning a resident is subject to a substantial risk of imminent sexual abuse. The Facility Director informed the Auditor that once a staff

	member receives information that a resident may be at risk for sexual abuse, that resident is immediately removed from the area. The resident victim's housing preference is considered, however the decision on his/her ultimate placement is driven by the need for protection from possible abuse and/or retaliation. The Auditor conducted an interview with the Agency Head regarding what action is taken upon learning a resident is subject to a substantial risk of imminent sexual abuse. The Agency Head stated if a resident is at risk of imminent sexual abuse the first thing staff will be responsible for separating the victim from the potential abuser. The potential victims will be given the opportunity to speak with a staff member regarding the situation as well as a mental health counselor. If necessary, the resident would be placed in a housing unit which ensures his/her safety. Upon review of the policy, observations made during the on-site facility tour, and upon completion of the interviews with staff, JJCC DDC demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.
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115.263	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: JJCC DDC PAQ JJCC DDC, <i>PREA Policy</i> Interviews conducted with: Agency Head Facility Director Findings (By Provision): 115.263 (a) - JJCC DDC, <i>PREA Policy</i> states upon receiving an allegation that a

resident was sexually abused or sexually harassed while confined at another facility, the staff member who received the allegation shall notify the PREA Coordinator.

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

115.263 (b) – JJCC DDC, *PREA Policy* states the facility shall contact the outside entity where the alleged abuse took place as soon as possible, but no later than seventy-two hours after receiving the allegations.

115.263 (c) – JJCC DDC, *PREA Policy* states all such contacts and notifications shall be documented including the allegation, any details learned from contact with the site where the alleged abuse took place, and the facility's response to the allegation.

115.263 (d) – JJCC DDC, *PREA Policy* states if an allegation is received from another facility, the Facility Director will ensure that allegation is investigated.

In the twelve months prior to the audit, JJCC DDC reported receiving no allegations of sexual abuse from another facility.

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

The Auditor conducted an interview with the Agency Head and inquired if another agency or facility refers allegations of sexual abuse that occurred within one of your facilities if there a designated point of contact. The Agency Head explained that the point of contact for all sexual abuse related incidents is the PREA Coordinator.

Upon review of the policy, documentation, and investigative files, and upon completion of the interviews, JJCC DDC demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.

115.264	Staff first responder duties
	Auditor Overall Determination: Meets Standard Auditor Discussion Document Review: JJCC DDC PAQ JJCC DDC, <i>PREA Policy</i> Interviews conducted with: Security Staff / Non-Security Staff First Responders Random sample of Staff Findings (By Provision): 115.264 (a) – JJCC DDC, <i>PREA Policy</i> states any employee who discovers or learns of sexual abuse, or an allegation of sexual abuse, shall ensure that the following actions are accomplished: • 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 120 hours which still allows for the collection of physical evidence, request 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 120 hours which still allows for the collection of physical evidence, ensure 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. • All required information concerning the allegation is kept confidential by discussing the information with only those employees who have a direct need to know. The Auditor conducted random staff interviews and specialized staff interviews regarding his/her role as a First Responder to an allegation of sexual abuse. The

	Staff Members interviewed provided specific details of his/her responsibilities as a First Responder to include separating the victim and abuser, preserving, and protecting the crime scene, requesting that the alleged victim not take any actions that could destroy physical evidence, ensuring the alleged abuser does not take any actions, which would destroy physical evidence, and to immediately notify an immediate Supervisor, PREA Coordinator, or Facility Director. In addition, each Staff Member acknowledged the importance of the agency's response protocol to a sexual abuse allegation as well as his or her role as a First Responder. Each Staff Member interviewed articulated in detail the responsibilities of a First Responder and the importance of his/her responsibility when responding to an incident of sexual abuse or sexual harassment as well as the importance of ensuring the victim is safe. 115.264 (b) – JJCC DDC, <i>PREA Policy</i> states if the first responder is not a staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence and then notify the appropriate facility staff. The Auditor requested interviews with residents who reported an incident of sexual abuse. The Facility Director and the PREA Coordinator informed the Auditor that JJCC DDC has not received an allegation of sexual abuse or sexual harassment during the twelve-month auditing period. The Auditor conducted specialized and random staff interviews and verified the information previously provided by the Facility Director and the PREA Coordinator. Therefore residents in this targeted category were not interviewed. Upon review of the policy, documentation, and upon completion of the interviews, JJCC DDC demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.
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115.265	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: JJCC DDC PAQ

JJCC DDC, *PREA Policy*

JJCC DDC, *Coordinated Response Checklist*

Interviews conducted with:

Facility Director

Findings (By Provision):

115.265 (a) - JJCC DDC, *PREA Policy* states the facility shall develop 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.

