

PREA Facility Audit Report: Final

Name of Facility: Hutchins Residential Reentry Center

Facility Type: Community Confinement

Date Interim Report Submitted: 10/03/2022

Date Final Report Submitted: 11/10/2022

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
Auditor Full Name as Signed: Jerome K Williams	Date of Signature: 11/10/2022

AUDITOR INFORMATION	
Auditor name:	Williams, Jerome
Email:	wjerome27@yahoo.com
Start Date of On-Site Audit:	08/24/2022
End Date of On-Site Audit:	08/26/2022

FACILITY INFORMATION	
Facility name:	Hutchins Residential Reentry Center
Facility physical address:	800 W. Wintergreen Rd., Hutchins, Texas - 75141
Facility mailing address:	Texas - 75141

Primary Contact	
Name:	Jenean Bray
Email Address:	jenean.bray@voatx.org
Telephone Number:	817-529-7368

Facility Director	
Name:	Shawn Sales
Email Address:	ssales@voatx.org
Telephone Number:	972-225-5472

Facility PREA Compliance Manager	
Name:	
Email Address:	
Telephone Number:	

Facility Characteristics	
Designed facility capacity:	167
Current population of facility:	164
Average daily population for the past 12 months:	119
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Both females and males
Age range of population:	21-74
Facility security levels/resident custody levels:	Community
Number of staff currently employed at the facility who may have contact with residents:	54
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	0
Number of volunteers who have contact with residents, currently authorized to enter the facility:	0

AGENCY INFORMATION	
Name of agency:	Volunteers of America Texas
Governing authority or parent agency (if applicable):	
Physical Address:	300 E Midway Dr, Euless, Texas - 76039
Mailing Address:	
Telephone number:	

Agency Chief Executive Officer Information:	
Name:	
Email Address:	
Telephone Number:	

Agency-Wide PREA Coordinator Information

Name:	Maudrey Bray	Email Address:	jenean.bray@voatx.org
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SUMMARY OF AUDIT FINDINGS

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

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

Number of standards exceeded:

0

Number of standards met:

41

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2022-08-24
2. End date of the onsite portion of the audit:	2022-08-26

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	I conducted outreach with the Dallas Area Rape Crisis Center whom this facility has a Letter of Collaboration with which they will provide coordinated victim services in conjunction with the Parkland Hospital. Primarily, the Dallas Area Rape Crisis Center will provide emotional support and crisis counseling to victims of sexual abuse and their services are free. The Hotline Advocate describe the process for the receipt of services that would be provided to an alleged victim from the coordination of the forensic examination at the hospital, onsite SANE advocate to provide the emotional support, crisis counseling, follow up meetings, and the medical protocol that returns to the facility with the alleged victim. She did indicate that they have not received a call for such services from the VOATX Hutchins facility in the last 12 month

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	167
15. Average daily population for the past 12 months:	119
16. Number of inmate/resident/detainee housing units:	2
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	157
38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	3

39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	0
40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0
41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	3
43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	5
44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	0
45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	0
46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	0
47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	No barriers encountered in identifying these populations for interviews.
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	54
50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	0
51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	0

<p>52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:</p>	<p>According to the interview with the facility's director and the PREA Coordinator, this facility has not resume employing volunteers or contractors in the facility due to the Covid-19 pandemic in the last 18 months, which resulted in zero interviews being conducted with any contractor and volunteer.</p>
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INTERVIEWS

Inmate/Resident/Detainee Interviews

Random Inmate/Resident/Detainee Interviews

<p>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>20</p>
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<p>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</p>	<p><input checked="" type="checkbox"/> Age</p> <p><input checked="" type="checkbox"/> Race</p> <p><input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic)</p> <p><input checked="" type="checkbox"/> Length of time in the facility</p> <p><input checked="" type="checkbox"/> Housing assignment</p> <p><input checked="" type="checkbox"/> Gender</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> None</p>
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<p>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</p>	<p>The random sample of interviewed residents were geographically and gender diverse, being from different jails in the state, on probation, that were sent to this facility before release into the community. Male and female are housed separately, dormitory style, representing different age groups, ethnicities and length time in the facility..</p>
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<p>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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<p>57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>The process utilized to select random inmate/resident from the population census listing provided during the pre-audit phase was every odd inmate/resident on the census was selected for interviewing. When one selected was not available during the onsite visit (e.g., released) then an even number of inmate/residents was randomly selected for the interviews.</p>
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Targeted Inmate/Resident/Detainee Interviews

<p>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>4</p>
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As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".

<p>60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>1</p>
<p>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. 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).</p>	<p>This auditor reviewed the submitted PAQ, inmate files, intake records and ascertained from interviews with the staff and inmates that there were no inmate/residents with a cognitive or functional disability in their population currently or in the last 12 months.</p>
<p>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. 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).</p>	<p>This auditor reviewed the submitted PAQ, inmate files, intake records and ascertained from interviews with the staff and inmates that there were no inmate/residents Blind or having low vision in their population currently or in the last 12 months.</p>
<p>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. 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).</p>	<p>This auditor reviewed the submitted PAQ, inmate files, intake records and ascertained from interviews with the staff and inmates that there were no inmate/residents Deaf or hard of hearing in their population currently or in the last 12 months</p>
<p>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>1</p>
<p>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>2</p>
<p>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. 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).</p>	<p>This auditor reviewed the submitted PAQ, inmate files, intake records and ascertained from interviews with the staff and inmates that there were no inmate/residents who identified as Transgender or Intersex in their population currently or in the last 12 months</p>
<p>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>b. 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).</p>	<p>This auditor reviewed the submitted PAQ, inmate/resident files, intake records and ascertained from interviews with the staff and inmate/residents that there were no inmates in their population currently or in the last 12 months who reported a sexual abuse allegation in this facility.</p>
<p>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. 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).</p>	<p>This auditor reviewed the submitted PAQ, inmate/resident files, intake records and ascertained from interviews with the staff and inmate/residents that there were no inmates in their population currently or in the last 12 months who disclosed a prior sexual victimization during risk assessment screening in this facility..</p>
<p>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. 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).</p>	<p>This auditor reviewed the submitted PAQ, inmate files, intake records and ascertained from interviews with the staff and inmate/residents that there were no inmate/residents in their population currently or in the last 12 months who were placed in Segregated Housing who either alleged or suffered from Sexual Abuse. This is a community confinement facility and it is not designed for segregated housing.</p>

<p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>There was only one barrier encountered, there was no staff translator nor MOU/contracting translation services available for access when attempting to interview a resident who was Limited in English Proficiency. This issue was brought up to the facility director and the agency's PREA Coordinator who immediately sought to secure a service agreement with Worldwide Interpreting Services. It was also ascertained that the LEP residents, including this one, received interpreting (translating English into Spanish) services during Intake and during their risk screening assessment from a bilingual staff member. Otherwise, identifying residents/inmates to be interviewed in this category and for those inmate/resident targeted categories that were not in their population during the onsite phase, this auditor interview additional random resident/inmates to meet the minimum number required.</p>
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Staff, Volunteer, and Contractor Interviews

Random Staff Interviews

<p>71. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>12</p>
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<p>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input checked="" type="checkbox"/> Rank (or equivalent)</p> <p><input checked="" type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
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<p>If "Other," describe:</p>	<p>The facility currently does not employ volunteers who would have contact with the inmates/resident therefore no listing of such was provide for interviewing during the pre-audit phase. The population characteristic of the staff was male, female, between the ages of 23 to 68, 24 new hires, and tenured staff which represented 3 of the 5 ethnic groups with varying tenures of employment.</p>
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<p>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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<p>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>No barriers encounter when identifying staff to interview during the onsite visit but this auditor did get an oversample of interviews thereby ensuring a good representation of the staff.</p>
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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.

<p>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>10</p>
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76. Were you able to interview the Agency Head?	<input checked="" type="radio"/> Yes <input type="radio"/> No
77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	<input checked="" type="radio"/> Yes <input type="radio"/> No
78. Were you able to interview the PREA Coordinator?	<input checked="" type="radio"/> Yes <input type="radio"/> No
79. Were you able to interview the PREA Compliance Manager?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

<p>80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)</p>	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Agency contract administrator <input type="checkbox"/> Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment <input type="checkbox"/> Line staff who supervise youthful inmates (if applicable) <input type="checkbox"/> Education and program staff who work with youthful inmates (if applicable) <input type="checkbox"/> Medical staff <input type="checkbox"/> Mental health staff <input type="checkbox"/> Non-medical staff involved in cross-gender strip or visual searches <input checked="" type="checkbox"/> Administrative (human resources) staff <input type="checkbox"/> Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff <input type="checkbox"/> Investigative staff responsible for conducting administrative investigations <input type="checkbox"/> Investigative staff responsible for conducting criminal investigations <input checked="" type="checkbox"/> Staff who perform screening for risk of victimization and abusiveness <input type="checkbox"/> Staff who supervise inmates in segregated housing/residents in isolation <input checked="" type="checkbox"/> Staff on the sexual abuse incident review team <input checked="" type="checkbox"/> Designated staff member charged with monitoring retaliation <input checked="" type="checkbox"/> First responders, both security and non-security staff <input checked="" type="checkbox"/> Intake staff <input type="checkbox"/> Other
<p>81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
<p>82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
<p>83. Provide any additional comments regarding selecting or interviewing specialized staff.</p>	<p>According to the interview with the facility's director and the PREA Coordinator, this facility has not resume employing volunteers or contractors in the facility due to the Covid-19 pandemic in the last 18 months, which resulted in zero interviews being conducted with any contractors.</p>

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

84. Did you have access to all areas of the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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Was the site review an active, inquiring process that included the following:

85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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88. Informal conversations with staff during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).	During the site review there were no barriers encountered by this auditor regarding having total facility access, the ability to observe and test critical functions and or to engage the staff and inmate/residents in informal conversations regarding PREA and sexual safety practices in this facility in general.
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Documentation Sampling

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

90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).	During the site review, this auditor did request completed as well as blank copies of documents, forms and memorandums as oversamples for triangulation purposes.
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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.

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

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

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

Sexual Harassment Investigation Outcomes

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/sampled: 0

<p>a. Explain why you were unable to review any sexual abuse investigation files:</p>	<p>This auditor reviewed the submitted PAQ, inmate/resident records and interview staff and inmates onsite to ascertain if there were any sexual abuse investigation outcomes during the 12 months preceding the audit by incident type. The facility reported zero sexual abuse investigation outcomes and this auditor did not find any during the resident and staff files reviews.</p>
<p>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files) </p>
<p>Inmate-on-inmate sexual abuse investigation files</p>	
<p>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>0</p>
<p>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files) </p>
<p>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files) </p>
<p>Staff-on-inmate sexual abuse investigation files</p>	
<p>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>0</p>
<p>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files) </p>
<p>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files) </p>
<p>Sexual Harassment Investigation Files Selected for Review</p>	
<p>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>

<p>a. Explain why you were unable to review any sexual harassment investigation files:</p>	<p>This auditor reviewed the submitted PAQ, inmate/resident records and interview staff and inmates onsite to ascertain if there were any sexual harassment investigation outcomes during the 12 months preceding the audit by incident type. The facility reported zero sexual harassment investigation outcomes and this auditor did not find any during the resident and staff files reviews.</p>
<p>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files) </p>
<p>Inmate-on-inmate sexual harassment investigation files</p>	
<p>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files) </p>
<p>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files) </p>
<p>Staff-on-inmate sexual harassment investigation files</p>	
<p>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files) </p>
<p>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files) </p>

<p>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p>	<p>This auditor reviewed the submitted PAQ, inmate/resident records and interview staff and inmates onsite to ascertain if there were any staff on inmate sexual harassment investigation outcomes during the 12 months preceding the audit by incident type. The facility reported zero sexual harassment investigation outcomes and this auditor did not find any during the resident and staff files reviews.</p>
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SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

<p>115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p>	<p> <input type="radio"/> Yes <input checked="" type="radio"/> No </p>
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Non-certified Support Staff

<p>116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p>	<p> <input type="radio"/> Yes <input checked="" type="radio"/> No </p>
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AUDITING ARRANGEMENTS AND COMPENSATION

<p>121. Who paid you to conduct this audit?</p>	<p> <input checked="" type="radio"/> The audited facility or its parent agency <input type="radio"/> My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option) <input type="radio"/> A third-party auditing entity (e.g., accreditation body, consulting firm) <input type="radio"/> Other </p>
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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
	<p data-bbox="240 208 453 237">Auditor Discussion</p> <p data-bbox="240 271 1489 398">115.211 (a) VOATX does have a zero-tolerance policy towards all forms of sexual abuse, and sexual harassment. The policy does outline the agency’s approach towards preventing, detecting, and responding to sexual abuse and sexual harassment, is made available to staff, residents, and to members of the public via the agency’s web page at www.voatx.org. and is referenced in the Resident’s Handbook. The facility is in compliance with this provision</p> <p data-bbox="240 427 1489 622">115.211 (b) VOATX Zero Tolerance policy does indicate the designation of an upper-level staff member as the agency wide PREA Coordinator though the agency has designated the Quality Assurance Manager as their agency-wide PREA Coordinator who reports to the Chief Program Officer This is also reflected in the organizational chart provided during the pre-audit phase. VOATX’s Quality Assurance Manager does hold an upper-level position and stated during her interview that she has sufficient time and authority to develop, implement, and oversee agency’s efforts to comply with the PREA standards in her facilities. This facility is in compliance with this provision</p> <p data-bbox="240 651 711 680">This facility is in compliance with this standard.</p> <p data-bbox="240 710 572 739">Corrective Action required: None</p>

115.212	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 453 237">Auditor Discussion</p> <p data-bbox="240 271 1485 432">115.212 (a) VOATX is private, for-profit agency and operated facility. VOATX Hutchins stated on the PAQ that the agency has not entered into and or renewed a contract for the confinement of their residents with other private agencies or entities in the last 12 months. VOATX's Quality Assurance Manager/PREA Coordinator did provide this auditor with a copy of the award contract from the Bureau of Prisons (BOP) for Residential Reentry Services This facility is in compliance with this provision.</p> <p data-bbox="240 461 1493 656">115.212 (b) VOATX Hutchins contracts only with the Bureau of Prisons (BOP). BOP does conduct the monitoring of their award contract, including the PREA compliance provision of the contract quarterly. VOATX's Quality Assurance Manager/PREA Coordinator did provide this auditor with a copy of BOP's latest monitoring report. VOATX Hutchins does not contract with others private agencies or entities for the confinement of their residents which was corroborated by VOATX's Quality Assurance Manager/PREA Coordinator and the Contract Administrator during their interviews. This facility is in compliance with this provision.</p> <p data-bbox="240 685 1477 781">115.212 (c) VOATX is a private agency and has not entered into any other contracts with a private or public entity to confine their resident in the last 12 months. VOATX does not contract other entities for the confinement of their resident so this provision is not applicable. This facility is in compliance with this provision.</p> <p data-bbox="240 810 708 837">This facility is in compliance with this standard.</p> <p data-bbox="240 866 571 893">Corrective Action required: None</p>

115.213	Supervision and monitoring
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 208 451 237">Auditor Discussion</p> <p data-bbox="242 271 1493 763">115.213 (a) VOATX' Hutchins have developed and implementation of a written staffing plan to provide adequate levels of staffing or video monitoring to protect resident against sexual abuse. The PAQ reflected no instances of a deviation from the planned staffing levels. VOATX currently have no youthful offender residents in their population as of the onsite audit. VOATX's Quality Assurance Manager/PREA Coordinator did provide to this auditor a copy of VOATX's staffing plan during the pre-audit phase which was reviewed by this auditor which described and taken into consideration the composition of the resident population, the prevalence of substantiated and unsubstantiated incidents of sexual abuse and any other relevant factors. There are 47 cameras comprising the interior and exterior of the facility (see camera location legend attached). The facility's schematics and observations made during the site review corroborates this assertion. During the site review this auditor did not identify any blind spots or areas in the facility where staff or residents may be isolated. Through the staff interviews, this auditor found no obvious reason to believe there had been any deviation from the facility's staffing plan. Further evidence of compliance with this provision was ascertained during the interview of the VOATX's Quality Assurance Manager/PREA Coordinator. She confirmed that VOATX's Hutchins staffing plan was discussed to ensure that adequate staffing is maintained in the facilities to protect the residents, and that the video monitoring is employed, as part of the staffing plan, further detect, prevent and protect residents against sexual abuse. She did provide a written staffing plan for this auditor's review. The facility is in compliance with this provision</p> <p data-bbox="242 797 1493 987">115.213 (b) VOATX's Hutchins facility roster showed 40 full time staff employed of which 22 are direct care (Monitor) staff, 2 employment specialists, 4 federal case managers, 1 federal case manager supervisor, 2 cooks, 1 social service coordinator, 1 administrative assistant, 1 residential monitor supervisor, 1 facility maintenance manager/director of operations, facility director, 1 home detention monitor and 1 part time registered nurses. The resident roster provided during the pre-audit phase reflected their current in-house facility population of 161 residents and 169 residents on home confinement. VOATX is a non-secure facility and calculating the staff to resident ratios are not applicable. The facility is in compliance with this provision</p> <p data-bbox="242 1021 1493 1178">115.213 (c) VOATX's Quality Assurance Manager/PREA Coordinator and the facility director indicated during their interviews that they did participate, in the last 12 months, in the discussion of the staffing plan assessment and discussed what adjustments were needed in the development of the staffing plan, which was provided to this auditor during the pre-audit phase. They also indicated that they do consider the following in the development of the staffing plan to ensure that adequate staffing levels are maintained:</p> <ul data-bbox="242 1211 898 1357" style="list-style-type: none"> • Prevailing staffing patterns • Deployment of video monitoring systems and other technologies • Available resources needed to adhere to the staffing plan <p data-bbox="242 1391 1477 1514">Furthermore, she stated that in the last 12 months no adjustments were identified as needed to the staffing plan, discussion was had on the deployment of additional cameras which will be pursued as funding becomes available, and no other resources are required at this time to assist in the adherence of their staffing plan. The facility is in compliance with this provision</p> <p data-bbox="242 1547 711 1576">This facility is in compliance with this standard.</p> <p data-bbox="242 1610 571 1639">Corrective Action required: None</p>

115.215	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

115.215 (a): VOATX's Zero Tolerance policy states that they will maintain restrictions and limitations on cross-gender searches and shall always refrain from conducting cross gender strip or cross gender visual body cavity searches, except in exigent circumstances or by a medical practitioner. This is a co-ed facility and all staff have been trained on how to conduct a cross gender pat search.

