

# PREA Facility Audit Report: Final

**Name of Facility:** Lubbock County Juvenile Justice Center

**Facility Type:** Juvenile

**Date Interim Report Submitted:** NA

**Date Final Report Submitted:** 08/11/2025

## Auditor Certification

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



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



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



**Auditor Full Name as Signed:** Elaine Brideschge

**Date of Signature:** 08/11/2025

## AUDITOR INFORMATION

**Auditor name:** Brideschge, Elaine

**Email:** risingsunauditing@gmail.com

**Start Date of On-Site Audit:** 07/21/2025

**End Date of On-Site Audit:** 07/22/2025

## FACILITY INFORMATION

**Facility name:** Lubbock County Juvenile Justice Center

**Facility physical address:** 2025 North Akron, Lubbock, Texas - 79415

**Facility mailing address:** 2025 N. Akron Ave, Lubbock, - 79415

## Primary Contact

<b>Name:</b>	regan bullard
<b>Email Address:</b>	rbullard@lubbockcounty.gov
<b>Telephone Number:</b>	8063927090

<b>Superintendent/Director/Administrator</b>	
<b>Name:</b>	Kevin Fry
<b>Email Address:</b>	kfry@lubbockcounty.gov
<b>Telephone Number:</b>	806-775-1870

<b>Facility PREA Compliance Manager</b>	
<b>Name:</b>	
<b>Email Address:</b>	
<b>Telephone Number:</b>	

<b>Facility Health Service Administrator On-Site</b>	
<b>Name:</b>	Melissa Murphy
<b>Email Address:</b>	mmurphy@lubbockcounty.gov
<b>Telephone Number:</b>	806-775-1844

<b>Facility Characteristics</b>	
<b>Designed facility capacity:</b>	98
<b>Current population of facility:</b>	53
<b>Average daily population for the past 12 months:</b>	54
<b>Has the facility been over capacity at any point in the past 12 months?</b>	No
<b>What is the facility's population designation?</b>	Both women/girls and men/boys

<b>In the past 12 months, which population(s) has the facility held? Select all that apply (Nonbinary describes a person who does not identify exclusively as a boy/man or a girl/woman. Some people also use this term to describe their gender expression. For definitions of “intersex” and “transgender,” please see <a href="https://www.prearesourcecenter.org/standard/115-5">https://www.prearesourcecenter.org/standard/115-5</a>)</b>	
<b>Age range of population:</b>	10-17
<b>Facility security levels/resident custody levels:</b>	Low-High
<b>Number of staff currently employed at the facility who may have contact with residents:</b>	119
<b>Number of individual contractors who have contact with residents, currently authorized to enter the facility:</b>	43
<b>Number of volunteers who have contact with residents, currently authorized to enter the facility:</b>	10

<b>AGENCY INFORMATION</b>	
<b>Name of agency:</b>	Lubbock County Commissioner's Court
<b>Governing authority or parent agency (if applicable):</b>	
<b>Physical Address:</b>	2025 North Akron, Lubbock, Texas - 79415
<b>Mailing Address:</b>	
<b>Telephone number:</b>	806-775-1800

<b>Agency Chief Executive Officer Information:</b>	
<b>Name:</b>	William Carter

<b>Email Address:</b>	wcarter@lubbockcounty.gov
<b>Telephone Number:</b>	806-775-1870

<b>Agency-Wide PREA Coordinator Information</b>			
<b>Name:</b>	Regan Bullard	<b>Email Address:</b>	rbullard@lubbockcounty.gov

<b>Facility AUDIT FINDINGS</b>	
<b>Summary of Audit Findings</b>	
<p>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.</p> <p>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.</p>	
<b>Number of standards exceeded:</b>	
0	
<b>Number of standards met:</b>	
43	
<b>Number of standards not met:</b>	
0	

## POST-AUDIT REPORTING INFORMATION

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

## GENERAL AUDIT INFORMATION

### On-site Audit Dates

1. Start date of the onsite portion of the audit:	2025-07-21
2. End date of the onsite portion of the audit:	2025-07-22

### 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:	Voice of Hope

## AUDITED FACILITY INFORMATION

14. Designated facility capacity:	98
15. Average daily population for the past 12 months:	54
16. Number of inmate/resident/detainee housing units:	8
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**