JJCC DDC, *PREA Policy* states upon learning of an allegation that a resident was sexually abused, the first staff members to respond to the report shall:

- Separate the alleged victim and abuser
- Notify Supervisor, PREA Coordinator or Facility Director
- Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence;
- If the abuse occurred within 120 hours which still allows for the collection of physical evidence, request 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 120 hours which still allows for the collection of physical evidence, ensure 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.

JJCC DDC, *PREA Policy* states resident victims of sexual abuse shall receive timely, unimpeded access to emergency treatment and crisis intervention services. The resident victim would be transported to the local hospital for emergency medical treatment. The resident victim would also be provided emotional support and crisis intervention services, through either the Dallas Area Rape Crisis Center or the Parkland VIP / Rape Crisis Center, which would accompany the resident during the forensic medical exam and investigatory interviews upon request by the resident.

	The Auditor conducted an interview with the Facility Director and inquired about the facility's institutional plan to coordinate actions taken in response to an incident of sexual abuse. The Facility Director provided an overview of the response plan and each staff member's responsibility when responding to an allegation of sexual abuse. Upon review of the policies and upon completion of the on-site interview with the Facility Director, the JJCC DDC demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.
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115.266	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: JJCC DDC PAQ Interviews conducted with: Agency Head Findings (By Provision): 115.266 (a) - JJCC DDC does not have a collective bargaining agreement. The Auditor verified that the facility does not engage in collective bargaining during interviews with the Facility Director, the PREA Coordinator, and Agency Head. Upon review of the policies and upon completion of the interviews, JJCC DDC demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.

115.267	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: JJCC DDC PAQ JJCC DDC, <i>PREA Policy</i> Interviews conducted with: Designated Member Charged with Monitoring Retaliation Agency Head On Site Observation: Investigation file review Findings (By Provision): 115.267 (a) – JJCC DDC, <i>PREA Policy</i> states the PREA Coordinator or designee shall ensure that monitoring is conducted following a report of sexual abuse or sexual harassment, to protect against potential retaliation against residents or employees. 115.267 (b) – JJCC DDC, <i>PREA Policy</i> states protective measures which can be used are housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. 115.267 (c, e) – JJCC DDC, <i>PREA Policy</i> states for at least 90 days following a report of sexual abuse, the facility shall monitor the conduct and treatment of residents or staff who reported the sexual abuse and of residents who were reported to have suffered sexual abuse. Ensure prompt actions are taken to remedy any identified retaliation. Ensure any other individual who cooperates with an investigation and expresses fear of retaliation is protected from retaliation.

During the twelve months prior to the audit, the agency reported no allegations of retaliation were reported nor were there any residents placed in segregated housing due to risk of sexual victimization. Therefore, residents in these targeted categories were not interviewed.

115.267 (d) – JJCC DDC, *PREA Policy* states the monitoring shall also include periodic status checks of residents and review of relevant documentation. Monitoring may go beyond 90 days if the initial monitoring indicates a continuing need.

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

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

The Auditor conducted an interview with the Facility Director and inquired on the different measures taken to protect residents and staff from retaliation for reporting allegations of sexual abuse or sexual harassment. The Facility Director confirmed the facility would take all necessary steps to protect any person who reports a sexual abuse / harassment incident from retaliation. The Facility Director explained that housing changes or transfers of residents, disciplinary action against staff members – including possible dismissal – or other means of removal of those who retaliate against someone who reports an allegation.

The Auditor conducted an interview with the Agency Head and inquired how the agency protects residents or staff from retaliation for sexual abuse or sexual harassment allegations. The Agency Head explained that facilities deploy numerous

	measures including housing and program assignments changes. All residents who report sexual abuse are monitored for retaliation for at least 90 days. Staff members are required to monitor the residents with periodic status checks every 30 days to ensure they are not experiencing any additional problems. The Agency Head also explained that staff members might be afforded the ability to change assignments to protect them from retaliation. They are also monitored for retaliation for at least 90 days following a report of sexual abuse or sexual harassment. The Auditor inquired to the Agency Head if an individual cooperates with an investigation expresses a fear of retaliation, what measures the agency takes to protect that individual against retaliation. The Agency Head explained the same process previously described is utilized. The resident will also be subject to 90-day monitoring. Upon review of the policy, investigative files, and upon completion of the interviews, JJCC DDC demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.
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115.271	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: JJCC DDC PAQ JJCC DDC, <i>PREA Policy</i> Interviews conducted with: Investigative Staff Findings (By Provision):

115.271 (a, h) – JJCC DDC, *PREA Policy* states when the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. Allegations of sexual abuse that suggest criminal behavior will be referred to the Dallas County Sheriff’s Department for investigation. Dallas County Sheriff’s Department is the primary investigative and law enforcement entity, with the legal authority to conduct criminal investigations. Any allegation involving threats or use of force, or sexual activity without consent or the ability to consent must be referred immediately for criminal investigation.