VOATX's Quality Assurance Manager/PREA Coordinator did provide this auditor with a memorandum corroborating their restrictions in conducting cross gender pat down search. She also provided a copy of the Texas Administrative Code which states that "searches residents placed in their facilities must be performed by the same gender of the client being searched". During the employee file review and random staff interviews it was revealed that they were trained on how to conduct a cross gender pat down searches of residents. 12 of the 12 random monitor staff interviewed stated that neither female nor male staff conduct pat down searches on the opposite gender residents at any time. The staff also indicated that if a resident of the opposite gender needed to be pat search, and there is no same gender staff available, they would use an electronic wand to do so, if the search is warranted. They further indicated that there has not been an exigent circumstance in the last 12 months to warrant such a cross gender pat down search. The facility is in compliance with this provision

115.215 (b): VOATX Hutchins is a coed facility and interviews conducted with 12 of the random staff, inclusive of the female monitor staff, revealed that the male staff have not conducted cross gender pat down searches of female residents at any time, absent exigent circumstances, in the last 12 months. The female residents are not restricted access to regularly available programming or other outside opportunities due to no female staff being available to search them. Only the utilization of the wand to perform a search is allowable. The facility is in compliance with this provision

115.215 (c): VOATX's Zero Tolerance Policy that they will maintain restrictions and limitations on cross-gender searches and shall always refrain from conducting cross gender strip or cross gender visual body cavity searches, except in exigent circumstances or by a medical practitioner. VOATX's Quality Assurance Manager/PREA Coordinator and Facility Director stated during their interviews that their staff do not conduct pat, cross gender strip, or cross gender visual body cavity searches in the facility. Furthermore, VOATX Hutchins does not search or physically examine a transgender or intersex resident for the sole purpose of determining the resident's genital status. If necessary, this will be performed by a medical practitioner at the Parkland hospital. Therefore, there is no need to document these protocols. The facility is in compliance with this provision

115.215 (d): VOATX's Zero Tolerance Policy states that staffing patterns and physical barriers are implemented to enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances. Upon review of the facility's schematics the facility's bathrooms in each dorm are designed to prohibit cross gender viewing of residents performing such personal actions because of the layout. The facility schematic shows that each dorm's resident bathroom and shower area are away from view of the opposite gender staff. The toilets have doors and the showers have shower curtains for privacy including an area where they can dress and undress in the shower area. During the random staff and random resident interviews, it was ascertained that the opposite gender staff do make an announcement "female on the floor" or "male on the floor" in the respective hallway, then knocking on the dorm's door, before entering into the opposite gender's dormitory. This auditor did observe the female and male staff make the opposite gender announcement before going into the male and or female hallways and dormitories. The VOATX Zero Tolerance policy also requires staff to make an announcement when entering the opposite gender's hallway as well as the dormitory area. The facility is in compliance with this provision

115.215 (e) VOATX's Zero Tolerance Policy states that staff do not search or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status. The status may be determined during conversations with the resident, by reviewing medical records, or as part of a broader medical examination conducted in private by a medical practitioner. VOATX Quality Assurance Manager/PREA Coordinator stated during her interview that this policy is adhered to by the facility's staff and that there have been no transgender and no intersex residents in their population in the last 12 months. This auditor reviewed several random resident files including risk assessments over the last 12 months and confirmed that there have been zero transgender and zero intersex residents identified as such in their population. The facility is in compliance with this provision

115.215 (f) VOATX Hutchins did provide evidence that all of the monitor staff have been train on how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs including how to conduct searches of transgender and intersex residents in a professional and respectful manner. A review of the employees training records revealed that all staff have received cross gender pat search training, searches of transgender and intersex residents. VOATX's Quality Assurance Manager/PREA Coordinator and the Facility Director corroborated this assertion during their interviews. The facility is in compliance with this provision

This facility is in compliance with this standard

Corrective Action required: None

115.216	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

115.216 (a) VOATX Hutchins has taken reasonable steps to ensure meaningful access to all aspects of the agency's efforts prevent, detect, and respond to sexual abuse and sexual harassment, including effective communication, to residents who are:

- Deaf or hard of hearing
- Blind or have low vision
- Limited English Proficient
- Intellectually disabled
- Psychiatric disabled
- Speech disability

The Facility Director at VOATX Hutchins indicated that they utilize interpreting services through the Language Line for residents who requires interpreting or translation in another language to assist in the translation of PREA related information to residents during intake, risk assessment and when filing an allegation for sexual abuse and sexual harassment. VOATX Quality Assurance Manager/PREA Coordinator and the Facility Director indicated during their interviews that VOATX Hutchins has not had in their population residents who were deaf or hard of hearing, blind or have low vision, psychiatric or having a speech disability in the last 12 months. VOATX Hutchins did have 1 resident who was Limited in English Proficiency and this auditor was unable to interview her because there was no staff interpreter or interpreting services was available during this time. It was ascertained the following day when conversing with the Quality Assurance Manager/PREA Coordinator and the Facility Director that the facility did not have an active contract with the Language Line at the time of the interview but were pursuing a contractual agreement with Worldwide Interpreting Services during this time. When asked how was the intake and risk screening assessment conducted on this Limited English proficient resident, they both indicated that a bilingual staff member provided the translation during intake and during the risk screening. It was ascertained by this auditor through staff interviews that VOATX Hutchins do have bilingual staff members currently employed. The staff who conducted the intake and the risk screening assessment corroborated that a bilingual staff member did interpret the PREA information into Spanish to this resident during these times. There was 1 resident who had an intellectual disability (Autism) and who is also highly functional, who indicated that he had no problems understanding the PREA information provided, when interviewed. The Quality Assurance Manager/PREA Coordinator did provide to this auditor an executed copy of the contractual service agreement with Worldwide Interpreting Services. The facility is in compliance with this provision

115.216. (b) VOATX's Quality Assurance Manager/PREA Coordinator did indicate during her interview that they will do whatever is necessary to ensure the residents understand the PREA standards and their rights. Information is available in multiple formats to ensure residents with disabilities have equal opportunities to participate and benefit from the PREA educational information. The PREA Educational video is in English and Spanish audio and is available for those with vision issues. The Intake and the Staff who conducts the risk screening assessment stated during their interviews that the PREA information is read to all residents, including those who may not be able to read and who are Limited in English Proficiency. She further stated that VOATX Hutchins will utilize, when necessary, staff as translators, and will enter into a contractual service agreement with the Worldwide Interpretive Service, including the Goodrich Center for the Deaf and North Texas Taping and Radio for the Blind as resources for residents who may be deaf, speech impaired, limited in English proficiency, blind and or low vision or who are psychiatric or are intellectually impaired. The Quality Assurance Manager/PREA Coordinator did provide this auditor with a copy of the executed contract service agreement with Worldwide Interpreting Services. The Goodrich Center of the Deaf, North Texas Taping and Radio for the Blind, Handicapped Resource Association and the Lighthouse for the Blind are also resources that VOATX Hutchins stated that they would utilize as needed. The facility is in compliance with this provision

115.216 (c) VOATX Hutchins does not use other residents to interpret, read, or otherwise assist except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise safety, the performance of first responder duties, or an investigation. VOATX's Quality Assurance Manager/PREA Coordinator and Intake staff stated during their interviews that VOATX Hutchins does not use resident interpreters or assistants for reporting sexual abuse and sexual harassment allegations in the last 12 months. During the random staff interviews all 12 random staff members indicated that VOATX has not utilized resident interpreters or assistants for reporting sexual abuse and sexual harassment allegations in the last 12 months. The facility is in compliance with this provision.

This facility is in compliance with this standard.

Corrective Action required: None

Auditor Overall Determination: Meets Standard

Auditor Discussion

115.217 (a). VOATX Hutchins does not hire or promote anyone who may have contact with resident and does not use services of any contractor who may have contact with the person if the person:

- (I) has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution;
- (ii) who have 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, of if the victim did not consent or was unable to consent or refuse.
- (iii) Enlist the services of any contractor who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; or who have 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, of if the victim did not consent or was unable to consent or refuse.
- (iv) Enlist the services of any contractor who has been civilly or administratively adjudicated or 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.

The Human Resource staff confirmed during her interview that VOATX Hutchins has not hired, promoted, or contracted with anyone who meets the criteria listed above in (I) through (iv). A review of employee files revealed that there was no documented evidence of VOATX Hutchins hiring, promoting or utilizing the services of any contractors during the last 12 months as stated above. The facility is in compliance with this provision

115.217 (b) The Human Resource staff stated during her interview that any person who may have contact with residents, VOATX Hutchins will consider any incidents of sexual harassment in determining whether to hire, promote, or contract for services. The Human Resource staff indicated during her interview that a thorough criminal background check and pre-employment reference checks are conducted before an applicant or contractor is offered a position. She further stated that Texas Department of Criminal Justice background and criminal checks would provide information to her via email if any applicant has been arrested or come in contact with law enforcement for sexual activity in the community and or in a facility. A review of the employee files revealed no documented evidence of VOATX Hutchins hiring, promoting staff or procuring the services of a contractor or volunteer in violation of this provision. The facility is in compliance with this provision

115.217 (c) The Human Resource staff stated during her interview that before hiring new employees who may have contact with resident, VOATX Hutchins will:

- (i) Performs a criminal background records and reference check
- (ii) Makes its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.

A review of the employee files revealed that VOATX Hutchins have conducted background and completed reference checks on all of the existing and new employees in the last 12 months. Since none of the new hires in the last 12 months came from a previous institutional employer, no information regarding substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse was applicable. During the interview with the Human Resource staff stated there was 19 new hires in the last 12 months and that they did not come from a previous institutional employer. During the employee file review, it was ascertained that no institutional reference check had been performed on those hired because have no previous institutional correctional experience. During the onsite audit this auditor was provided a sample reference letter that would be send to a prior institutional employer for information on substantiated related incidents and or resignations of a prospective applicant prior to hiring them. The facility is in compliance with this provision

115.217 (d) The Human Resource staff stated during her interview that before enlisting the services of a contractor who may have contact with residents, VOATX Hutchins will:

- (i) Performs a criminal background records and reference check

Further file review revealed that since they have not employed any contractors in the last 12 months, there were no contractor files to review in order to ascertain if criminal records checks had been conducted in the last 12 months. The facility is in compliance with this provision

115.217 (e) VOATX Hutchins does conduct criminal background checks every five years of current employees and on contractors who may have contact with residents. This was evidenced through the employee file review of the staff and

confirmed in interviews with VOATX Quality Assurance Manager/PREA Coordinator and Human Resource staff. They reported that VOATX Hutchins does conduct background checks annually on all of their employees as part of their contract award. The facility is in compliance with this provision

115.217 (f) The Human Resource staff stated during her interview that she asks applicants and employees who may have contact with residents directly about previous misconduct described in subparagraph (A) of this paragraph, which is written on the application, is asked during interviews for hiring or promotion and in any interviews or written self-evaluations conducted as part of reviews of current employees. The Human Resource staff indicated during her interview that VOATX Hutchins employees have a continuing affirmative duty to disclose any such misconduct and that material omissions regarding such misconduct or the provision of materially false information is grounds for termination of employment. VOATX Hutchins did provide during the onsite audit phase a completed PREA Self-Disclosure document on each employee as part of their continuing affirmative duty to disclose any such misconduct. The facility is in compliance with this provision

115.217 (g) The Human Resource staff stated during her interview that material omissions regarding such misconduct or the provision of materially false information is grounds for termination of employment. The Human Resource staff did indicate during her interview that all staff and contractors have been informed of this policy and that there have been no violations of this policy in the last 12 months. The facility is in compliance with this provision

115.217 (h) The Human Resource staff stated during her interview that unless prohibited by law, VOATX Hutchins will provide information on substantiated allegations of sexual abuse or sexual harassment involving former employees upon receiving a request from an institutional employer for whom the former employee has applied to work. During the interview with the Human Resource staff, she indicated that such disclosures would not be an issue because most reference checks are accompanied by written permission to disclose information from the subject of the reference check. At the time of the onsite audit the VOATX VOATX Hutchins, the Human Resource staff indicated that she had not received any requests for information from an institutional employer on a current staff since none of the new hires have worked for an institutional employer. The facility is in compliance with this provision

This facility is in compliance with this standard.