<b>23. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:</b>	51
<b>25. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>26. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:</b>	15
<b>27. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>28. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>29. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:</b>	1
<b>30. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:</b>	0

<b>31. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>32. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>33. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</b>	6
<b>34. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>35. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</b>	No text provided.
<b>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</b>	
<b>36. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</b>	124
<b>37. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b>	10

<b>38. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b>	21
<b>39. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:</b>	No text provided.
<b>INTERVIEWS</b>	
<b>Inmate/Resident/Detainee Interviews</b>	
<b>Random Inmate/Resident/Detainee Interviews</b>	
<b>40. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</b>	13
<b>41. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</b>	<div> <input checked="" type="checkbox"/> Age </div> <div> <input checked="" type="checkbox"/> Race </div> <div> <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) </div> <div> <input checked="" type="checkbox"/> Length of time in the facility </div> <div> <input checked="" type="checkbox"/> Housing assignment </div> <div> <input checked="" type="checkbox"/> Gender </div> <div> <input type="checkbox"/> Other </div> <div> <input type="checkbox"/> None </div>
<b>42. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</b>	Conversations with staff and a review of resident rosters.
<b>43. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</b>	<div> <input checked="" type="radio"/> Yes </div> <div> <input type="radio"/> No </div>



<b>44. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b>	No text provided.
<b>Targeted Inmate/Resident/Detainee Interviews</b>	
<b>45. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</b>	3
<p>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>	
<b>47. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</b>	0
<b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b>	<div data-bbox="818 1469 1469 1630"> <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.         </div> <div data-bbox="818 1675 1469 1756"> <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.         </div>

<b>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).</b>	<p>Through conversations with staff and review a resident rosters.</p>
<b>48. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</b>	<p>1</p>
<b>49. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</b>	<p>0</p>
<b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b>	<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>
<b>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).</b>	<p>Through conversations with staff and review a resident rosters.</p>
<b>50. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</b>	<p>0</p>

<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></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>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).</b></p>	<p>Through conversations with staff and review a resident rosters.</p>
<p><b>51. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>1</p>
<p><b>52. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></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>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).</b></p>	<p>Through conversations with staff and review a resident rosters.</p>

<b>53. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b>	0
<b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b>	<div> <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. </div> <div> <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. </div>
<b>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).</b>	Through conversations with staff and review a resident rosters.
<b>54. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</b>	0
<b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b>	<div> <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. </div> <div> <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. </div>
<b>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).</b>	Through conversations with staff and review a resident rosters.

55. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:	1
56. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<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.  <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	Through conversations with staff and review a resident rosters.
57. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	No text provided.
<b>Staff, Volunteer, and Contractor Interviews</b>	
<b>Random Staff Interviews</b>	
58. Enter the total number of RANDOM STAFF who were interviewed:	12

<b>59. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</b>	<input type="checkbox"/> Length of tenure in the facility <input type="checkbox"/> Shift assignment <input type="checkbox"/> Work assignment <input type="checkbox"/> Rank (or equivalent) <input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken) <input type="checkbox"/> None
<b>If "Other," describe:</b>	Gender
<b>60. Were you able to conduct the minimum number of RANDOM STAFF interviews?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>61. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b>	No text provided.
<b>Specialized Staff, Volunteers, and Contractor Interviews</b>	
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.	
<b>62. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</b>	15
<b>63. Were you able to interview the Agency Head?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No

<b>64. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>65. Were you able to interview the PREA Coordinator?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>66. Were you able to interview the PREA Compliance Manager?</b>	<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)

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

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



	<input type="checkbox"/> Other
<b>68. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>a. Enter the total number of VOLUNTEERS who were interviewed:</b>	4
<b>b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)</b>	<input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input checked="" type="checkbox"/> Religious <input type="checkbox"/> Other
<b>69. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>a. Enter the total number of CONTRACTORS who were interviewed:</b>	4
<b>b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)</b>	<input type="checkbox"/> Security/detention <input checked="" type="checkbox"/> Education/programming <input checked="" type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other
<b>70. Provide any additional comments regarding selecting or interviewing specialized staff.</b>	No text provided.