115.271 (b) – JJCC DDC, *PREA Policy* states where sexual abuse is alleged, the agency shall use investigators who have received special training in sexual abuse investigations pursuant to §115.234.

115.271 (c) – JJCC DDC, *PREA Policy* states investigators shall gather and preserve evidence, interview alleged victims, alleged abuser and witnesses, and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator. Such investigations shall be in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

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

115.271 (d) – JJCC DDC, *PREA Policy* states JJCC DDC investigators do not investigate allegations deemed possibly criminal in nature, therefore would not conduct compelled interviews with residents.

115.271 (e) – JJCC DDC, *PREA Policy* states 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.

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

115.271 (f) – JJCC DDC, *PREA Policy* states administrative investigations shall include an effort to determine whether staff actions or failures to act contributed to the abuse. Administrative investigations shall be documented in written reports and include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings, and whether actions and/or failures of staff to act contributed to the incident, including an explanation as to what determined the conclusion.

115.271 (g, l) – JJCC DDC, *PREA Policy* states for criminal investigations, 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. The PREA Coordinator or designee will document requests for pertinent information from Dallas County Sheriff's Department or other investigative entity to include this information in the investigation record.

115.271 (i) – JJCC DDC, *PREA Policy* states all written reports pertaining to an administrative or criminal investigation of alleged sexual abuse or sexual harassment shall be retained for as long as the alleged abused is incarcerated or employed by the agency, plus five years.

115.271 (j) – JJCC DDC, *PREA Policy* states the departure or removal from the facility or employment of any alleged victim or perpetrator will not be grounds to stop the investigation process.

	115.271 (k) – The Auditor is not required to audit this provision. The facility reported no allegations of sexual abuse or sexual harassment were received during the twelve-month reporting period or within the past twenty-four-month period; therefore the Auditor was unable to review investigative files / documents. Upon review of the policies and documentation listed above, and upon completion of the interviews, JJCC DDC demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.
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115.272	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: JJCC DDC PAQ JJCC DDC, <i>PREA Policy</i> Interviews conducted with: Investigative Staff Findings (By Provision): 115.272 (a) – JJCC DDC, <i>PREA Policy</i> states the facility will impose no standard higher than a preponderance of the evidence for determining whether allegations of sexual abuse or sexual harassment allegation are substantiated. The Auditor conducted an interview with an Investigator who provided the Auditor with a complete overview of the investigative process to include verifying specialized training credentials. The Auditor inquired to the Investigator what standard of evidence is required to substantiate allegations of sexual abuse or sexual harassment. The Investigator explained that the agency should impose no

	standard higher than a preponderance of the evidence. Upon review of the policy and upon completion of the interviews, JJCC DDC demonstrated facility- wide practices that are consistent with policy and the requirements that complies with the PREA standard.
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115.273	Reporting to residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: JJCC DDC PAQ JJCC DDC, <i>PREA Policy</i> Interviews conducted with: Investigative Staff Facility Director Findings (By Provision): 115.273 (a) – JJCC DDC, <i>PREA Policy</i> states following an investigation into a resident’s allegation of sexual abuse suffered in a facility, the resident shall be informed as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. 115.273 (b) – JJCC DDC, <i>PREA Policy</i> states if the facility did not conduct the investigation, it shall request the relevant information from the investigative agency in order to inform the resident. 115.273 (c) – JJCC DDC, <i>PREA Policy</i> states following a resident’s allegation that a staff member has committed sexual abuse against the resident, the facility shall subsequently inform the resident whenever:

- The employee is no longer posted within the residents' unit.
- The employee is no longer employed at the Facility.
- The facility learns that the employee has been indicted or convicted on a charge related to sexual abuse withing the facility.

115.273 (d) - JJCC DDC, *PREA Policy* states if an allegation involved sexual assault by another resident, the facility shall subsequently inform the alleged victim it is learned that the alleged abuser has been indicated on or convicted of any charge related to sexual abuse.