Corrective Action required: None

115.218	Upgrades to facilities and technology
	Auditor Overall Determination: Meets Standard
	<p data-bbox="244 208 451 235">Auditor Discussion</p> <p data-bbox="244 271 1485 495">115.218 (a) VOATX's Quality Assurance Manager/PREA Coordinator stated during her interview that when designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, VOATX Hutchins will consider the effect of the design, acquisition, expansion, or modification on the agency's ability to protect residents from sexual abuse. VOATX's Quality Assurance Manager/PREA Coordinator and Facility Director indicated during their interviews that there have not been any expansion or modification of existing facilities to consider the effect of the design, acquisition, expansion, or modification upon VOATX Hutchins's ability to protect residents from sexual abuse. The facility is in compliance with this provision</p> <p data-bbox="244 528 1477 752">115.218 (b) VOATX's Quality Assurance Manager/PREA Coordinator stated during her interview that when installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, VOATX Hutchins considers how such technology may enhance the agency's ability to protect youth from sexual abuse. During the site review this auditor noticed that VOATX Hutchins has 38 cameras installed at locations in the front entrance, monitor work station, common areas, hallways, dining area, and on the side and rear of the building to enhance the agency's ability to protect residents from sexual abuse. No other cameras or electronic surveillance systems have been installed since the last audit nor in the last 12 months or since August 20, 2012. The facility is in compliance with this provision</p> <p data-bbox="244 786 708 813">This facility is in compliance with this standard.</p> <p data-bbox="244 846 571 873">Corrective Action required: None</p>

115.221	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>115.221 (a) VOATX Hutchins is not responsible for investigating allegations of sexual abuse and sexual harassment. The Hutchins Police Department conducts the criminal investigations and the Bureau of Prisons (BOP) conducts the administrative investigations according to the VOATX Quality Assurance Manager/PREA Coordinator. The Quality Assurance/PREA Coordinator indicated during her interview that these entities will follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The facility is in compliance with this provision</p> <p>115.221 (b) The Hutchins Police Department will conduct the criminal investigations and the Bureau of Prisons (BOP) will conduct the administrative investigations according to the VOATX Quality Assurance Manager/PREA Coordinator. They will utilize the uniform protocol of the U.S. Department of Justice's Office on Violence Against Woman's National Protocol for Sexually Assault Medical Forensic Examination, Adult/Adolescent or similar version developed after 2011, according to the Quality Assurance/PREA Coordinator. The facility is in compliance with this provision</p> <p>115.221 (c) VOATX's Quality Assurance Manager/PREA Coordinator stated during her interview that when evidentiarily or medically appropriate, VOATX Hutchins will transport residents who experience sexual abuse to the Parkland hospital's Emergency Room that can provide a forensic medical examination by a Sexual Assault Nurse Examiner (SANE) and that such medical examinations are provided at no financial cost to the resident. VOATX's Quality Assurance Manager/PREA Coordinator also stated during her interview that in the event of a sexual abuse allegation, VOATX Hutchins will call the Hutchins Police Department and the Bureau of Prisons (BOP) for criminal investigation and or administrative investigation of such allegation. The Dallas Area Rape Crisis Center would be contacted for coordination of the SANE examination, which would be conducted at Parkland Hospital. The SANE Nurse at Parkland Hospital explained that it is the hospital's practice is to have a forensic nurse available 24 hours a day and when sexual assault has occurred, a forensic nurse who is a sexual assault nurse examiner (SANE) will provide nonjudgmental, compassionate care to the patient. SANEs are registered nurses who have had specialized training in the comprehensive medical forensic care of patients who have experienced sexual assault. VOATX's Quality Assurance Manager/PREA Coordinator further indicated during her interview that there have been no referrals of sexual abuse victims to the Parkland Hospital in the last 12 months. A review of the resident files corroborated this assertion. The facility is in compliance with this provision</p> <p>115.221 (d) VOATX's Quality Assurance Manager/PREA Coordinator stated during her interview that VOATX Hutchins will secured victim advocacy services from the local rape crisis center, the Dallas Area Rape Crisis Center. They will provide crisis counseling and emotional support services free of charge inclusive counseling, and forensic examinations. The Dallas Area Rape Crisis Center hotline advocate indicated during her interview that VOATX Hutchins facility forensic examinations would occur at Parkland Hospital. VOATX's Quality Assurance Manager/PREA Coordinator did provide a Letter of Agreement between VOATX Hutchins and Parkland Hospital to corroborate the services through the Dallas Area Rape Crisis Center, to be offered for a sexual abuse victim. A memorandum from the facility director was provided to this auditor to demonstrate his attempts at entering into a formal collaboration agreement with the Dallas Area Rape Crisis Center. The facility is in compliance with this provision</p> <p>115.221 (e) VOATX's Quality Assurance Manager/PREA Coordinator and the Women's Center of Tarrant County's Hotline Advocate indicated during their interviews that a qualified victim advocate from the Women's Center of Tarrant County would accompany and support a sexual abuse victim through the forensic examination process and investigatory interviews. The Dallas Area Rape Crisis Center Hotline Advocate further stated during her interview that their services are available 24/7 and include emotional support, crises intervention, information, and referrals. The facility is in compliance with this provision</p> <p>115.221 (f) VOATX's Quality Assurance Manager/PREA Coordinator did provide this auditor with a memorandum stating that the Hutchins Police Department and the Bureau of Prisons (BOP) will conduct all criminal and administrative investigations as required in paragraph (a) through (e) of this section. The facility is in compliance with this provision</p> <p>115.221 (g) Auditor is not required to audit this provision.</p> <p>115.221. (h) VOATX's Quality Assurance Manager/PREA Coordinator stated during her interview that VOATX Hutchins would always make a victim advocate available from Dallas Area Rape Crisis Center who are qualified, and received the appropriate education concerning sexual assault and forensic examinations issues in general. The facility is in compliance with this provision</p> <p>This facility is in compliance with this standard.</p> <p>Corrective Action required: None:</p>

115.222	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>115.222 (a) VOATX Zero Tolerance Policy states that that all allegations of sexual abuse and sexual harassment are reported to and investigated by the Hutchins Police Department and the Bureau of Prisons (BOP) for administrative investigations and for criminal investigations respectfully. VOATX's Quality Assurance Manager/PREA Coordinator report zero administrative and zero criminal investigations for sexual abuse in the last 12 months. She further stated that if any were to occur that she would ensure that all allegations of sexual abuse and sexual harassment are completed by the investigative entities. The facility is in compliance with this provision</p> <p>115.222 (b) VOATX Zero Tolerance Policy states that all allegations of sexual abuse and sexual harassment are assigned to the appropriate agencies, the Bureau of prisons (BOP) for administrative investigations and to the Hutchins Police Department for criminal investigation. Since the last audit in 2019, VOATX Zero Tolerance Policy was posted on their agency web page at www.voatx.org.</p> <p>VOATX's Quality Assurance Manager/PREA Coordinator did indicate during her interview that the facility would document all referrals of sexual abuse and sexual harassment incidents for investigation to the appropriate investigative entities. The facility is in compliance with this provision</p> <p>115.222 (c) VOATX Zero Tolerance Policy states that all allegations of sexual abuse and sexual harassment are assigned to the appropriate agency, the Bureau of Prisons (BOP) for administrative investigations and to the Hutchins Police Department for criminal investigation. VOATX's Quality Assurance Manager/PREA Coordinator did provide to this auditor a copy of a memorandum stating the responsibility of the Hutchins Police Department and the Bureau of Prisons (BOP) for conducting sexual abuse and sexual harassment investigations. The facility is in compliance with this provision.</p> <p>This facility is in compliance with this standard.</p> <p>Corrective Action required: None</p>

115.231	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

115.231 (a) VOATX Zero Tolerance Policy, states that it will provide PREA related training to all its employees who may have contact with resident. VOATX Hutchins training addresses:

- Its Zero Tolerance policy for sexual abuse and sexual harassment
- How to fulfill their PREA responsibilities under VOATX Zero Tolerance policies and procedures.
- Residents right to be free from sexual abuse and sexual harassment.
- The right of residents and employees to be free from sexual abuse and harassment.
- The right of residents to be free from retaliation for reporting sexual abuse and 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 and actual sexual abuse.
- How to avoid inappropriate relationships with residents.
- How to communicate effectively and professionally with residents including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents.
- How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

It was ascertained during the interviews conducted with the 12 random staff that the PREA training they received cover the above 11 points as required. VOATX's Quality Assurance Manager/PREA Coordinator indicated during her interview that VOATX Hutchins utilizes the Relias training and the Moss Group Cross Gender Pat Search Training modules from the PREA Resource Center's website when training their staff. She did provide e-signed acknowledgement statements from the staff in the last 12 months indicating their understanding of the PREA training received. She also provided a signed acknowledgement roster of the staff who have been trained in cross gender pat search. The facility is in compliance with this provision

115.231 (b) VOATX's Quality Assurance Manager/PREA Coordinator stated that the PREA training is tailored to the unique needs and attributes the gender of the residents at the facility. VOATX Hutchins is a coed facility and the staff of the opposite gender do receive the same training. This is also corroborated from the PAQ response. This auditor conducted a file review of random sampled employees as ascertained that the training documentation reviewed is in compliance with this standard. VOATX's Quality Assurance Manager/PREA Coordinator also stated that the PREA training is provided during new employee at orientation, annually and at the 2-year annual refresher training interval. The facility is in compliance with this provision

115.231 (c) VOATX's Quality Assurance Manager/PREA Coordinator indicated during her interview and did provide to this auditor during the pre-audit phase electronic verification that the staff received the annual PREA training in March of this year and they all e-signed an acknowledgement statement that they understood their PREA responsibilities. A review of the training records revealed that they also received the 2-year refresher training also. VOATX's Quality Assurance Manager/PREA Coordinator indicated during her interview that all staff receives refresher PREA training their Zero Tolerance policy annually. This also was confirmed when reviewing the employee training files. The facility is in compliance with this provision

115.231 (d) VOATX's Quality Assurance Manager/PREA Coordinator did provide to this auditor training documentation where the staff being trained acknowledged with their signature that they understand the training they received. During the interviews with all of the staff it was ascertained that they had a good understanding of 115.211 (a, 1-11) thereby corroborating their e-signed acknowledgement statement. The facility is in compliance with this provision

This facility is in compliance with this standard.

Corrective Action required: None

115.232	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 210 453 237">Auditor Discussion</p> <p data-bbox="242 273 1471 430">115.232 (a) VOATX Zero Tolerance Policy states that VOATX Hutchins ensures and will document all volunteers and contractors who have direct access to resident have been trained on and understand their responsibilities under VOATX Hutchins sexual abuse and sexual harassment policies and procedures. This facility has not had any volunteers or contract employee in the last 12 months who has received PREA training regarding their reporting responsibilities, which has been due to the Covid-19 pandemic. The facility is in compliance with this provision</p> <p data-bbox="242 465 1487 586">115.232 (b) VOATX's Quality Assurance Manager/PREA Coordinator/ PREA Coordinator did not provide any documentation of any volunteer or contractor's acknowledgement of PREA training since none have been fired in the last 12 months. A copy of the Volunteer Packet for volunteers was provided to this auditor during the pre-audit phase which outlines their responsibilities under their Zero Tolerance policy. The facility is in compliance with this provision</p> <p data-bbox="242 622 1497 743">115.232 (c) VOATX's Quality Assurance Manager/PREA Coordinator/ PREA Coordinator did indicate that VOATX Hutchins would maintain any and all documentation confirming that a volunteer or contractor understood the training received. Since this facility has not had any volunteers providing services in the last 12 months no documentation was provided. The facility is in compliance with this provision</p> <p data-bbox="242 779 705 806">This facility is in compliance with this standard</p> <p data-bbox="242 842 571 869">Corrective Action required: None</p>

115.233	Resident education
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>115.233 (a) VOATX Zero Tolerance Policy states that during the admissions/intake process the resident are provided by VOATX Hutchins, the appropriate PREA information about the agencies Zero Tolerance Policy and how to report incidents or suspicions of sexual abuse, right to be free from sexual abuse and sexual harassment, rights to be free from retaliation for reporting such incidents of sexual harassment or sexual activity. This information, as observed during an intake was done through verbal explanation by the intake staff. The Resident PREA Handbook and the "What you Need to Know" PREA video was provided to the resident during orientation. The Safe Prisons PREA video shown to the resident during the orientation session does address the following points: • Resident rights to be free from sexual abuse and sexual harassment • Their rights to be free from retaliation for reporting such incidents • The agency's policies and procedures for responding to such incidents.</p> <p>VOATX's Quality Assurance Manager/PREA Coordinator also provided this auditor with a copy the VOATX Resident PREA Handbook in English and Spanish. During the random resident interviews, 20 of the 20 residents reported that this information was provided and explained to them upon intake and during orientation. They further indicated that they understood the facility's zero-tolerance policy and know how to report a sexual abuse and sexual harassment allegation if one was to occur. Over the past 12 months 397 residents were admitted to VOATX Hutchins and all of the intake packets included an acknowledgement statement signed by each resident that they received and understood the zero-tolerance policy information. When reviewing randomly selected resident files this auditor found no evidence that there were residents who had not receive the required Zero Tolerance Policy information. It was ascertained from the resident interviews that they had seen the "What you Need to Know" video during orientation. The facility is in compliance with this provision.</p> <p>115.233 (b) VOATX Zero Tolerance Policy states and VOATX's Quality Assurance Manager/PREA Coordinator corroborated that within 72 hours of admission VOATX Hutchins provides refresher education to resident who are transferred into their facility. The facility is in compliance with this provision</p> <p>115.233 (c) VOATX Zero Tolerance Policy states and VOATX's Quality Assurance Manager/PREA Coordinator corroborated that resident education would be provided in formats accessible to all residents who are: • Limited in English Proficient • Deaf • Visually impaired • Otherwise, disabled • Having limited reading skills The VOATX Hutchins intake staff provided this auditor with the resident education in formats accessible to all residents at the facility during this audit, including materials translated into Spanish. During the random resident interviews 20 of the 20 residents interviewed, they all indicated that they had received the PREA education either on the day of intake or the following day. A review of the resident files indicated that all the randomly selected resident files had an acknowledgement or education roster reflecting that they did receive the PREA education within 72 hours from intake. During the intake staff interview this auditor asked him how he ensures that the current residents as well as those transferred in from other facilities were educated on the agency's Zero Tolerance Policy. She stated that regardless of how, when, or where a resident comes to the facility, they are provided with the same PREA education about their rights to be free from sexual abuse, sexual harassment, retaliation and how to report a sexual abuse and sexual harassment allegation. The facility is in compliance with this provision</p> <p>115.233 (d) The VOATX Hutchins Intake staff and VOATX's Quality Assurance Manager/PREA Coordinator did state to this auditor during their interview that the facility does maintain documentation in the resident's file of their participation in the PREA education session upon intake and orientation. There was documentation provided to this auditor to reflect that the resident did view the "What you Need to Know" PREA education video after intake as per their PREA policy. A review of the resident's file corroborated their assertion. The facility is in compliance with this provision.</p> <p>115.233 (e) During the pre-audit phase VOATX's Quality Assurance Manager/PREA Coordinator did provide to this auditor pictures of the sexual abuse and sexual harassment posters and they were observed affixed to the bulletin board in the common area of the facility during the site review. These posters did include the 24-hour confidential crisis line 1-800-862-8482 for reporting a sexual abuse and sexual harassment allegation as well as the name, address and phone number of the Dallas Area Rape Crisis Center 972-641-7273 when seeking emotional support and crisis intervention. This auditor also received a copy of and reviewed the key PREA information that is in the Resident PREA Handbook in (English and Spanish) and PREA flyers posted on the bulletin board throughout the facility. The facility is in compliance with this provision</p> <p>This facility is in compliance with this standard.</p> <p>Corrective Action required: None.</p>

115.234	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 208 451 237">Auditor Discussion</p> <p data-bbox="240 271 1485 432">115.234 (a) According to VOATX's Quality Assurance Manager/PREA Coordinator and the Facility Director they stated that VOATX Hutchins does not have any employees that are facility investigators nor do they conduct administrative and criminal sexual abuse and sexual harassment investigations. Administrative and criminal sexual abuse and sexual harassment investigations are conducted by the Hutchins Police Department and the Bureau of Prisons (BOP). This provision is not applicable. The facility is in compliance with this provision</p> <p data-bbox="240 461 1485 689">115.234 (b) According to VOATX's Quality Assurance Manager/PREA Coordinator and the Facility Director VOATX Hutchins does not have facility investigators nor do they conduct administrative and criminal sexual abuse and sexual harassment investigations. Administrative and criminal sexual abuse and sexual harassment investigations are conducted by the Hutchins Police Department and the Bureau of Prisons (BOP). They further stated that they believe that these entities investigators are trained in interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and in the criteria and evidence required to substantiate a case for administrative action or prosecution referral. The facility is in compliance with this provision</p> <p data-bbox="240 719 1485 880">115.234 (c) According to VOATX's Quality Assurance Manager/PREA Coordinator and the Facility Director they stated do not have facility investigators nor do they conduct administrative and criminal sexual abuse and sexual harassment investigations. Furthermore, if they did have facility investigators that they would maintain documentation on each investigator who have completed the required specialized training in conducting sexual abuse investigations. The facility is in compliance with this provision</p> <p data-bbox="240 909 1485 1005">115.234 (d) VOATX Quality Assurance Manager/PREA Coordinator and the Facility Director indicated during their interviews that they believe that the Bureau of Prisons (BOP) does provide training for their investigators on how to conduct investigation in a confinement setting. The facility is in compliance with this provision.</p> <p data-bbox="240 1034 711 1064">This facility is in compliance with this standard.</p> <p data-bbox="240 1093 572 1122">Corrective Action required: None</p>