## SITE REVIEW AND DOCUMENTATION SAMPLING

### Site Review

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

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

☒ Yes

☐ No

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

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

☒ Yes

☐ No

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

☒ Yes

☐ No

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

☒ Yes

☐ No

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

☒ Yes

☐ No

<b>76. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</b>	No text provided.
<b>Documentation Sampling</b>	
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.	
<b>77. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?</b>	<input checked="checked" type="radio"/> Yes  <input type="radio"/> No
<b>78. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</b>	No text provided.
<b>SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY</b>	
<b>Sexual Abuse and Sexual Harassment Allegations and Investigations Overview</b>	
Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted. Note: For question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.	

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

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
<b>Inmate-on-inmate sexual abuse</b>	0	0	0	0
<b>Staff-on-inmate sexual abuse</b>	1	1	1	1
<b>Total</b>	1	1	1	1

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

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

## Sexual Abuse and Sexual Harassment Investigation Outcomes

### Sexual Abuse Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	0	0	0
Staff-on-inmate sexual abuse	0	1	0	0
Total	0	1	0	0

### Sexual Harassment Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<b>Inmate-on-inmate sexual harassment</b>	0	0	0	0
<b>Staff-on-inmate sexual harassment</b>	0	0	0	0
<b>Total</b>	0	0	0	0

**Sexual Abuse and Sexual Harassment Investigation Files Selected for Review**

**Sexual Abuse Investigation Files Selected for Review**

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

1

<b>86. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)
<b>Inmate-on-inmate sexual abuse investigation files</b>	
<b>87. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b>	0
<b>88. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b>	<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)
<b>89. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b>	<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)
<b>Staff-on-inmate sexual abuse investigation files</b>	
<b>90. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b>	1
<b>91. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)

<b>92. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
<b>Sexual Harassment Investigation Files Selected for Review</b>	
<b>93. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</b>	0
<b>a. Explain why you were unable to review any sexual harassment investigation files:</b>	The facility has not had any sexual harassment allegations
<b>94. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b>	<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)
<b>Inmate-on-inmate sexual harassment investigation files</b>	
<b>95. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b>	0
<b>96. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</b>	<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)



<b>97. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b>	<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)
<b>Staff-on-inmate sexual harassment investigation files</b>	
<b>98. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b>	0
<b>99. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</b>	<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)
<b>100. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b>	<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)
<b>101. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</b>	No text provided.

## SUPPORT STAFF INFORMATION

### DOJ-certified PREA Auditors Support Staff

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

☐ Yes

☒ No

### Non-certified Support Staff

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

☐ Yes

☒ No

## AUDITING ARRANGEMENTS AND COMPENSATION

**108. Who paid you to conduct this audit?**

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

Standards
Auditor Overall Determination Definitions
<ul style="list-style-type: none"> <li>Exceeds Standard (Substantially exceeds requirement of standard)</li> <li>Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period)</li> <li>Does Not Meet Standard (requires corrective actions)</li> </ul>
Auditor Discussion Instructions
<p>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.</p>

115.311	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.311 Zero Tolerance of Sexual Abuse and Sexual Harassment; PREA Coordinator Evidenced Analyzed:</p> <ol style="list-style-type: none"> <li>Sexual Misconduct Zero Tolerance policy</li> <li>Policy Definitions</li> <li>Sanctions for Participation in Sexual Abuse or Sexual Harassment, PREA Policy</li> <li>Prevention, PREA Policy</li> <li>Specialty Staff Contact Form</li> <li>Organizational Chart</li> <li>Interview with the PREA Coordinator</li> <li>Agency Website</li> </ol> <p>Findings:</p> <p>(a) It is the policy of the Lubbock County Juvenile Justice Center to take all prudent and reasonable precautions as required by TJJD standards to ensure the protection of all residents and program participants of the Lubbock County Juvenile Justice Center from sexual abuse and sexual harassment by other residents or program participants and employees, interns, and volunteers of the Lubbock County Juvenile</p>