115.273 (e) - JJCC DDC, *PREA Policy* states all such notifications or attempted notifications shall be documented on the Resident Allegation Status Notification. The resident shall sign the form, verifying that such notification has been received. The signed form shall be kept in the Resident's file.

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

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

The Auditor inquired the Investigator about the agency's notification procedures, to an alleged victim of sexual abuse, when the case is closed and whether the allegation has a final determination of substantiated, unsubstantiated, or unfounded. The Investigator confirmed such notifications were completed by the PREA Coordinator and would be documented upon completion.

The Auditor conducted an interview with the Facility Director and inquired regarding how the facility notifies a resident who makes an allegation of sexual abuse when the case is closed and a determination as to either substantiated, unsubstantiated, or unfounded. The Facility Director confirmed that the PREA Coordinator completes the resident notification process for all investigations.

	Upon review of the policies and upon completion of the interviews with specialized staff, JJCC DDC demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.
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115.276	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: JJCC DDC PAQ JJCC DDC, <i>PREA Policy</i> Interviews conducted with: Administrative (Human Resources) Staff Findings (By Provision): 115.276 (a, b) - JJCC DDC, <i>PREA Policy</i> states staff shall be subject to disciplinary sanctions up to and including termination for violating facility sexual abuse or sexual harassment policies. Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse. 115.276 (c) - JJCC DDC, <i>PREA Policy</i> states disciplinary sanctions for violations of the facility's 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's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. 115.276 (d) - JJCC DDC, <i>PREA Policy</i> states all terminations for violations of the facility sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.

	The facility reported no staff violations, resignations prior to termination, or terminations for violating the agency's sexual abuse or sexual harassment policies during the twelve months prior to the audit. The Auditor conducted an interview with Administrative / HR Staff Member who confirmed that JJCC DDC had no staff member violate, resign prior to termination, or be terminated for violating the agency's policy against sexual abuse or sexual harassment during the past twelve months. Upon review of the policy, facility documentation, and upon completion of interviews, JJCC DDC demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.
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115.277	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: JJCC DDC PAQ JJCC DDC, <i>PREA Policy</i> Interviews conducted with: Facility Director Findings (By Provision): 115.277 (a, b) – JJCC DDC, <i>PREA Policy</i> states any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with residents and shall be reported to law enforcement agencies and to relevant licensing bodies. Any other violation of JJCC's DDC sexual abuse or sexual harassment policies by a civilian or contractor will result in further prohibitions.

	The facility reported there have been no contractor or volunteer violations or terminations of the agency's sexual abuse or sexual harassment policies during the twelve months prior to the audit as the contractor resigned prior to allegations being reported. The Auditor conducted an interview with the Facility Director regarding any violation of the facility's sexual abuse and sexual harassment by a contractor or volunteer. The Facility Director explained that the incident would be reported to the Dallas County Sheriff's Department and an investigation would be conducted. If the investigation shows the activity was criminal, then the incident would be reported to any relevant licensing boards, and the contractor or volunteer would be prohibited from any further contact at JJCC DDC. Upon review of the policy and upon completion of interviews, JJCC DDC demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.
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115.278	Disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: JJCC DDC PAQ JJCC DDC, <i>PREA Policy</i> JJCC DDC, Resident Orientation Handbook Interviews conducted with: Facility Director PREA Coordinator Findings (By Provision): 115.278 (a) - JJCC DDC, <i>PREA Policy</i> states residents shall be subject to disciplinary

sanctions pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse.

115.278 (b) – JJCC DDC, *PREA Policy* states sanctions shall be commensurate with the nature and circumstances of the abuse committed, the resident’s disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories.

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

115.278 (d) – JJCC DDC, *PREA Policy* states if the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to require the alleged perpetrator to participate in such interventions as a condition of access to programming or other benefits.

115.278 (e) – JJCC DDC, *PREA Policy* states a resident may be disciplined for sexual contact with a staff member only upon finding that the staff did not consent to such contact.

115.278 (f) – JJCC DDC, *PREA Policy* states a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.

115.278 (g) – JJCC DDC, *PREA Policy* states the facility prohibits all sexual activity between residents and may discipline residents for such activity. The department may not, however, deem such activity to constitute sexual abuse if it determines that the activity is coerced or not.

JJCC DDC, *PREA Policy* and the JJCC DDC Resident Handbook states sexual abuse between residents is prohibited and shall result in disciplinary sanctions.