115.235	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>115.235 (a) The Human Resource staff, VOATX’s Quality Assurance Manager/PREA Coordinator and Facility Director did indicate in their interviews that VOATX Hutchins do employ a part time nurse and no mental health staff and that they have received the required PREA related training on:</p> <ul style="list-style-type: none"> · 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 whom to report allegations or suspicions of sexual abuse and sexual harassment <p>The PREA Coordinator/Quality Assurance Manager and Facility Director did indicate during their interviews that they have employed a part time nurse whose responsibilities is only to administer medication, complete a health screening, and make resident referrals to the hospital for services from basic first aid to examinations. The Quality Assurance Manager/PREA Coordinator did provide a copy of the PREA training for the nurse in the last 12 months. The facility is in compliance with this provision</p> <p>115.235 (b) The Human Resource staff, VOATX’s Quality Assurance Manager/PREA Coordinator and Facility Director did indicate in their interviews that they do employ a part time registered nurse for this facility to provide medication dispensing, complete health screening, answer routine health questions for the residents and make medical referrals as need to the hospital. The nurse does not provide nor conduct forensic examinations for victim residents but would refer them to Parkland hospital via the Dallas Area Rape Crisis Center when applicable. The facility is in compliance with this provision</p> <p>115.235 (c) The Human Resource staff, VOATX’s Quality Assurance Manager/PREA Coordinator and Facility Director did indicate in their interviews that they do maintain the training documentation provided to the nurse. The facility is in compliance with this provision</p> <p>115.235 (d) The Human Resource staff, VOATX’s Quality Assurance Manager/PREA Coordinator and Facility Director did indicate in their interviews that the nurse has received the mandated training for employees under 115.231 as well as for contractors and volunteers, as applicable under 115.232, from VOATX Hutchins. This auditor was able to interview the nurse during the onsite visit and she indicated that she had received the PREA training as mandated for all employees. The facility is in compliance with this provision</p> <p>This facility is in compliance with this standard</p> <p>Corrective Action required: None</p>

115.241	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 208 451 235">Auditor Discussion</p> <p data-bbox="242 271 1481 595">115.241 (a) It was observed by this auditor during the onsite phase of the audit that VOATX Hutchins does use an objective screening instrument within 72 hours after a resident's admission to obtain information about the resident's personal history and behavior to reduce the risk of sexual abuse by or upon another resident. The counselor was utilizing the risk screening assessment tool application in their SecurManage System (SMS) software. This software tracks and manages all aspects of the resident's stay in the facility through their release. It also provides security, accountability, case management and clinical services including managing the resident's finances. The staff who conducts the risk screening indicated that all residents would be assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive towards other residents. The monitor staff conducts the intake of all new residents on this same system. During the interviews with VOATX's Quality Assurance Manager/PREA Coordinator and the Facility Director they corroborated this protocol for all admissions upon their arrival and transfers to another facility. The facility is in compliance with this provision</p> <p data-bbox="242 629 1461 853">115.241 (b) VOATX Zero Tolerance Policy states that residents shall receive an intake screening within 72 hours of their arrival to the facility. It was observed by this auditor during the onsite phase of this audit that the counselor did conduct the risk screening assessment of a new resident within just a few hours of the resident's arrival to the facility. The monitor staff conducts the intakes of all new residents in the same system. Upon conducting the random file review of the 20 residents, this auditor found that 100% of those files had a risk screening completed within the 72-hour time period that was corroborated when shown these files in the SecurManage System's (SMS) by the VOATX's Quality Assurance Manager/PREA Coordinator. The facility is in compliance with this provision</p> <p data-bbox="242 887 1477 1043">115.241 (c) It was observed in VOATX's SecurManage System (SMS) software that all PREA screening assessments being conducted is recorded using an objective intake screening instrument. 20 of the 20 resident files reviewed in the SMS reflected the usage of the same PREA screening instrument being utilized. The Quality Assurance Manager, the Facility Director and the Counselor all corroborated this assertion during their interviews. The facility is in compliance with this provision</p> <p data-bbox="242 1077 1485 1133">115.241 (d) The intake screening instrument used at VOATX Hutchins does attempt to ascertain the following information for risk of victimization:</p> <ol data-bbox="242 1167 1461 1742" style="list-style-type: none"> <li data-bbox="242 1167 751 1193">1. Mental, physical, or developmental disabilities <li data-bbox="242 1227 491 1254">2. Age of the resident; <li data-bbox="242 1288 544 1314">3. Physical build of resident <li data-bbox="242 1348 528 1375">4. Previous incarcerations <li data-bbox="242 1408 715 1435">5. If criminal history is exclusively nonviolent; <li data-bbox="242 1469 1123 1496">6. Whether the resident has prior convictions for sex offenses against an adult or child <li data-bbox="242 1529 1461 1556">7. Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming; <li data-bbox="242 1590 1422 1646">8. The screener's perception of whether the resident is gender non-conforming or otherwise may be perceived to be LGBTI. <li data-bbox="242 1680 983 1706">9. Whether the resident has previously experienced sexual victimization <li data-bbox="242 1740 740 1767">10. The residents own perception of vulnerability. <p data-bbox="242 1783 1445 1872">During the interview with the Intake staff, she stated during her interview that all the screening questions being asked the resident during the intake PREA risk screening were being captured when she utilizes PREA Audit of the SecurManage System (SMS) software. The facility is in compliance with this provision</p> <p data-bbox="242 1906 1481 2063">115.241 (e) VOATX's Quality Assurance Manager/PREA Coordinator and the staff who performs the risk screening assessment indicated during interviews that the SecurManage System (SMS) software screening instrument does consider prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the facility, when assessing residents for risk of being sexually abused. The facility is in compliance with this provision</p> <p data-bbox="242 2096 1485 2152">115.241 (f) VOATX's Quality Assurance Manager/PREA Coordinator and the staff who performs risk screening assessments did state in their interviews that VOATX Hutchins does reassess residents within 30 days of their arrival to the facility for their</p>

risk of victimization or abusiveness based upon additional, relevant information received by the facility since the intake screening. A review of the electronic files of 20 residents reflected that not all of them had been re-assessment within 30 days after their intake. This auditor was provided with a few samples of the risk screening reassessments of residents who had been in the facility within the last 30 days but this was not sufficient to establish the institutionalization of this practice. The facility is not in compliance with this provision.

115.241 (g) VOATX's Quality Assurance Manager/PREA Coordinator and the staff who performs risk screening assessments stated during their interviews that VOATX Hutchins will reassess a resident's risk level when warranted due to a referral, a request, an incident of sexual abuse or receipt of additional information that bears the resident's risk of sexual victimization and abusiveness. Furthermore, they stated that in the last 12 months there have been no reassessments of a resident's risk level due to a referral, a request, an incident of sexual abuse or receipt of additional information that bears the resident's risk of sexual victimization and abusiveness. The facility is in compliance with this provision

115.241 (h) VOATX's Quality Assurance Manager/PREA Coordinator stated during her interview that VOATX has not ever disciplined a resident for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), (d)(9) of this section. The Intake staff corroborated this assertion. A review of the resident files did not reveal any resident receiving any disciplinary action for not responding to questions during their risk assessment. The facility is in compliance with this provision

115.241 (i) VOATX's Quality Assurance Manager/PREA Coordinator, the Facility Director and the Intake staff all indicated during their interviews that VOATX Hutchins has implemented the 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. The risk screening assessments/reassessments are kept on the SecurManage System (SMS) computer software and the hard copies are in the file room, in filing cabinets, under lock and key, that is limited to only the staff conducting the assessments or performing case management functions. This auditor was able to review these hard copy files in the file room during the onsite visit. The electronic version of the assessments/reassessments are maintained on their SecurManage System (SMS) that requires a certain level of security access (password protection) to pull up the questionnaire. A test was conducted by this auditor on the staff monitor's computer to ascertain if they could review the assessment information and they were unable to access it. The facility is in compliance with this provision

This facility is not in compliance with this standard

Corrective Action required: The facility must provide to this auditor proof documentation in the form of resident reassessments that have occurred the following 30 days after receipt of this Interim Report, thereby demonstrating the institutionalization of their risk reassessment screening practice, in order to be in compliance with this standard.

Corrective Action Findings: The facility director did provide to this auditor proof documentation of copies of the risk reassessments that were performed on residents 30 days from the date of this Interim Report, thereby demonstrating the institutionalization of their risk reassessment practice, and are found now to be in compliance with this standard.

115.242	Use of screening information
	<p data-bbox="240 143 740 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 208 453 239">Auditor Discussion</p> <p data-bbox="240 271 1490 432">115.242 (a) VOATX Zero Tolerance Policy states that VOATX Hutchins uses all information obtained during risk screening to make housing, bed, work, education, and program assignments for each resident. The Intake staff, VOATX's Quality Assurance Manager/PREA Coordinator and the staff who performs the risk screening for victimization confirmed in their interviews that information learned during the intake and from the risk screening is used to make these informed decisions. The facility is in compliance with this provision</p> <p data-bbox="240 461 1481 589">115.242 (b) VOATX Zero Tolerance Policy states that they will make individualized determinations during the intake risk assessment about how to ensure the safety of each resident. The VOATX's Quality Assurance Manager/PREA Coordinator, the Staff who performs the risk screening for victimization and the Facility Director corroborated this policy and practice during their interviews. The facility is in compliance with this provision</p> <p data-bbox="240 618 1493 880">115.242 (c) VOATX is a coed facility. VOATX's Quality Assurance Manager/PREA Coordinator stated during her interview that VOATX Hutchins have had no transgender and no intersex residents in their population over the last 12 months. A review of the resident's file revealed that no transgender and no intersex resident had been in their population in the last 12 months. The staff who performs risk screening for victimization stated during her interview that the housing assignments would be made on a case-by-case basis and as with all residents, the assignment would be based on ensuring the resident's health and safety, and whether placement would present management or security problems. VOATX reported on the PAQ of having zero transgender and zero intersex residents in their facility during the last 12 months. The facility is in compliance with this provision</p> <p data-bbox="240 909 1484 1070">115.242 (d) VOATX Zero Tolerance Policy states that VOATX Hutchins would give serious consideration with respect to a transgender or intersex resident's own view concerning their safety when making placement and programming assignments. A review of the resident's file revealed that there were zero transgender and zero intersex resident had been in their population in the last 12 months. VOATX Hutchins reported on the PAQ of having zero transgender and zero intersex residents in their population during the last 12 months. The facility is in compliance with this provision</p> <p data-bbox="240 1099 1465 1261">115.242 (e) VOATX Zero Tolerance Policy states that they would provide the opportunity for transgender and intersex resident the opportunity to shower separately from the other residents in their population. During the facility site review this auditor observed a single room with a single shower, including a shower curtain for the resident's privacy, that would be offered to the transgender or intersex resident for usage. That they would be allowed to shower separately from the other residents. The facility is in compliance with this provision.</p> <p data-bbox="240 1290 1481 1552">115.242 (f) VOATX Zero Tolerance Policy states that they shall not place lesbian, gay, bisexual, transgender, or intersex residents in a dedicated wing or unit solely on the basis of such identification or status, unless such placement is in a dedicated facility, unit, wing, established in connection with a consent decree, legal settlement, or legal judgement for the purpose of protecting such residents. Based on the facility's schematics, the VOATX Hutchins facility is not designed as a dedicated facility to for this vulnerable population. The responses of the VOATX's Quality Assurance Manager/PREA Coordinator, the Intake staff, the staff who performs risk screenings for victimization and the Facility Director did corroborate during their interviews that VOATX Hutchins is in compliance with their policy and practices regarding this provision. The facility is in compliance with this provision</p> <p data-bbox="240 1581 711 1612">This facility is in compliance with this standard.</p> <p data-bbox="240 1641 572 1673">Corrective Action required: None</p>

115.251	Resident reporting
	<p data-bbox="244 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="244 210 451 237">Auditor Discussion</p> <p data-bbox="244 273 1461 398">115.251 (a) VOATX's Quality Assurance Manager/PREA Coordinator stated during her interview that VOATX Hutchins will provide multiple internal ways for residents to privately report sexual abuse and sexual harassment, retaliation by other residents or staff including staff neglect or violation of responsibilities that may have contributed to such incidents. VOATX Zero Tolerance Policy lists the following ways to report:</p> <ul style="list-style-type: none"> <li data-bbox="316 430 1235 456">(i) Submitting a written grievance, verbally or by any means the resident has access to; <li data-bbox="316 488 1366 515">(ii) Calling the 24-hour toll free hotline 1 800-862-8482 without being heard by staff or other residents; <li data-bbox="244 546 1422 604">(iii) Telling any staff member, volunteer, or contract employee who must then call the hotline and inform the VOATX's Quality Assurance Manager/PREA Coordinator; or <li data-bbox="244 636 1414 694">(iv) Calling the Hutchins Police Department, send an electronic message to DOJ's Sexual Abuse Reporting Mailbox (TRULINCS) and or write to the Bureau of Prisons (BOP). <p data-bbox="244 725 1473 1021">During the interviews with the random residents, they all indicated their knowledge of reporting a sexual abuse and sexual harassment, retaliation or staff neglect allegations by either telling a staff member, write a grievance or call the agency's anonymous number that is listed in the PREA Handbook and on the bulletin board. This auditor observed during the site review on the common area's bulletin boards the sexual abuse reporting mailbox for DOJ, the Bureau of Prisons (BOP) Office of the Inspector General phone number, the phone number for the National Sexual Assault Hotline (RAINN) and the Dallas Area Rape Crisis Center (DARCC) Hotline 972-641-7273 being displayed of which a resident can call to report a sexual abuse and sexual harassment allegation or incident. During the random staff interviews they all indicated the ways a resident can report a sexual abuse and sexual harassment allegation by informing them, writing a grievance, calling the 1-800 number or informing the facility director. The facility is in compliance with this provision</p> <p data-bbox="244 1052 1481 1146">115.251 (b) VOATX's Quality Assurance Manager/PREA Coordinator stated during her interview that a resident may call the hotline number of the Dallas Area Rape Crisis Center (DARCC) which is a public entity, not part of the facility or agency at 1 (972) 641-7273, to report a sexual abuse, sexual harassment, retaliation or staff neglect allegation.</p> <p data-bbox="244 1178 1489 1438">VOATX's Quality Assurance Manager/PREA Coordinator corroborated this practice during her interview. This auditor did make a test call to the DARCC Hotline and the hotline representative did confirm the process for reporting sexual abuse and sexual harassment allegations, and how it gets back to the facility for further action. During the random resident interviews each one indicated that they could make this call in a private area like the Intake or counselor's office, without being heard by the staff or other residents when reporting an allegation of sexual abuse and sexual harassment and could remain anonymous upon request. The random residents did state that since they can have their personal cell phones, that they call make a call from them to report a sexual abuse and sexual harassment allegation in private. The facility is in compliance with this provision</p> <p data-bbox="244 1469 1489 1697">115.251 (c) VOATX's Quality Assurance Manager/PREA Coordinator stated during her interview that staff will promptly accepts verbal and written reports made anonymously or by third parties and promptly document any verbal reports. During the interview with the random staff,s when asked this question, each staff stated that they would accept verbal reports of sexual abuse and sexual harassment verbally, in writing, anonymously, from third parties and would document them immediately on the agency's incident report form. A copy of the agency's sexual abuse incident review report form was provided to this auditor during the pre-audit phase. VOATX's Quality Assurance Manager/PREA Coordinator and the Facility Director corroborated the random staff responses during their interviews. The facility is in compliance with this provision</p> <p data-bbox="244 1729 1489 1989">115.251 (d) VOATX's Quality Assurance Manager/PREA Coordinator stated during her interview that staff can privately report a sexual abuse, sexual harassment, retaliation or staff neglect that may contribute to an incident of sexual abuse by reporting it privately to the facility director, by calling the Bureau of Prisons (BOP) hotline number, the Volunteers of America's hotline number; or by calling the Hutchins Police Department. This auditor did make a test call to the Volunteers of America Hotline and the hotline representative did confirm the process for reporting sexual abuse and sexual harassment allegations, and how it gets back to the facility for further action. All of the random staff interviewed corroborated these methods of reporting a sexual abuse and sexual harassment allegation or incident privately. The facility is in compliance with this provision</p> <p data-bbox="244 2020 711 2047">This facility is in compliance with this standard.</p> <p data-bbox="244 2078 571 2105">Corrective Action required: None</p>

115.252	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 208 451 235">Auditor Discussion</p> <p data-bbox="242 271 1453 394">115.252 (a) VOATX policy and practices does provide an opportunity for a resident at VOATX Hutchins to file a grievance regarding sexual abuse which is their administrative remedy process. VOATX's Quality Assurance Manager/PREA Coordinator and the Facility Director corroborated this policy assertion during their interviews. The facility is in compliance with this provision</p> <p data-bbox="242 427 1481 752">115.252 (b) During the interview with VOATX's Quality Assurance Manager/PREA Coordinator she reiterated their policy practice that a resident can submit a grievance regarding an allegation of sexual abuse without any type of time limit. She also indicated that they practice refraining from requiring a resident to use any informal grievance process in an attempt to resolve a sexual abuse or sexual harassment allegation with the alleged staff member. VOATX's Quality Assurance Manager/PREA Coordinator indicated during her interview that if a resident files a non-PREA related grievance that the staff at VOATX Hutchins facility will follow the current grievance policy and practices for responding. Nothing in this section shall restrict the agency's ability to defend against a lawsuit filed by a resident on the ground that the applicable statute of limitations has expired. The Intake staff stated during her interview that all residents during Intake are verbally informed of this procedure. A review of the grievance log revealed that there were zero allegations of sexual abuse and sexual harassment in the last 12 months. The facility is in compliance with this provision</p> <p data-bbox="242 786 1485 1043">115.252 (c) VOATX Zero Tolerance Policy states 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 and that such grievances are not referred to a staff member who is the subject of a complaint. During the interviews with VOATX's Quality Assurance Manager/PREA Coordinator she corroborated this policy statement as a practice of refraining from requiring a resident to use any informal grievance process in an attempt to resolve with a sexual abuse or sexual harassment allegation with staff member. The Intake staff stated during her interview that all residents during Intake are verbally informed of this procedure. A review of the grievance log revealed that there were zero allegations of sexual abuse and sexual harassment in the last 12 months. The facility is in compliance with this provision</p> <p data-bbox="242 1077 1485 1402">115.252 (d) VOATX's Quality Assurance Manager/PREA Coordinator indicated during her interview in accordance with the agency's Zero Tolerance policy that the agency does 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 shall not include time consumed by residents in preparing any administrative appeal. She also acknowledged that if they determined that the 90-day timeframe is insufficient that she would make an appropriate decision, claim an extension of time of not more than 70 days, and notify the resident in writing of any such extension and provide a date by which a decision will be made. She further stated that if the resident does not receive a response, they could consider the absence of a response to be a denial at that level and can then pursue outside ligation. During the interviews of the random residents, random staff, and a review of the grievance log of the past 12 months, this auditor found zero grievances for sexual abuse or sexual harassment. Procedure. The facility is in compliance with this provision</p> <p data-bbox="242 1435 1485 1525">115.252 (e) VOATX Zero Tolerance Policy states that VOATX Hutchins will accept verbal and written reports made anonymously or by third parties and promptly documents these verbal reports. VOATX publicly distributes information on the agency's website for third party reporting.</p> <p data-bbox="242 1559 1485 1850">According to VOATX Zero Tolerance Policy, 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. Third party form was provided to this auditor during the pre-audit phase and are available to the public on the agency's website as well. VOATX's Quality Assurance Manager/PREA Coordinator indicated during her interview that third parties are permitted to file such requests on behalf of residents, if a resident were to decline to have a third-party request processed on his behalf, that VOATX Hutchins would document the resident's decision. She further stated that VOATX accepts third party allegations and grievances from anyone, this includes appeals on behalf of the resident, and that no grievance would be conditioned upon the resident agreeing to have a request filed on his behalf. Procedure. The facility is in compliance with this provision</p> <p data-bbox="242 1883 1469 2074">115.252 (f) It was stated that VOATX Hutchins's facility director has an open-door policy and that a resident can file an emergency grievance alleging that they are subject to a substantial risk of imminent sexual abuse. The Resident PREA Handbook that was provided during the pre-audit phase has the grievance process outlined including the filing of an emergency grievance therein. During the interviews with the random staff, they all responded that if a resident submitted an emergency grievance or approached them indicating that they are at risk of imminent sexual abuse that they would take immediate action to keep the resident safe and immediately contact the facility director.</p> <p data-bbox="242 2107 1437 2141">VOATX's Quality Assurance Manager/PREA Coordinator indicated that after receiving an emergency grievance, that the</p>

facility director would provide an initial response to the resident within 48 hours, issue a final decision within 5 calendar days, document the facility's determination whether the resident is in substantial risk of imminent sexual abuse, take necessary and immediate action and document the facility's final decision in response to the emergency grievance. VOATX's Quality Assurance Manager/PREA Coordinator and the Facility Director both stated also during their interviews that there have not been any emergency grievances filed by a resident in the last 12 months alleging substantial risk of sexual abuse in this facility. The facility is in compliance with this provision

115.252 (g) VOATX Zero Tolerance policy states that the facility may discipline a resident for filing a grievance related to alleged sexual abuse if the resident filed the grievance in bad faith. VOATX's Quality Assurance Manager/PREA Coordinator and the Facility Director indicated during their interviews that no resident had been disciplined for filing any grievance of sexual abuse and sexual harassment in bad faith. A review of the grievances log for the past 12 months revealed that there were zero grievances filed alleging sexual abuse or sexual harassment. The facility is in compliance with this provision

This facility is in compliance with this standard.

Corrective Action required: None

115.253	Resident access to outside confidential support services
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 208 451 237">Auditor Discussion</p> <p data-bbox="242 271 1485 696">115.253 (a) VOATX's Quality Assurance Manager/PREA Coordinator stated during her interview that all residents will have access to outside victim advocate and emotional support services related to sexual abuse and harassment via mailing addresses and telephone numbers including toll-free hotline numbers. VOATX has displayed on the bulletin board in the common areas telephone numbers to local, State, national victim advocacy and rape crisis organizations. A copy of the flyer containing these numbers was provided to this auditor during the pre-audit phase. During the interview with the 20 random residents they confirmed that they had reasonable access to communicate with these organizations in a private and confidential manner. During the interview with the random staff, they confirmed that residents would be provided a private space to make a confidential phone call any of these agencies upon request. The Facility Director and VOATX's Quality Assurance Manager/PREA Coordinator corroborated this assertion. During the interview with the Intake staff, she indicated that residents are also provided with this information about the Dallas Area Rape Crisis Center that provides emotional support and crisis counseling to victims of sexual abuse in the Fort Worth area during orientation area. The Dallas Area Rape Crisis Center Hotline Victim Advocate representative reported that there were no calls on record from VOATX Hutchins in the past 12 months requesting their services. The facility is in compliance with this provision</p> <p data-bbox="242 730 1485 1122">115. 253 (b) The Staff who performs screening for risk assessments and the Intake staff indicated during their interviews that the residents are informed during intake the extent to which communications with these agencies will be monitored and the extent to which reports of sexual abuse being reported to them will be forwarded to the authorities in accordance to mandatory reporting laws. During the interviews with the random staff, they all reported that they are mandated to report of sexual abuse and sexual harassment by state law. The Staff who performs screenings for risk assessment, the intake staff and VOATX's Quality Assurance Manager/PREA Coordinator interviewed acknowledged that the residents are informed of the mandatory reporting rules governing privacy, confidentiality, and/or privileges that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant Federal, State, or local law. The Staff who performs screenings for risk assessment indicated that verbal notification would be provided to the resident before discussing sexual abuse and sexual harassment allegation with the residents. VOATX Hutchins random staff and management confirmed in during their respective interviews that the resident's phone calls are not monitored or recorded. The facility is in compliance with this provision</p> <p data-bbox="242 1155 1485 1379">115.253 (c) VOATX Quality Assurance Manager/PREA Coordinator did provide a copy of the memorandum from VOATX Hutchins' Facility Director indicating his attempt to enter into an official collaborative agreement with the Dallas Area Rape Crisis Center during the onsite audit phase to provide residents with confidential, emotional support, crisis counseling and victim services related to sexual abuse and sexual harassment. The Dallas Area Rape Crisis Center also provides emotional support services to members of the public, including residents of VOATX Hutchins free of charge which can also be provided in-person or by phone. VOATX Hutchins continues its attempts to solidify an official Letter of Collaboration or Memorandum of Understanding with the Dallas Area Rape Crisis Center. The facility is in compliance with this provision</p> <p data-bbox="242 1413 708 1442">This facility is in compliance with this standard.</p> <p data-bbox="242 1476 571 1505">Corrective Action required: None</p>

115.254	Third party reporting
	<p data-bbox="240 143 740 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 208 453 239">Auditor Discussion</p> <p data-bbox="240 271 1493 432">115.254 (a) VOATX's Quality Assurance Manager/PREA Coordinator described during her interview the procedure to receive and for making a 3rd party report of sexual abuse and harassment on behalf of a resident at VOATX Hutchins. VOATX's Zero Tolerance policy corroborates with the agency's procedure for receiving 3rd party reports of sexual abuse and sexual harassment, its distribution of this policy publicly and how someone report a sexual abuse or sexual harassment allegation on the behalf of an offender.</p> <p data-bbox="240 461 1493 591">This auditor did observe the form regarding 3rd party reporting on the agency website. VOATX's Quality Assurance Manager/PREA Coordinator did provide a copy of the 3rd party reporting form during the pre-audit phase and she reported that there have been no 3rd party grievances of sexual abuse and sexual harassment allegations filed on behalf of a resident in the last 12 months. The facility is in compliance with this provision</p> <p data-bbox="240 618 711 649">This facility is in compliance with this standard.</p> <p data-bbox="240 676 572 707">Corrective Action required: None</p>

115.261	Staff and agency reporting duties
	<p data-bbox="240 143 740 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 208 451 239">Auditor Discussion</p> <p data-bbox="240 271 1485 566">115.261 (a) VOATX Zero Tolerance Policy does state that all staff must immediately report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment, retaliation against residents or staff who reported an incident any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation whether or not it is part of the agency. During the interviews with the random staff, they all indicated that they had a duty to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment, retaliation against residents or staff who reported an incident any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation. VOATX's Quality Assurance Manager/PREA Coordinator and the Facility Director corroborated their interview responses during their interviews. The facility is in compliance with this provision</p> <p data-bbox="240 595 1485 790">115.261 (b) VOATX Zero Tolerance Policy states that staff are prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions. During the interviews with the random staff, they all indicated that they would not inform the other staff of an incident of sexual abuse or sexual harassment against a resident other than the extent necessary to make treatment, investigation and other security and management decisions. They would only report the incident immediately to the Monitor Supervisor and or to the Facility Director. The facility is in compliance with this provision</p> <p data-bbox="240 819 1485 1048">115.261 (c) VOATX does employ 1 part-time registered nurse but not any mental health practitioner specifically in this facility. This was confirmed during the interview with the Human Resource staff and corroborated by the Facility Director, VOATX's Quality Assurance Manager/PREA Coordinator, the interviewed counseling staff and the nurse. They all affirmed that the counseling staff and the nurse will inform the VOATX Hutchins residents that they have a duty to report sexual abuse and sexual harassment, that there are limitations of confidentiality and all this does occur at the initiation of services being provided. The nurse and counseling staff did affirm their PREA reporting responsibility. The facility is in compliance with this provision</p> <p data-bbox="240 1077 1485 1238">115.261 (d) VOATX's Quality Assurance Manager/PREA Coordinator and the Facility Director stated during their interviews that VOATX Hutchins have not had any alleged victim is under the age of 18 or residents considered to be vulnerable adults under a State or local vulnerable persons statute in the last 12 months. They also indicated that VOATX Hutchins will report any and all allegations to the designated State or local services agency under applicable mandatory reporting laws. The facility is in compliance with this provision</p> <p data-bbox="240 1267 1485 1462">115.261 (e) VOATX does not have facility any designated facility investigators who would conduct allegations of sexual abuse and sexual harassment, including those reported via a 3rd party reports or anonymously. All allegations of sexual abuse and sexual harassment are immediately reported to the Hutchins Police Department and the Bureau of Prisons (BOP) which are the designated investigative agencies. During the random staff interview the staff were able to identify that all allegations of sexual abuse and sexual harassment would be investigated by local law enforcement, or by the Hutchins Police Department and the Bureau of Prisons (BOP) as applicable. The facility is in compliance with this provision</p> <p data-bbox="240 1491 711 1523">This facility is in compliance with this standard.</p> <p data-bbox="240 1552 571 1583">Corrective Action required: None</p>

115.262	Agency protection duties
	<p data-bbox="240 143 740 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 208 453 239">Auditor Discussion</p> <p data-bbox="240 271 1490 533">115.262 (a) VOATX's Quality Assurance Manager/PREA Coordinator and the Facility Director stated during their interviews that upon receipt a resident is subject to a substantial risk if imminent sexual abuse, VOATX Hutchins staff shall take immediate action to protect the resident. During the interviews of the random staff and specialized staff they all described their responsibility and understanding that when they learn that a resident is subject to a substantial risk of imminent sexual abuse, that they must take immediate action to protect the resident. During the interviews with the random staff, they all indicated that they would take immediate action to protect the resident who may be subject to a risk of imminent sexual abuse. The facility did provide a memorandum from the facility director to corroborate his expectation from the staff regarding their response to a substantial risk of imminent sexual abuse.</p> <p data-bbox="240 562 1490 723">The actions to be undertaken includes keeping the resident safe, separating the alleged victim from the alleged perpetrator, housing reassignment for the female resident and transfer for the male resident to home confinement or another facility, providing one on one supervision, and removing the other person who is causing the imminent risk of sexual abuse or sexual harassment is their procedure according to the VOATX's Quality Assurance Manager/PREA Coordinator and the Facility Director. The facility is in compliance with this provision</p> <p data-bbox="240 752 748 784">This facility is not in compliance with this standard.</p> <p data-bbox="240 813 579 844">Corrective Action required: None:</p>

115.263	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 210 453 237">Auditor Discussion</p> <p data-bbox="242 273 1474 497">115.263 (a) VOATX's Quality Assurance Manager/PREA Coordinator and the Facility Director both stated during their interviews that VOATX Hutchins must immediately notify the agency head of the facility or appropriate office of the agency where the abuse occurred and that the head of the facility that receives the allegation would also notify the appropriate investigative agency. VOATX Hutchins's Facility Director stated during his interview that VOATX Hutchins has not received an allegation from a resident either during intake or while confined at another facility in the last 12 months. He further stated that if he would have received one that upon receiving an allegation would notify immediately the head of the facility or appropriate office of the agency where the alleged abuse occurred. The facility is in compliance with this provision</p> <p data-bbox="242 533 1493 689">115.263 (b) VOATX's Quality Assurance Manager/PREA Coordinator and the Facility Director stated during their interviews that they would make the notification to the head of the facility where the abuse allegedly occurred within 72- hours after receiving the allegation. The Intake staff stated during his interview that he had not received an allegation from a resident during intake alleging that they were sexually abused during intake or at another facility in the last 12 months. The facility is in compliance with this provision</p> <p data-bbox="242 725 1471 882">115.263 (c) VOATX's Quality Assurance Manager/PREA Coordinator and the Facility Director both stated during their interviews that they would document the notification of sexual abuse related to another facility and maintain a record of it. VOATX Hutchins Facility Director stated during his interview that he had not received an allegation from a resident during intake or a call from another institutional facility's head alleging that a resident was sexually abused at another facility in the last 12 months. The facility is in compliance with this provision</p> <p data-bbox="242 918 1490 1075">115.263 (d) VOATX Hutchins Facility Director indicated during his interview that although there has not been an allegation made in the last 12 months, that he would, during the notification process to the facility's head, ask the facility head to ensure that it be investigated according to this standard. And if the resident is in his facility that he would refer the allegation to the Hutchins Police Department and the Bureau of Prisons (BOP) for investigation, which are their investigative entities. The facility is in compliance with this provision</p> <p data-bbox="242 1111 708 1137">This facility is in compliance with this standard.</p> <p data-bbox="242 1173 571 1200">Corrective Action required: None</p>