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

115.282 (a) – JJCC DDC, *PREA Policy* states resident victims of sexual abuse shall 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.

115.282 (b) – JJCC DDC, *PREA Policy* states staff first responders will take preliminary steps to protect a resident victim of sexual abuse and shall ensure the resident is transported to the local emergency room for treatment and evaluation. Responding staff shall notify the Facility Director and PREA Coordinator.

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

115.282 (c) – JJCC DDC, *PREA Policy* states resident victims of sexual abuse shall be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate

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

115.282 (d) – JJCC DDC, *PREA Policy* states treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

	The Auditor conducted interviews with Medical and Mental Health Staff at the facility. During the interviews, the Auditor discussed the required protocols medical staff would complete if a resident reported an incident of sexual abuse within the facility. Each Medical Staff Member described the process to the Auditor to include a systematic overview of the initial treatment process, and the steps required, to include documentation of the resident's medical treatment. If a resident victim requires further medical treatment, he/she would be transported to the local emergency room hospital. Additionally, during the interview Medical Staff members confirmed resident victims are provided immediate access to medical treatment as well as crisis intervention, therapy, and counseling services. Each Medical and Mental Health Staff member explained the services provided include counseling and support groups. These services are offered for victims of sexual abuse or sexual harassment as well as residents of sexual abuse. The Auditor conducted an interview with the PREA Coordinator who confirmed resident victims are provided immediate access to medical treatment as well as crisis intervention, therapy, and counseling services. If further medical treatment is necessary, it would be provided at the local hospital, and the Dallas Area Rape Crisis Center or the Parkland VIP / Rape Crisis Center would be contacted for crisis intervention services and accompany the resident during a forensic exam. Upon review of the policy and upon completion of staff interviews, JJCC DDC demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.
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115.283	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: JJCC DDC PAQ JJCC DDC, <i>PREA Policy</i>

Interviews conducted with:

PREA Coordinator

Interviews conducted with:

Medical / Mental Health Staff

Findings (By Provision):

115.283 (a) – JJCC DDC, *PREA Policy* states medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse.

115.283 (b) – JJCC DDC, *PREA Policy* states the evaluation and treatment of such victims includes, 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.

115.283 (c) – JJCC DDC, *PREA Policy* states the facility provides such victims with medical and mental health services consistent with the community level of care.

115.283 (d, e) – JJCC DDC, *PREA Policy* states resident victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests. If pregnancy results from an incident of sexual abuse, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services.

115.283 (f) – JJCC DDC, *PREA Policy* states resident victims of sexual abuse shall be offered tests for sexually transmitted infections as medically appropriate.

115.283 (g) – JJCC DDC, *PREA Policy* states all treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

115.283 (h) – JJCC DDC, *PREA Policy* states the facility shall 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. The Auditor conducted an interview with Medical and Mental Health Staff members at the facility. Medical Staff confirmed that resident victims are provided immediate access to medical treatment as well as crisis intervention, therapy, and counseling services. Each Medical and Mental Health Staff member explained the services provided include advocacy and emotional support services. These services are offered for victims of sexual abuse or sexual harassment as well as residents of sexual abuse. The Auditor conducted an interview with the PREA Coordinator who confirmed that resident victims are provided immediate access to medical treatment at the local hospital and victim advocacy services would be provided through the Dallas Area Rape Crisis Center or the Parkland VIP / Rape Crisis Center. The Auditor requested interviews with residents who reported an incident of sexual abuse. The Facility Director and the PREA Coordinator informed the Auditor that JJCC DDC has not received an allegation of sexual abuse or sexual harassment during the twelve-month auditing period. The Auditor conducted specialized and random staff interviews and verified the information previously provided by the Facility Director and the PREA Coordinator. Therefore residents in this targeted category were not interviewed. Upon review of the policy and upon completion of interviews, JJCC DDC demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.
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115.286	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: JJCC DDC PAQ JJCC DDC, <i>PREA Policy</i>

Interviews conducted with:

Facility Director

Incident Review Team

Findings (By Provision):

115.286 (a, b) - JJCC DDC, *PREA Policy* states the JJCC DDC PREA Team shall conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, unless the allegation has been determined to be unfounded. Such review shall ordinarily occur within thirty (30) days of the conclusion of the investigation.

115.286 (c) - JJCC DDC, *PREA Policy* states in addition to the Facility Director, the incident review team shall include input from all parties involved including any referral sources for medical and/or mental health practitioners.

115.286 (d) - JJCC DDC, *PREA Policy* states 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.
- Prepare a report of its findings, including but not necessarily limited to determinations made and any recommendations for improvement and submit the report to the Facility Director and PREA Coordinator.

115.286 (e) - JJCC DDC, *PREA Policy* states the facility shall implement the recommendations for improvement or shall document reasons for not doing so.

	The Auditor conducted an interview with a staff member who is a member of the Incident Review Team and inquired if the Incident Review Team considers whether an incident or allegation was motivated by race, ethnicity, or gender identity and if the Incident Review Team examines the area in the facility where the incident allegedly occurred. The staff member confirmed that the Incident Review Team does consider whether the incident was motivated by race, ethnicity, or gender identity, and gang affiliation. The Incident Review Team also tours the area where the alleged incident occurred as well as considering whether the addition of monitoring technology should be deployed to supplement supervision by staff. The staff member explained how touring the area provides the team with the best possible representation of an incident and assists the Incident Review Team in determining if adding monitoring technology is warranted. The Auditor conducted an interview with the Facility Director and discussed the incident review process. The Facility Director explained the Incident Review Team includes upper-level management with input from Investigators, Line Staff, and Medical and Mental Health personnel. The Facility Director articulated the process of the incident review, including listing the elements required per the PREA standard. The Facility Director explained how the Incident Review Team uses the information obtained from the review to determine if changes need to be made to the physical plant, policy and procedure or any other change that would improve the safety of the resident population and prevent sexual abuse. Upon review of the policy and upon completion of interviews, JJCC DDC demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.
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115.287	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: JJCC DDC PAQ JJCC DDC, <i>PREA Policy</i> JJCC DDC, Annual Report 2025

	Findings (By Provision): 115.287 (a - c) – JJCC DDC, <i>PREA Policy</i> states the agency shall collect, maintain, and review accurate uniformed data for every allegation of sexual abuse using the Survey of Sexual Violence by the Department of Justice. This data should be compiled annually and maintained for a minimum of ten years from the date after its initial collection. 115.287 (d) – JJCC DDC, <i>PREA Policy</i> states the facility shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews in the calendar year. 115.287 (e) – This provision of the standard does not apply to JJCC DDC. 115.287 (f) – The JJCC DDC PAQ states the Department of Justice has not requested agency data for the previous calendar year. Upon request, the agency shall provide all such data from the previous calendar year to the Department of Justice. During the pre-on-site phase of the audit, the Auditor reviewed the Annual Report, which contained sexual abuse data collected with a standardized instrument. The JJCC DDC publishes reports on agency website https://www.dallascounty.org/departments/cscd/programs.php Upon review of the policy, and Annual Report, JJCC DDC demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.
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115.288	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: JJCC DDC PAQ

JJCC DDC, *PREA Policy*

JJCC DDC, Annual Report 2025

Interviews conducted with:

PREA Coordinator

Agency Head

Findings (By Provision):

115.288 (a) – JJCC DDC, *PREA Policy* states the facility shall review data collected and aggregated pursuant to §115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, response policies, and training, including:

- Identifying problem areas
- Taking corrective action on an ongoing basis
- Prepare a annual report of its findings from its data review and any corrective actions for each facility as well as the agency as a whole.

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

115.288 (b) – JJCC DDC, *PREA Policy* states the annual report shall include a comparison between the current data and data from prior years. It will also include an assessment of the agency’s progress in addressing sexual abuse.

115.288 (c) – JJCC DDC, *PREA Policy* states annual reports shall be approved by the Agency Head for and made readily available to the public through the agency website <https://www.dallascounty.org/departments/cscd/programs.php>

115.288 (d) – JJCC DDC, *PREA Policy* states the agency may redact specific material from the reports when publication would present a clear and specific threat to the

	safety and security of a facility but must indicate the nature of the material redacted. The Auditor conducted an interview with the PREA Coordinator regarding how data is collected pursuant to PREA Standard §115.87. The PREA Coordinator acknowledged that the data collected is securely retained and the agency takes corrective action on an ongoing basis based on the collected data. The PREA Coordinator confirmed the preparation of the Annual Report, and it is submitted to the Facility Director and Agency Head for review and approval. The PREA Coordinator confirmed the agency redacts sensitive information and all public data information. The Auditor conducted an interview with the Agency Head and inquired how the agency uses incident-based sexual abuse data to assess and improve sexual abuse prevention, detection, and response policies, practices, and training. The Agency Head explained that sexual abuse data is collected annually and utilized to complete the <i>Survey of Sexual Victimization</i>. The Auditor inquired as to who is responsible for approving annual reports written pursuant to §115.88. The Agency Head confirmed reviewing and approving the annual PREA report. Upon review of the policy, Annual Reports, and upon completion of interviews, JJCC DDC demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.
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115.289	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: JJCC DDC PAQ JJCC DDC, <i>PREA Policy</i> JJCC DDC, Annual Report 2025 Interviews conducted with: PREA Coordinator