115.264	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 208 451 237">Auditor Discussion</p> <p data-bbox="240 271 1485 465">115.264 (a) VOATX's Quality Assurance Manager/PREA Coordinator and the Facility Director both stated during their interviews that upon learning a resident was sexually abused, the first staff member to respond to the report is required to separate the alleged victim and abuser, preserve and protect any crime scene until appropriate steps can be taken to preserve any evidence and 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.</p> <p data-bbox="240 495 1485 757">During the interviews with the all of the 12 random staff, which are all first responders they indicated that they would separate the alleged victim and alleged abuser, preserve the evidence, protect the crime scene, and instruct the alleged victim and abuser not to take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating to allow for the collection of physical evidence. All of those random staff interviewed did state that they would instruct the victim and abuser not to take any action that would destroy usable evidence and that in accordance to their policy they would preserve and protect any usable evidence. A review of the Relias PREA Training curriculum as well as their e-training acknowledgment forms corroborates the staff's knowledge, interview responses and duty. The facility is in compliance with this provision</p> <p data-bbox="240 786 1485 913">115.264 (b) VOATX's Quality Assurance Manager/PREA Coordinator stated during her interview that all VOATX Hutchins staff, including non-security staff, are trained as first responders and have the responsibility to separate the alleged victim from imminent risk, request that the alleged victim not take any actions that could destroy physical evidence as stated above, and then report the incident per policy to the Facility Director. The facility is in compliance with this provision.</p> <p data-bbox="240 943 703 972">The facility is in compliance with this standard.</p> <p data-bbox="240 1001 571 1030">Corrective Action required: None</p>

115.265	Coordinated response
	Auditor Overall Determination: Meets Standard
	<p data-bbox="229 192 1509 255">Auditor Discussion</p> <p data-bbox="229 255 1509 658">115.265 (a) VOATX's Quality Assurance Manager/PREA Coordinator and the Facility Director both stated during their interviews that VOATX Hutchins will maintain a written plan to coordinate the actions taken among first responders, investigators, and the facility leadership in response to an incident of sexual abuse. VOATX's Quality Assurance Manager/PREA Coordinator did indicate on the PAQ that medical and mental health services would be provided by the Dallas Area Rape Crisis Center, the victim advocacy agency and by a Sexual Assault Nurse Examiner (SANE) at the Parkland Hospital emergency room unit since there are none on staff. VOATX's Quality Assurance Manager/PREA Coordinator did provide to this auditor with a copy of VOATX's Hutchins written coordination plan that has been implemented in this facility. During the interviews with the random and the first responder staff they all described the coordinated responsibilities in the event of a sexual abuse or sexual harassment allegation, I.e., contact the facility director, law enforcement, separate the sexual abuse victim and perpetrator, etc. in accordance to the established written plan. The facility is in compliance with this provision</p> <p data-bbox="229 658 1509 703">The facility is in compliance with this standard.</p> <p data-bbox="229 703 1509 763">Corrective Action required: None</p>

115.266	<p>Preservation of ability to protect residents from contact with abusers</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>115.266 (a) VOATX's Quality Assurance Manager/PREA Coordinator and the Facility Director both stated during their interviews that VOATX Hutchins have not entered into any agreement that limits its ability to remove alleged staff sexual abusers from contact with a resident pending the outcome of an investigation or determination of whether and to what extent discipline is warranted. The Facility Director did provide a letter corroborating his ability to remove an alleged staff sexual abuser from contact with a resident pending the outcome of the investigation. VOATX's Quality Assurance Manager/PREA Coordinator indicated during her interview that VOATX Hutchins does not employ unionized employees therefore they do not participate in collective bargaining and that the facility director can remove an alleged sexual abuser from having contact with residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. This statement was corroborated with a memorandum of the same from the Facility Director.</p> <p>Upon review of the employee and investigative files there were no allegations of any sexual abuse and sexual harassment nor investigations in the last 12 months. There was no indication of any discipline being warranted, or including removing an alleged sexual abuse staff member from contact with a resident. Furthermore, a review of the contractual Statement of Work (SOW) with the Bureau of Prisons (BOP) does not prevent VOATX Hutchins from removing an alleged staff sexual abuser from contact with a resident pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. The facility is in compliance with this provision.</p> <p>115.266 (b) The Quality Assurance/PREA Coordinator indicated during her interview that nothing in this standard shall prevent VOATX Hutchins from entering into or renewing their contractual agreement with the Bureau of Prisons (BOP). That the conduct of the disciplinary process initiated by VOATX Hutchins is not inconsistent with the contractual agreement or the provisions of 115.272 and 115.276 respectfully, including a no-contact assignment pending the outcome of an investigation. If the investigation is not substantiated, the facility director stated that the outcome of the investigation will either be expunged from or retained in the staff member's personnel file. The facility is in compliance with this provision.</p> <p>This facility is in compliance with this standard.</p> <p>Corrective Action required: None</p>
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115.267	Agency protection against retaliation
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 208 451 237">Auditor Discussion</p> <p data-bbox="242 271 1493 465">115.267(a) VOATX Zero Tolerance Policy does state that they will protect all residents and staff who report sexual abuse or sexual harassment or cooperate with a sexual abuse or sexual harassment investigation from retaliation by other residents or staff. VOATX's Quality Assurance Manager/PREA Coordinator stated during her interview that Monitor Supervisor and the Facility Director are the staff designated to monitor for retaliation against staff and or residents that report sexual abuse or harassment. During the interview with the Facility Director and a Monitor Supervisor, they corroborated this policy assertion. The facility is in compliance with this provision</p> <p data-bbox="242 495 1493 790">115.267(b) VOATX Zero Tolerance Policy states that states they will use multiple protection measures to protect the resident and staff from retaliation, such as housing (dorm) transfers, home confinement assignment, removal of the alleged abuser from contact with the alleged victim, and including the provision of emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. During the interview with the designated staff who monitors for retaliation, he indicated there have been no sexual abuse or sexual harassment allegations in the past 12 months but that they would protect the victim by reassigning the alleged abuser to another dorm, move a staff abuser or place the alleged staff member on administrative leave and would provide emotional support services to the alleged staff or resident abuser through the Dallas Area Rape Crisis Center. The facility is in compliance with this provision</p> <p data-bbox="242 819 1493 1216">115.267(c) VOATX Zero Tolerance Policy states that for at least 90 days (except when the allegation is unfounded), the designated staff members would monitor the reporter and the alleged victim promptly to remedy any such retaliation, monitor for signs of retaliation including items such as conduct and treatment of the resident or staff who reported the sexual abuse, to see if there are any changes to suggest possible retaliation by residents or staff in disciplinary reports, housing or program changes, staff reassignments, negative performance reviews and conducts periodic status checks on the alleged victim. During the interview with VOATX's Quality Assurance Manager/PREA Coordinator and the designated staff to monitor for retaliation, both indicated that they would also monitor in all of the areas as stated above to protect the staff or resident who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with an investigation. They further stated that for at least 90 days following a report of sexual abuse that they would monitor the resident program changes, the reassignment of staff and would continue the monitoring beyond 90 days if the initial monitoring indicates a continuing need. VOATX Hutchins did not report any monitoring of residents or staff for retaliation in the last 12 months. The facility is in compliance with this provision</p> <p data-bbox="242 1245 1493 1373">115.267(d) VOATX Zero Tolerance Policy states that they would conduct periodic status checks on the alleged victim. During the interview with VOATX's Quality Assurance Manager/PREA Coordinator and the designated staff to monitor for retaliation, both indicated they would conduct period status checks on the alleged victim weekly. VOATX Hutchins did not report any monitoring of residents or staff for retaliation in the last 12 months. The facility is in compliance with this provision</p> <p data-bbox="242 1402 1493 1597">115.267 (e) VOATX Zero Tolerance Policy states that if any other individual cooperates with an investigation expresses fear of retaliation, they would take appropriate measures to protect that individual against retaliation. During the interview with VOATX's Quality Assurance Manager/PREA Coordinator and the designated staff to monitor for retaliation, both indicated that if any other individual who cooperated with an investigation expresses fear of retaliation, that they would take appropriate measures to protect them also against retaliation. VOATX Hutchins did not report any monitoring of residents or staff for retaliation in the last 12 months. The facility is in compliance with this provision</p> <p data-bbox="242 1626 711 1655">This facility is in compliance with this standard.</p> <p data-bbox="242 1684 572 1713">Corrective Action required: None</p>

115.271	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 208 451 237">Auditor Discussion</p> <p data-bbox="242 271 1458 562">115.271 (a) VOATX's Quality Assurance Manager/PREA Coordinator and the Facility Director both stated during their interviews that states that VOATX Hutchins does not conduct its own criminal or administrative investigations. Criminal investigations are conducted by the Hutchins Police Department, and that administrative investigations are conducted by the Bureau of Prisons (BOP). VOATX's Quality Assurance Manager/PREA Coordinator did provide to this auditor during the pre-audit phase a copy of the contracts with the Bureau of Prisons (BOP) including a memorandum inclusive of their responsibilities for conducting sexual abuse and sexual harassment investigations promptly, and thoroughly. VOATX Hutchins does not conduct its own criminal or administrative investigations but investigations conducted by either the Hutchins Police Department or the Bureau of Prisons (BOP) will be conducted objectively, including that of 3rd party and anonymous reports. The facility is in compliance with this provision</p> <p data-bbox="242 595 1445 685">115.271 (b) VOATX's Quality Assurance Manager/PREA Coordinator and the Facility Director indicated during their interviews that the Bureau of Prisons (BOP) and the Hutchins Police Department personnel, to their understanding, have received training in conducting in conducting sexual abuse investigations. The facility is in compliance with this provision</p> <p data-bbox="242 719 1497 880">115.271 (c) VOATX's Quality Assurance Manager/PREA Coordinator and the Facility Director indicated during their interviews that they believe that that the Hutchins Police Department and the Bureau of Prisons (BOP) investigators would gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data, interview all alleged victims, suspected perpetrators and witnesses and would review all prior reports and complaints of sexual abuse involving the suspected perpetrator. The facility is in compliance with this provision</p> <p data-bbox="242 913 1485 1104">115.271 (d) VOATX's Quality Assurance Manager /PREA Coordinator and the Facility Director stated during their interviews that to their knowledge that the that the Hutchins Police Department and the Bureau of Prisons (BOP) investigators would conduct compelled interviews of only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution. Since VOATX Hutchins does not conduct any type of sexual abuse and sexual harassment investigation the conducting of compelled interviews is left up to the investigative entities. The facility is in compliance with this provision</p> <p data-bbox="242 1137 1481 1296">115.271 (e) VOATX's Quality Assurance Manager/ PREA Coordinator and the Facility Director indicated during their interviews that they believe that the that the Hutchins Police Department and the Bureau of Prisons (BOP) would assess the credibility of an alleged victim, suspect, witness on an individual basis and not on the basis of the individual's status as a resident or staff and that the resident would not be required to submit to a polygraph examination or other truth telling device as a condition for proceeding. The facility is in compliance with this provision</p> <p data-bbox="242 1330 1474 1520">115.271 (f) VOATX's Quality Assurance Manager/ PREA Coordinator and the Facility Director indicated during their interviews that they believe that the Bureau of Prisons (BOP) who conducts administrative investigations, to her knowledge, would include an effort to determine whether staff actions or failures to act contributed to the abuse. All administrative investigations would be documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind the credibility assessment and the investigative facts and findings. The facility is in compliance with this provision</p> <p data-bbox="242 1554 1493 1744">115.271 (g) Since VOATX Hutchins does not conduct any type of sexual abuse and sexual harassment investigations and that in the last 12 months there were no criminal investigations conducted by the Hutchins Police Department, the VOATX's Quality Assurance Manager/PREA Coordinator and the Facility Director stated during their interviews that they believe that all criminal investigations would be documented in written reports that include a thorough description of the physical evidence, testimonial and documentary evidence and attached copies of all documentary evidence where feasible. The facility is in compliance with this provision</p> <p data-bbox="242 1778 1471 1868">115.271 (h) VOATX's Quality Assurance Manager/PREA Coordinator and the Facility Director stated during their interviews that they believe that the Hutchins Police Department, who would conduct all criminal sexual abuse investigations, would refer them for prosecution if there appear that a criminal element is present. The facility is in compliance with this provision</p> <p data-bbox="242 1901 1481 2060">115.271 (i) VOATX's Quality Assurance Manager/PREA Coordinator and the Facility Director both stated during their interviews that VOATX Hutchins will maintain all written criminal and administrative reports for as long as the alleged abuser is in their program or employed by them, plus 5 years. VOATX's Quality Assurance Manager/PREA Coordinator stated during her interview VOATX Hutchins will maintain all written criminal and administrative reports in accordance to this provision of plus 5 years. The facility is in compliance with this provision</p> <p data-bbox="242 2094 1426 2150">115.271 (j) VOATX's Quality Assurance Manager/PREA Coordinator and the Facility Director both stated during their interviews that VOATX Hutchins would encourage the Hutchins Police Department and the Bureau of Prisons (BOP) in</p>

accordance with this provision, not to terminate an investigation solely on the basis that the alleged abuser or victim is no longer in their program or employed. This auditor found no evidence of the Hutchins Police Department or the Bureau of Prisons (BOP) doing such since there have been no administrative or criminal investigation in the last 12 months during the staff and resident file review while onsite. The facility is in compliance with this provision

115.271 (l) VOATX's Quality Assurance Manager/PREA Coordinator and the Facility Director both stated during their interviews that VOATX Hutchins would cooperate with the Hutchins Police Department and the Bureau of Prisons (BOP) investigators and will endeavor to remain informed about the progress of the investigation. VOATX's Quality Assurance Manager/PREA Coordinator and Facility Director both indicated during their interviews that they would fully cooperate with these outside investigative entities regarding any investigation being conducted by them for sexual abuse and sexual harassment along with remaining involved until the investigation was completed. The facility is in compliance with this provision

This facility is in compliance with this standard.

Corrective Action required: None

115.272	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	<p data-bbox="229 192 1509 255">Auditor Discussion</p> <p data-bbox="229 255 1509 591">115.272 (a) VOATX's Quality Assurance Manager/PREA Coordinator and the Facility Director both stated during their interviews that in all administrative investigations into allegation of sexual abuse or sexual harassment, if and when they occur at VOATX Hutchins, the investigator's findings must be based on a preponderance of evidence. VOATX's Quality Assurance Manager/PREA Coordinator did indicate during her interview that all administrative sexual abuse and sexual harassment investigations conducted by the Bureau of Prisons (BOP) would base their findings on the standard higher no higher than the preponderance of evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated, VOATX's Quality Assurance Manager/PREA Coordinator did provide this auditor a memorandum corroborating this evidentiary standard. The facility reported zero administrative investigations for sexual abuse and sexual harassment in the last 12 months. The facility is in compliance with this provision</p> <p data-bbox="229 591 1509 640">This facility is in compliance with this standard.</p> <p data-bbox="229 640 1509 752">Corrective Action required: None</p>

115.273	Reporting to residents
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>115.273 (a) VOATX Zero Tolerance Policy states that that following a resident's allegation that a staff member committed sexual abuse against the resident, VOATX Hutchins will inform the resident whenever the following events occur, except when the allegation is determined to be unfounded, or unless the resident has been released from the program, that they will inform the resident whenever:</p> <ul style="list-style-type: none"> · The staff member is no longer posted within the residents housing unit · The staff member is no longer employed at the facility · VOATX Hutchins learns that the staff member has been indicted on a charge related to sexual abuse · Or VOATX Hutchins learns that the staff member has been convicted on a charge related to the sexual abuse <p>VOATX's Quality Assurance Manager/PREA Coordinator stated during her interview that there have been no staff on resident sexual abuse allegations in the last 12 months and provided to this auditor a memorandum to corroborate this assertion. The facility is in compliance with this provision</p> <p>115.273 (b) VOATX Zero Tolerance Policy states that following a resident's allegation that a staff member will request the information from the investigating agency so the resident may be informed. VOATX's Quality Assurance Manager/PREA Coordinator stated during her interview that they would always request information from the Hutchins Police Department and the Bureau of Prisons (BOP) to inform the resident of the investigation's outcome. there were no notifications provided due to no alleged allegation for sexual abuse and sexual harassment in the last 12 months. The facility is in compliance with this provision</p> <p>115.273 (c) VOATX Zero Tolerance Policy states that that following a resident's allegation that a staff member committed sexual abuse against the resident, VOATX Hutchins will inform the resident whenever the following events occur, except when the allegation is determined to be unfounded, or unless the resident has been released from the program, that they will inform the resident whenever:</p> <ul style="list-style-type: none"> · The staff member is no longer posted within the residents housing unit · The staff member is no longer employed at the facility · VOATX Hutchins learns that the staff member has been indicted on a charge related to sexual abuse · Or VOATX learns that the staff member has been convicted on a charge related to the sexual abuse <p>VOATX's Quality Assurance Manager/PREA Coordinator stated during her interview that there have been no staff on resident sexual abuse allegations in the last 12 months and provided to this auditor a memorandum to corroborate this assertion. The facility is in compliance with this provision</p> <p>115.273 (d) VOATX Zero Tolerance Policy states that following a resident's allegation that he has been sexually abused by another resident, VOATX Hutchins informs the alleged victim whenever the following events occur:</p> <ul style="list-style-type: none"> • VOATX learns that the alleged abuser has been indicted on a charge related to the sexual abuse; or • VOATX learns that the alleged abuser has been convicted on a charge related to the sexual abuse. <p>VOATX's Quality Assurance Manager/PREA Coordinator stated during her interview that there have been no resident-on-resident sexual abuse allegations in the last 12 months that resulted in a resident abuser being indicted or convicted on a charge of sexual abuse. The file review of the residents file corroborated this assertion of zero sexual abuse and sexual harassment allegations in the last 12 months. The facility is in compliance with this provision</p> <p>115.273 (e) VOATX's Quality Assurance Manager/PREA Coordinator and Facility Director stated during their interview that they would document and or attempt all notifications to residents regarding the outcome of an administrative or criminal sexual abuse investigation when applicable. There have been no notifications to a resident in the last 12 months. The facility is in compliance with this provision</p> <p>This facility is in compliance with this standard.</p> <p>Corrective Action required: None</p>

115.276	Disciplinary sanctions for staff
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 208 451 237">Auditor Discussion</p> <p data-bbox="242 271 1485 465">115.276 (a) VOATX Zero Tolerance Policy states that staff members are subject to disciplinary sanctions up to and including termination of employment for violating VOATX Hutchins sexual abuse or sexual harassment policies. VOATX's Quality Assurance Manager/PREA Coordinator and Facility Director stated during their interview that there have been no staff disciplinary actions taken against staff in the last 12 months for violating the Zero Tolerance policy. A review of the employee files revealed that no staff in the last 12 months had any disciplinary action taken against them for violating the Zero Tolerance policy. The facility is in compliance with this provision</p> <p data-bbox="242 499 1493 692">115.276 (b) VOATX Zero Tolerance Policy states that termination of employment is the presumptive disciplinary sanction for staff members who have engaged in sexual abuse. VOATX's Quality Assurance Manager/PREA Coordinator and the Facility Director stated during their interviews that there have been no staff disciplinary actions taken against staff in the last 12 months for violating the Zero Tolerance policy and that termination will be the presumptive disciplinary sanction for violating such. A review of the employee files revealed that no staff in the last 12 months had any disciplinary action taken against them for violating the Zero Tolerance policy. The facility is in compliance with this provision</p> <p data-bbox="242 725 1490 981">115.276 (c) VOATX Zero Tolerance Policy states that disciplinary sanctions for violations of VOATX's policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) will be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. VOATX's Quality Assurance Manager/PREA Coordinator and the Facility Director stated during their interviews that there have been no staff disciplinary actions taken against staff in the last 12 months for violating the Zero Tolerance policy. A review of the employee files revealed that no staff in the last 12 months had any disciplinary action taken against them for violating the Zero Tolerance policy. The facility is in compliance with this provision</p> <p data-bbox="242 1014 1493 1106">115.276 (d) VOATX Zero Tolerance Policy states that all terminations for violations of the agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignations, shall be reported to the local law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.</p> <p data-bbox="242 1140 1485 1265">VOATX's Quality Assurance Manager/PREA Coordinator and the Facility Director stated during their interviews that there have been no staff disciplinary actions taken against staff or any reports to a relevant licensing body in the last 12 months for violating the Zero Tolerance policy. A review of the employee files revealed that no staff in the last 12 months had any disciplinary action taken against them for violating the Zero Tolerance policy. The facility is in compliance with this provision</p> <p data-bbox="242 1330 708 1359">This facility is in compliance with this standard.</p> <p data-bbox="242 1393 571 1422">Corrective Action required: None</p>

115.277	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 210 453 237">Auditor Discussion</p> <p data-bbox="242 271 1110 297">115.277 (a) If a contractor or volunteer engages in sexual abuse, VOATX Hutchins will:</p> <ul data-bbox="242 327 1249 414" style="list-style-type: none"> <li data-bbox="242 327 1201 353">· Prohibit the contractor or volunteer from having any contact with VOATX Hutchins resident; <li data-bbox="242 383 1249 409">· And report the finding of abuse to law enforcement agency and to any relevant licensing bodies. <p data-bbox="242 443 1481 669">VOATX's Quality Assurance Manager/PREA Coordinator, Facility Director and the Human Resource staff all stated during their interviews that there the VOATX Hutchins facility does not have any volunteers or contractors providing services in this facility. There has not been a contracting staff who had violated the Zero Tolerance policy of sexual abuse requiring a report to law enforcement or a relevant licensing body in the last 12 months. A review of the contracting employee's file revealed that there has been disciplinary action taken, since there have been no volunteers or contractors since the Covid-19 pandemic, for a violation for sexual abuse against a resident in this facility in the last 12 months. The facility is in compliance with this provision</p> <p data-bbox="242 698 1485 896">115.277 (b) VOATX's Quality Assurance Manager/PREA Coordinator, Facility Director and the Human Resource staff stated during their interviews that there have been no violation of the agency's sexual abuse or sexual harassment policy by a contractor employed in this facility. Furthermore, if there were such a violation that appropriate remedial measures would be consider, if a violation had occurred, whether to prohibit further contact with residents in the VOATX Hutchins facility. PREA responsibilities for volunteers and contractors are outlined in the Zero Tolerance, the Volunteer Services policies and in the PREA Handbook that was provided to this auditor during the pre-audit phase. The facility is in compliance with this provision</p> <p data-bbox="242 925 711 952">This facility is in compliance with this standard.</p> <p data-bbox="242 981 572 1008">Corrective Action required: None</p>

115.278	Disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

115.278 (a) VOATX's Quality Assurance Manager/PREA Coordinator and the Facility Director both stated during their interviews that a resident may be subject to disciplinary sanctions for engaging in sexual abuse only when:

- There is a criminal finding of guilt or an administrative finding that the resident engaged in resident-on-resident sexual abuse; and
- The discipline is determined through a due process hearing.

VOATX's Quality Assurance Manager/PREA Coordinator and the Facility Director stated during their interviews that there no resident has received any disciplinary sanctions against them in the last 12 months for engaging in a resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse. They further stated that residents are subject to disciplinary sanction pursuant to a formal disciplinary process. A review of the resident files revealed that no resident in the last 12 months had any disciplinary sanctions against them for engaging in a resident-on-resident sexual abuse or findings of guilt. The facility is in compliance with this provision

115.278 (b) VOATX Zero Tolerance Policy states that any disciplinary sanctions are 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. VOATX's Quality Assurance Manager/PREA Coordinator and Facility Director both stated during their interviews that there have been no disciplinary sanctions taken against a resident in the last 12 months for engaging in a resident-on-resident sexual abuse or finding of guilt. disciplinary sanctions are 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. The facility is in compliance with this provision

115.278 (c) VOATX Zero Tolerance Policy states that when determining what types of sanctions, if any, should be imposed, that VOATX Hutchins would consider whether a resident's mental disabilities or mental illness contributed to his behavior. VOATX's Quality Assurance Manager/PREA Coordinator and the Facility Director both stated during their interviews that there have been no disciplinary sanctions taken against a resident in the last 12 months for engaging in sexual abuse and that they would consider whether a resident's mental disabilities or mental illness contributed to his or her behavior when imposing disciplinary sanctions. The facility is in compliance with this provision

115.278 (d) VOATX Zero Tolerance Policy states the facility does offer resident abusers counseling and other interventions designed to address and correct underlying reasons or motivations for the abuse through Dallas Area Rape Crisis Center. During the interview with VOATX's Quality Assurance Manager/PREA Coordinator and the Facility Director that stated that they would refer the resident victim for therapy, counseling, or other intervention services and that such participation in these interventions would not be a condition of access to general programming and other benefits. A review of the resident files revealed that no resident had been offered therapy, counseling or intervention services in the last 12 months. The facility is in compliance with this provision

115.278 (e) VOATX Zero Tolerance Policy states a resident may be disciplined for sexual contact with staff only upon a finding that the staff member did not consent to such contact. During the interview with VOATX's Quality Assurance Manager/PREA Coordinator and Facility Director they stated in their interviews that no resident had been disciplined in the last 12 months for sexual contact with a staff member only upon a finding that the staff member did not consent to such contact. A review of the resident and staff files revealed that no resident had been disciplined in the last 12 months for sexual contact with a staff member that did not consent to such contact. The facility is in compliance with this provision

115.278 (f) VOATX Zero Tolerance Policy states that VOATX Hutchins may not discipline a resident if the resident made a report of sexual abuse in good faith based upon a reasonable belief that the alleged conduct occurred not constitute falsely reporting an incident of lying, even if an investigation does not establish evidence sufficient to substantiate the allegation. A review of the resident file revealed that no resident had been disciplined in the last 12 months for making a report of sexual abuse in good faith based upon a reasonable belief that the alleged conduct occurred. VOATX's Quality Assurance Manager/PREA Coordinator and Facility Director corroborated this assertion during their interviews. The facility is in compliance with this provision

115.278 (g) VOATX Zero Tolerance Policy states that VOATX Hutchins always refrain from considering non-coercive sexual activity between residents to be sexual abuse. During the interview with VOATX's Quality Assurance Manager/PREA Coordinator and the Facility Director they stated in their interview that no resident had engaged in non-coercive sexual activity with another resident in the last 12 months. A review of the resident file revealed that there had not been a sexual abuse allegation made in the last 12 months. The facility is in compliance with this provision

This facility is in compliance with this standard.

Corrective Action required: None

115.282	Access to emergency medical and mental health services
	<p data-bbox="240 143 740 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 208 453 239">Auditor Discussion</p> <p data-bbox="240 271 1490 629">115.282 (a) The Quality Assurance Manager/PREA Coordinator and the Facility Director both stated during their interviews that resident victims of sexual abuse will 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 judgement. The Quality Assurance Manager/PREA Coordinator and Facility Director stated during their interviews that a resident victim will receive and be provided 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 judgement. The Parkland Hospital is where the emergency medical service would be provided and the Dallas Area Rape Crisis Center is when the mental health services would be provided. VOATX Hutchins does have a Memorandum of Understanding with the Parkland Hospital and documented attempts have been made to obtain a Letter of Collaboration with the Dallas Area Rape Crisis Center that outlines their commitment in the provision of these services. The facility is in compliance with this provision</p> <p data-bbox="240 660 1490 1088">115.282 (b) VOATX's Quality Assurance Manager/PREA Coordinator and the Facility Director both stated during their interviews that if no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, staff first responders will take preliminary steps to protect the victim and must immediately notify the appropriate medical and mental health practitioner. VOATX's Quality Assurance Manager/PREA Coordinator and Facility Director stated during their interviews that all staff have been trained as first responders who will immediately take steps to protect the victim, will contact the Facility Director, VOATX's Quality Assurance Manager/PREA Coordinator and the Fort Worth Police, who would take the victim to the Dallas Area Rape Crisis Center for mental health care and to the Parkland Hospital for medical care. During the interviews with the random staff and first responders, they all indicated that when they become aware that of a sexual abuse allegation whereas a victim need emergency medical and mental health care, they would separate the victim from the perpetrator, contact the Facility Director, call the 1-800 hotline number, call law enforcement and keep the resident near them until the Facility Director and law enforcement arrives to proceed forward to ensure that the appropriate services are provided. There have been zero allegation of sexual abuse whereas emergency medical and mental health care was needed or provided in the last 12 months. The facility is in compliance with this provision</p> <p data-bbox="240 1120 1490 1346">115.282 (c) VOATX's Quality Assurance Manager/PREA Coordinator and the Facility Director both stated during their interviews that residents are provided timely information about and timely access to emergency contraception and sexually transmitted infection prophylaxis in accordance with professionally accepted standards of care, where medically appropriate. During the interview with the Facility Director, he stated that the Parkland Hospital would provide timely information about and timely access to emergency contraception and sexually transmitted infection prophylaxis to the resident victim. The Memorandum of Agreement from Parkland hospital was provided to this auditor that outlines their commitment in the provision of these services. The facility is in compliance with this provision</p> <p data-bbox="240 1377 1490 1603">115.282 (d) VOATX's Zero Tolerance Policy states that VOATX provides treatment services to the victim without cost and regardless of whether the victim names the abuser or cooperates with any investigation arising from the incident. The Dallas Area Rape Crisis Center Hotline Victim Advocate and the SANE Nurse at Parkland Hospital also indicated during their interviews that forensic medical services are provided at no cost to a resident victim. A review of the Memorandum of Agreement with Parkland Hospital for the provision of services supports the SANE nurse's assertion. VOATX's Quality Assurance Manager/PREA Coordinator and the Facility Director both stated during their interviews that the above services are provided at no cost to a resident victim. The facility is in compliance with this provision</p> <p data-bbox="240 1635 711 1666">This facility is in compliance with this standard.</p> <p data-bbox="240 1697 572 1729">Corrective Action required: None</p>

115.283 Ongoing medical and mental health care for sexual abuse victims and abusers

Auditor Overall Determination: Meets Standard

Auditor Discussion

115.283 (a) VOATX's Quality Assurance Manager/PREA Coordinator and the Facility Director both stated during their interviews that Parkland hospital and the Dallas Area Rape Crisis Center offers medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility through coordinated services through Parkland Hospital. VOATX's Quality Assurance Manager/PREA Coordinator and the Facility Director indicated during their interviews that medical and mental health evaluations and treatment will be provided to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. There have been no sexual abuse incidents requiring ongoing medical and mental health care in this facility in the last 12 months. The facility is in compliance with this provision

115.283 (b) VOATX's Quality Assurance Manager/PREA Coordinator and the Facility Director both stated during their interviews that 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. A review of the resident files indicated that no resident needed follow up services due to a sexual abuse following their transfer to or placement in other facilities or their release from custody. The facility is in compliance with this provision

115.283 (c) VOATX's Quality Assurance Manager/PREA Coordinator and the Facility Director both indicated during their interviews that the Dallas Area Rape Crisis Center and the Parkland Hospital does and will provide victims with medical and mental health services consistent with the community level of care. The facility is in compliance with this provision

115.283 (d) VOATX is a coed facility. VOATX's Quality Assurance Manager/PREA Coordinator and Facility Director both indicated during their interviews that female resident victim who may have been sexually abusive vaginal penetration while incarcerated would be offered pregnancy test a pregnancy test. The Dallas Area Rape Crisis Center Hotline Advocate confirmed that they would be offered pregnancy test, providing with timely and comprehensive information about and to all lawful pregnancy related medical services, and tested for sexually transmitted infections to all sexual abuse victim resident as part of their protocol. These services would occur at Parkland Hospital. The facility is in compliance with this provision

115.283 (e) VOATX's Quality Assurance Manager/PREA Coordinator and Facility Director indicated during their interviews that if a female resident in this facility became pregnant that they would receive timely and comprehensive information about and timely access to all lawful pregnancy related medical services following any sexually abusive vaginal penetration. The Hotline Advocate at the Dallas Area Rape Crisis Center confirmed that through the coordinated services with Parkland Hospital that they would offering pregnancy test (if applicable), providing timely and comprehensive information about and to all lawful pregnancy related medical services, and testing for sexually transmitted infections to a sexual abuse victim resident as part of their protocol. A review of the resident files revealed that no resident had been referred to Parkland Hospital for tests for sexually transmitted infections as a sexual abuse victim in the last 12 months. The facility is in compliance with this provision

115.283 (f) VOATX Zero Tolerance Policy states that VOATX Hutchins will ensure that tests for sexually transmitted infections are offered, as medically appropriate, to resident victims of sexual abuse while in their facility. The Dallas Area Rape Crisis Center Hotline Advocate confirmed that they would ensure that tests for sexually transmitted infections are offered, as medically appropriate, to resident victims of sexual abuse. A review of the resident files revealed that no resident had been referred to Parkland Hospital for tests for sexually transmitted infections as a sexual abuse victim in the last 12 months. The facility is in compliance with this provision

115.283 (g) VOATX Zero Tolerance Policy states that VOATX Hutchins will ensure treatment services to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising from the incident. VOATX's Quality Assurance Manager/PREA Coordinator and Facility Director indicated during their interviews that all services received by a resident referred to Parkland Hospitals by the Dallas Area Rape Crisis Center would be at no cost to the resident. A review of the resident files revealed that no resident had been referred by the Dallas Area Rape Crisis Center to Parkland Hospital for any of their services in the last 12 months. There were no residents in the population to interview who had been referred by the Dallas Area Rape Crisis Center to Parkland Hospital in the last 12 months. The facility is in compliance with this provision

115.283 (h) VOATX Zero Tolerance Policy states that VOATX Hutchins will attempt to have conducted 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. VOATX's Quality Assurance Manager/PREA Coordinator and the Facility Director indicated during their interviews that once they learn or become aware of a known resident-on-resident abuser's abuse history, that within 60 days they would refer the resident to mental health practitioners for treatment as they deemed appropriate. The Dallas Area Rape Crisis Center is where these mental health service would occur and referrals

would be made. There were no residents in the population to interview who had been referred to the Dallas Area Rape Crisis Center in the last 12 months for ongoing medical and mental health care for sexual abuse victims and abusers. The facility is in compliance with this provision

This facility is in compliance with this standard.