	Findings (By Provision): 115.289 (a) – JJCC DDC, <i>PREA Policy</i> states the JJCC PREA Team shall ensure that data collected pursuant to §115.287 are securely retained. 115.289 (b) – This provision of the standard does not apply to JJCC DDC. 115.289 (c) – JJCC DDC, <i>PREA Policy</i> states the states the PREA Team shall make all aggregated sexual abuse data readily available to the public at least annually through its website. 115.289 (d) – JJCC DDC, <i>PREA Policy</i> states the facility PREA Team shall maintain sexual abuse data collected for at least 10 years after the date of the initial collection. The Auditor conducted an interview with the PREA Coordinator regarding how data is collected pursuant to PREA Standard §115.87. The PREA Coordinator acknowledged that the data collected is securely retained and the agency takes corrective action on an ongoing basis based on the collected data. Upon review of the policy and upon completion of interviews, JJCC DDC demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.
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115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.401 (a) – During the prior three-year audit period, the facility was operated by Gateway Corrections Foundation until December 2024. Dallas County Community Supervision and Corrections Department assumed responsibility and operational control of the John C. Creuzot Residential Treatment Facility (Substance Abuse Treatment Facility) in January 2025. The exit of Gateway Corrections Foundation

	(December 2024) left the JJCC DDC facility staff with approximately six months to prepare for and provide documentation necessary and required during a PREA Audit. The lack of twelve-months of documentation available and coupled with the ongoing process of a new organization operating the JJCC DDC, the facility could not conduct a PREA Audit until the first year of the fifth three-year auditing cycle. 115.401 (b) – JJCC DDC had its last PREA audit conducted on May 24 - 25, 2022; the third year of the second three-year auditing cycle. This PREA audit was conducted on August 13 - 14, 2026; the first year of the fifth three-year auditing cycle. 115.401 (h) – The Auditor was granted complete access to, and the ability to observe, all areas of the facility. 115.401 (i) – The Auditor was permitted to request and receive copies of any relevant documents (including electronically stored information). 115.401 (m) – The Auditor was permitted to conduct private interviews with residents and staff. 115.401 (n) – The Auditor verified through resident and staff interviews that residents and staff were permitted to send confidential correspondence to the Auditor in the same manner as if they were communicating with legal counsel. Upon review of the policy and upon completion of interviews, JJCC DDC demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.
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115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.403 (f) – JJCC DDC has published the prior PREA Audit Report on the agency website. The Auditor reviewed the prior PREA Audit Report (May 2022) for JJCC DDC.

	Upon review of the policy and upon completion of interviews, JJCC DDC demonstrated facility-wide practices that are consistent with policy and the requirements that complies with the PREA standard.
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Appendix: Provision Findings		
115.211 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.211 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its community confinement facilities?	yes
115.212 (a)	Contracting with other entities for the confinement of residents	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities, including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na
115.212 (b)	Contracting with other entities for the confinement of residents	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na
115.212 (c)	Contracting with other entities for the confinement of residents	
	If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in	na

	emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	
	In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	na
115.213 (a)	Supervision and monitoring	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring to protect residents against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The physical layout of each facility?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
115.213 (b)	Supervision and monitoring	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (NA if no deviations from staffing plan.)	na
115.213 (c)	Supervision and monitoring	
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing	yes

	staffing patterns?	
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels?	yes
115.215 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip searches or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.215 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if the facility does not have female inmates.)	yes
	Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)	yes
115.215 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female residents?	yes
115.215 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enable residents to shower,	yes

	perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	
	Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing?	yes
115.215 (e)	Limits to cross-gender viewing and searches	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.215 (f)	Limits to cross-gender viewing and searches	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.216 (a)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that residents	yes

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

	interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations?	
115.217 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
115.217 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have	yes

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

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

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

	services a qualified staff member from a community-based organization, or a qualified agency staff member?	
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.221 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.221 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	yes
115.221 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above).	yes
115.222 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.222	Policies to ensure referrals of allegations for investigations	