Corrective Action required: None

115.286

Sexual abuse incident reviews

Auditor Overall Determination: Meets Standard

Auditor Discussion

115.286 (a) VOATX's Zero Tolerance Policy states that VOATX Hutchins will 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. VOATX's Quality Assurance Manager/PREA Coordinator stated during her interview that a sexual abuse incident review would be conducted at the conclusion of every sexual abuse investigation, including for allegations that are Unsubstantiated, unless the allegation has been determined to be Unfounded. VOATX reported on the PAQ zero allegations for sexual abuse and sexual harassment in the last 12 months so no sexual abuse reviews were held. VOATX Hutchins Facility Director did provide a memorandum indicating that no sexual abuse incident review occurred in the last 12 months due to having no sexual abuse investigative findings being Unsubstantiated or Substantiated. A review of the resident, employee and investigative records revealed that there were zero Unsubstantiated or Substantiated allegation of sexual abuse that occurred in the last 12 months. This assertion was corroborated during the interview with one of the sexual abuse incident members. The facility is in compliance with this provision

115.286 (b) VOATX Zero Tolerance Policy states that VOATX will conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, within 30 days, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded. VOATX's Quality Assurance Manager/PREA Coordinator and the Facility Director indicated during their interviews that there were zero sexual abuse incident reviews held in the last 12 months due to there being zero sexual abuse investigative findings of Unsubstantiated or Substantiated. A review of the resident, employee and investigative records revealed that there were zero Unsubstantiated or Substantiated allegation of sexual abuse that occurred in the last 12 months. This assertion was corroborated during the interview with one of the sexual abuse incident members. The facility is in compliance with this provision

115.286 (c) The VOATX incident review team includes the Facility Director, VOATX's Quality Assurance Manager/PREA Coordinator (both upper-level management officials), with input from the external investigators, and medical or mental health practitioners. The VOATX team consists of the following individuals:

- a. VOATX's Quality Assurance Manager/PREA Coordinator
- b. Facility Director
- c. Case Manager Supervisor
- d. Residential Monitor Supervisor
- e. Facility Service Manager
- f. Representative from the Bureau of Prisons Investigations staff

During the interviews with VOATX's Quality Assurance Manager/PREA Coordinator she stated that the members of the Incident Review Team have been identified in this facility and that there has not been a sexual abuse or sexual harassment incident in the last 12 months. She further stated that if there is in the future a sexual abuse or sexual harassment incident that a meeting would convene within 30 days of an investigative finding, that input would be provided by them regarding how to prevent further incidents of sexual abuse and sexual harassment from occurring. A review of the resident, employee and investigative records revealed that there were zero Unsubstantiated or Substantiated allegation of sexual abuse that have occurred in the last 12 months. The facility is in compliance with this provision.

115.286 (d) VOATX Zero Tolerance Policy states that VOATX Hutchins would:

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; gang affiliation; or 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 pursuant to §§ 115.386(d)(1) - (d)(5), and any

recommendations for improvement and submit such report to the facility head and to the Quality Assurance Manager/PREA Coordinator

Hutchins Facility Director did provide a memorandum indicating that in the last 12 months there were no sexual abuse incident review convened because there were zero sexual abuse incident and zero investigative findings being Unsubstantiated or Substantiated. The facility is in compliance with this provision

115.286 (e) VOATX Quality Assurance Manager/PREA Coordinator would submit a report of the findings to the Facility Director and other appropriate staff to implement the recommendations for improvement, or document its reasons for not doing so. VOATX's Quality Assurance Manager/PREA Coordinator did provide memorandum indicating that for the last 12 months there were zero sexual abuse incident review convened because there were zero sexual abuse incident and zero investigative findings being Unsubstantiated or Substantiated. The facility is in compliance with this provision.

This facility is in compliance with this standard.

Corrective Action required: None

115.287	Data collection
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 208 451 237">Auditor Discussion</p> <p data-bbox="242 271 1485 499">115.287 (a) VOATX's Quality Assurance Manager/PREA Coordinator and the Facility Director both stated during their interviews that VOATX Hutchins will collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. The Agency Head and VOATX's Quality Assurance Manager/PREA Coordinator indicated during their interviews that they do collect accurate data on every allegation from facilities under their control using a standardized instrument and set of definitions. VOATX Hutchins currently reported on the PAQ as having zero sexual abuse and sexual harassment allegations in the last 12 months. The facility is in compliance with this provision</p> <p data-bbox="242 528 1469 656">115.287 (b) VOATX's Quality Assurance Manager/PREA Coordinator stated during her interview that VOATX she does aggregate the incident-based sexual abuse data at least annually. She also provided to this auditor the 2021 and 2022 annual PREA reports to demonstrate this provision requirement. VOATX Hutchins currently reported on the PAQ as having zero sexual abuse and sexual harassment allegations in the last 12 months The facility is in compliance with this provision</p> <p data-bbox="242 685 1469 947">115.287 (c) VOATX's Quality Assurance Manager/PREA Coordinator did provide the PREA Annual Reports for 2021 and 2022 that have been approved by the agency head and are made readily available on the agency's website @ www.voatx.org. VOATX Hutchins currently reported on the PAQ as having zero sexual abuse and sexual harassment allegations in the last 12 months. The 2021 and 2022 annual PREA reports were provided to this auditor during the onsite phase for his review. VOATX Quality Assurance Manager/PREA Coordinator indicated during her interview that they do not participate in the Survey of Sexual Violence conducted by the Department of Justice (DOJ) but if they did, their incident-based data would include the data necessary to answer the questions on the said survey. The facility is in compliance with this provision</p> <p data-bbox="242 976 1485 1104">115.287 (d) VOATX's Quality Assurance Manager/PREA Coordinator indicated during her interview that they would maintain, review and collect data as needed from all available incident-based documents including reports, investigations files, and sexual abuse incident reviews. VOATX Hutchins reported no sexual abuse or sexual harassment incidents in the last 12 months. The facility is in compliance with this provision.</p> <p data-bbox="242 1133 1437 1229">115.287 (e) VOATX's Quality Assurance Manager/PREA Coordinator indicated during her interview that she obtains all incident-based and aggregated data from all of VOATX's facilities. VOATX does not contract with private facilities for the confinement of their residents. The facility is in compliance with this provision.</p> <p data-bbox="242 1258 1485 1386">115.287 (f) VOATX's Quality Assurance Manager/PREA Coordinator stated during her interview that VOATX Hutchins will provide, upon request, all such data from the previous calendar year to the Department of Justice no later than June 30. She further stated that DOJ has not requested any agency data from Volunteers of America Texas. or VOATX in the last 3 years as well as in the 12 months. The facility is in compliance with this provision</p> <p data-bbox="242 1415 707 1444">This facility is in compliance with this standard.</p> <p data-bbox="242 1473 571 1503">Corrective Action required: None</p>

115.288	<p>Data review for corrective action</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>115.288 (a) VOATX's Quality Assurance Manager/PREA Coordinator stated during her interview that she has and would review any and all data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by:</p> <ul style="list-style-type: none"> · Identifying problem areas · Taking corrective action on an ongoing basis. <p>She stated that she did prepare annual aggregated reports for 2021 and 2022 of her findings and applicable corrective action to be taken, comparing current and prior year data and corrective action. The facility is in compliance with this provision</p> <p>115.288 (b) VOATX's Quality Assurance Manager/PREA Coordinator stated during her interview that she did complete an annual report for 2021 and 2022. Though she indicated that she does compare the current year's data and corrective actions, which were none, with those from prior years to provide an assessment of the agency's progress in addressing sexual abuse. She did provide evidence of the same though there have been zero sexual abuse incidents report in VOATX Hutchins in the last 12 months. The facility is in compliance with this provision</p> <p>115.288 (c) VOATX's Quality Assurance Manager/PREA Coordinator stated during her interview that she did complete an annual report for 2021 and 2022, and that the annual reports have been approved by the agency head and has been made readily available to the public though the agency's website. A review of the agency's website by this auditor revealed that the 2021 and 2022 annual reports have been posted on the agency's website. The facility is in compliance with this provision</p> <p>115.288 (d) VOATX's Quality Assurance Manager/PREA Coordinator stated that during her interview that she did complete annual reports for 2021 and 2022, they are posted on the agency's website and the nature of the material to be redacted from the reports had occurred before publication, that would present a clear and specific threat to the safety and security of a facility. A review of the agency's website revealed that all of the mentioned annual reports have been posted personal identifier have been redacted from the reports. The facility is in compliance with this provision</p> <p>This facility is in compliance with this standard.</p> <p>Corrective Action required: None</p>
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115.289	<p>Data storage, publication, and destruction</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>115.289 (a) VOATX's Quality Assurance Manager/PREA Coordinator and the Facility Director both stated during their interviews that VOATX Hutchins will collect and retain sexual abuse and sexual harassment data in a secure manner. VOATX's Quality Assurance Manager/PREA Coordinator indicated during her interview that all sexual abuse and sexual harassment data collected will be securely retained pursuant to 115.387. She further stated that this information is securely retained in the VOATX's Quality Assurance Manager/PREA Coordinator's corporate office under password protection and lock and key. The facility is in compliance with this provision</p> <p>115.289 (b) VOATX's Quality Assurance Manager/PREA Coordinator indicated during her interview that all aggregated sexual abuse data, from facilities under its direct control, though they do not contract for confinement of their residents to another private facility, was made readily available to the public annually for years 2021 and 2022 through the agency's website. The 2021 and 2022 annual reports were completed, approved by the Agency Head and are posted on the agency's webpage. The facility is in compliance with this provision</p> <p>115.289 (c) VOATX's Quality Assurance Manager/PREA Coordinator stated during her interview that she did complete annual reports for 2021 and 2022 and that she removed all personal identifiers before making the aggregated sexual abuse data available to the public through the agency's website. The 2021 and 2022 published annual PREA reports does have all personal identifiers removed. The facility is in compliance with this provision</p> <p>115.289 (d) VOATX's Quality Assurance Manager/PREA Coordinator and the Facility Director both stated during their interviews that VOATX Hutchins would maintain all sexual abuse data collect pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise. The Quality Assurance Manager/PREA Coordinator stated during her interview the Volunteers of America Texas (VOATX), the parent company, would maintain all sexual abuse data collect pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise. The facility is in compliance with this provision.</p> <p>This facility is in compliance with this standard.</p> <p>Corrective Action required: None</p>
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115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	<p data-bbox="244 208 451 235">Auditor Discussion</p> <p data-bbox="244 271 1490 360">115.401(a) VOATX’s Quality Assurance Manager/PREA Coordinator stated during her interview that the VOATX was audited at least once on June 26th -28th, 2019 and received their Final Report on July 17th, 2019. The facility is in compliance with this provision</p> <p data-bbox="244 394 1449 454">115.401 (b) VOATX’s Quality Assurance Manager/PREA Coordinator stated during her interview that at least one third of their facilities were audited during each one-year audit cycle period. The facility is in compliance with this provision</p> <p data-bbox="244 488 1422 548">115.401 (h) During the onsite phase of this audit this auditor did have access to, and the ability to observe, all areas of VOATX’s VOATX Hutchins facility. The facility is in compliance with this provision</p> <p data-bbox="244 580 1485 669">115.401 (l) During the onsite phase of this audit this auditor was permitted to request and receive copies of any relevant documents, including electronically stored information, from VOATX’s files and records. The facility is in compliance with this provision</p> <p data-bbox="244 701 1489 792">115.401 m. During the onsite phase of this audit this auditor was able to conduct private interviews with the residents in a private setting. These interviews occurred in counselor’s which was located in the administrative part of the facility away from other staff and residents. The facility is in compliance with this provision</p> <p data-bbox="244 824 1495 985">115.401 n. During the pre-audit, onsite and post-audit phase of this audit, residents were and are permitted to send confidential information or correspondence to this auditor in the same manner as if they were communicating with legal counsel. As of the writing of this report, this auditor has not received any confidential information or correspondence from a resident and or staff from VOATX Hutchins to date. There was no evidence found that residents were prohibited from sending confidential correspondence to the auditor during this audit phase. The facility is in compliance with this provision</p> <p data-bbox="244 1016 710 1043">This facility is in compliance with this standard.</p> <p data-bbox="244 1075 571 1102">Corrective Action required: None</p>

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	<p data-bbox="229 192 1509 255">Auditor Discussion</p> <p data-bbox="229 255 1509 456">115.403 (f) A review of VOATX's website revealed that the VOATX Hutchins facility was last audited on June 26th -28th of 2019 and received their Final PREA Audit Report on July 17th 2019 by the Certified PREA Auditor. A review of Volunteers of America Texas (VOATX) website revealed that this final report had been posted on its website in accordance with this provision. All of the other facilities under their control have their final reports posted on the website. The facility is in compliance with this provision</p> <p data-bbox="229 456 1509 506">The facility is in compliance with this standard</p> <p data-bbox="229 506 1509 562">Corrective Action required: None</p>

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 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.)	na
	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 staffing patterns?	yes
	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, 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 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	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If the resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
115.215 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

115.216 (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 with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing?	yes
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision?	yes
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 interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations?	yes
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 contact with residents?	yes
	Does the agency consider any incidents of sexual harassment in determining to enlist the services of any contractor who may have contact with residents?	yes
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.)	na
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 administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	na
115.221 (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.)	na
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	na

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 services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.221 (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).	na
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 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.222 (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
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
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 (c)	Resident education	
	Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills?	yes
115.233 (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)).	na
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)).	na
	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)).	na
	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)).	na
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	na
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).)	na

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
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the resident about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the resident is gender non-conforming or otherwise may be perceived to be LGBTI)?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability?	yes
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	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes
115.242 (d)	Use of screening information	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
115.242 (e)	Use of screening information	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes

115.242 (f)	Use of screening information	
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: transgender residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
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 third parties?	yes
	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 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension 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 exempt from this standard.)	yes
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
115.252 (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 actions that could destroy physical evidence, and then notify security staff?	yes
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 of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency:4. Monitor resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignment of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
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).)	na
	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).)	na
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 resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.273 (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 (b)	Disciplinary sanctions for staff	
	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 facility?	yes
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 cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
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
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
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 and security of a facility?	yes
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.)	yes
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	no
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	yes
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with 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