(b)		
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.222 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).)	yes
115.231 (a)	Employee training	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims?	yes

	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
115.231 (b)	Employee training	
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes
115.231 (c)	Employee training	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
115.231 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.232 (a)	Volunteer and contractor training	

	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.232 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes
115.232 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.233 (a)	Resident education	
	During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents?	yes
	During intake, do residents receive information regarding agency policies and procedures for responding to such incidents?	yes
115.233 (b)	Resident education	
	Does the agency provide refresher information whenever a resident is transferred to a different facility?	yes
115.233	Resident education	

(c)		
	Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills?	yes
115.233 (d)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.233 (e)	Resident education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
115.234 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
115.234 (b)	Specialized training: Investigations	
	Does this specialized training include: Techniques for interviewing sexual abuse victims?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes

	Does this specialized training include: Proper use of Miranda and Garrity warnings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Sexual abuse evidence collection in confinement settings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
115.234 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a).)	yes
115.235 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes

	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.235 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency does not employ medical staff or the medical staff employed by the agency do not conduct forensic exams.)	na
115.235 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.235 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	yes
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	yes
115.241 (a)	Screening for risk of victimization and abusiveness	
	Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
	Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes

115.241 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.241 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
115.241 (d)	Screening for risk of victimization and abusiveness	
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident's criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has prior convictions for sex offenses against an adult or child?	yes
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following	yes

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

115.241 (i)	Screening for risk of victimization and abusiveness	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	yes
115.242 (a)	Use of screening information	
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
115.242 (b)	Use of screening information	
	Does the agency make individualized determinations about how to ensure the safety of each resident?	yes
115.242 (c)	Use of screening information	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.242	Use of screening information	

(d)		
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.242 (e)	Use of screening information	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.242 (f)	Use of screening information	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.251 (a)	Resident reporting	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.251 (b)	Resident reporting	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
115.251 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from	yes

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

(d)		
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension is 70 days per 115.252(d)(3)), does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
115.252 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	yes
115.252 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is	yes

	exempt from this standard.)	
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
115.252 (g)	Exhaustion of administrative remedies	
	If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes
115.253 (a)	Resident access to outside confidential support services	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility enable reasonable communication between residents and these organizations, in as confidential a manner as possible?	yes

115.253 (b)	Resident access to outside confidential support services	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.253 (c)	Resident access to outside confidential support services	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.254 (a)	Third party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes
115.261 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
115.261 (b)	Staff and agency reporting duties	

	Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
115.261 (c)	Staff and agency reporting duties	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.261 (d)	Staff and agency reporting duties	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
115.261 (e)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
115.262 (a)	Agency protection duties	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes
115.263 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
115.263 (b)	Reporting to other confinement facilities	

	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.263 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.263 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
115.264 (a)	Staff first responder duties	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.264 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any	yes

	actions that could destroy physical evidence, and then notify security staff?	
115.265 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
115.266 (a)	Preservation of ability to protect residents from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.267 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.267 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes
115.267 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report	yes

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

115.267 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.271 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).)	yes
115.271 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234?	yes
115.271 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.271 (d)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes

115.271 (e)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.271 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.271 (g)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.271 (h)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.271 (i)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
115.271 (j)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes

115.271 (l)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)	yes
115.272 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.273 (a)	Reporting to residents	
	Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.273 (b)	Reporting to residents	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes
115.273 (c)	Reporting to residents	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the	yes

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

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

115.278 (a)	Disciplinary sanctions for residents	
	Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, are residents subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
115.278 (b)	Disciplinary sanctions for residents	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
115.278 (c)	Disciplinary sanctions for residents	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes
115.278 (d)	Disciplinary sanctions for residents	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending resident to participate in such interventions as a condition of access to programming and other benefits?	yes
115.278 (e)	Disciplinary sanctions for residents	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.278 (f)	Disciplinary sanctions for residents	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes

115.278 (g)	Disciplinary sanctions for residents	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
115.282 (a)	Access to emergency medical and mental health services	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.282 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.282 (c)	Access to emergency medical and mental health services	
	Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
115.282 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.283 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile	yes

	facility?	
115.283 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.283 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.283 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes
115.283 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes
115.283 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.283 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial	yes

	cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	
115.283 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
115.286 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.286 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.286 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.286 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	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	yes

	should be deployed or augmented to supplement supervision by staff?	
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.286 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.287 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.287 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.287 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.287 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.287 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	na

115.287 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	na
115.288 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
115.288 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.288 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.288 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety	yes

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

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