	<p>Justice Center. The Lubbock County Juvenile Justice Center has zero tolerance for sexual abuse and sexual harassment in its facilities and programs. Sexual abuse and sexual harassment by any resident or program participant or Lubbock County Juvenile Justice Center employee, intern, or volunteer against a resident or program participant is strictly prohibited. This policy is published on the Lubbock County website, be posted in the common area in each cluster, and be made available to the parents of juvenile residents in the form of a printed document. The facility has implemented a written policy mandating zero tolerance for all forms of sexual abuse and sexual harassment. This policy clearly outlines the facility's approach to preventing, detecting, and responding to such conduct.</p> <p>(b) The facility has designated an upper-level PREA Coordinator with sufficient time and authority to develop, implement, and oversee the facility's efforts to comply with PREA standards.</p> <p>(c) The facility operates under a structure that does not include a designated PREA Compliance Manager.</p>
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<b>115.312</b>	<b>Contracting with other entities for the confinement of residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.12 Contracting with Other Entities for the Confinement of Inmates</p> <p>Evidenced Analyzed:</p> <p>Findings:</p> <ol style="list-style-type: none"> <li>1. PAQ (Pre-Audit Questionnaire)</li> <li>2. Sixteen contracts reviewed</li> <li>3. Interview with agency contract administrator</li> </ol> <p>(a) The agency has sixteen contracts in place for the confinement of its residents. In review of the contracts, the agency included the entity's obligation to adopt and comply with the PREA standards.</p> <p>(b) All sixteen contracts require the agency to monitor the contractor's compliance with PREA standards.</p>

<b>115.313</b>	<b>Supervision and monitoring</b>
	<b>Auditor Overall Determination:</b> Meets Standard

	<p><b>Auditor Discussion</b></p> <p>115.313 Supervision and Monitoring</p> <p>Evidenced Analyzed:</p> <ol style="list-style-type: none"><li>1. Staffing Plans for 2023, 2024 and 2025</li><li>2. Unannounced Rounds log</li><li>3. Sanctions for Alerting Staff of Unannounced Rounds, PREA Policy</li><li>4. Interviews with Facility Administrator, PREA Coordinator and staff that conduct unannounced rounds</li><li>5. Site Review: Supervision Practices</li><li>6. PAQ (pre audit questionnaire)</li></ol> <p>Findings:</p> <p>(a) As evidenced by the staffing plans submitted the facility has developed, implemented, and maintained a comprehensive staffing plan that ensures adequate levels of staffing and video monitoring to protect residents from sexual abuse. The plan was developed with consideration of accepted practices, facility layout, population characteristics, program schedules, past incidents, and relevant laws and regulations. During the site review the auditor compared the written staffing plan against the current observations and determined that the staffing plan adequately assesses the staffing and/or electronic monitoring needs of the facility with sexual safety in mind, and, that the facility is staffed according to the plan, as it is written. Although TJJD authorizes higher staffing levels, the facility routinely follows the PREA Standards regarding staffing ratios in the housing unit of 1:8 during waking hours and 1:16 during sleeping hours. No blind spots were observed. Cell checks in housing areas occur within 15-minute staggered intervals. The facility has sufficient camera placement.</p> <p>(b) The facility maintains compliance with the staffing plan, with no deviations in the last 12 months.</p> <p>(c) The facility has maintained full compliance with the minimum staffing ratios of 1:8 during waking hours and 1:16 during sleeping hours, as required. Deviations due to exigent circumstances are rare and are fully documented.</p> <p>(d) As evidenced by the unannounced round logs, the facility in coordination with the PREA Coordinator, the facility conducts an annual review of the staffing plan and monitoring systems. This review evaluates current practices, video monitoring effectiveness, and resource adequacy. Any adjustments are documented as part of the annual assessment.</p> <p>(e) The facility enforces a written policy requiring intermediate-level or higher supervisors to conduct unannounced rounds on all shifts. These rounds, including those during night shifts, are documented and conducted without prior staff notice unless operational needs require it. Staff are prohibited from alerting others to the timing of rounds. Unannounced rounds were observed.</p>
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<b>115.315</b>	<b>Limits to cross-gender viewing and searches</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.315 Limits to Cross-Gender Viewing and Searches</p> <p>Evidenced Analyzed:</p> <ol style="list-style-type: none"> <li>1. Limits to Cross Gender Viewing and Searches, PREA Policy</li> <li>2. Staff Cross Gender and Searches Training Curriculum</li> <li>3. Staff PREA Training Logs</li> <li>4. Interviews with random staff and residents. There were no transgender or intersex residents to interview.</li> <li>5. Site Review: Cross-Gender Viewing &amp; Searches</li> <li>6. PAQ (pre audit questionnaire)</li> </ol> <p>Findings:</p> <p>(a) No employee, intern or volunteer shall supervise, including by the use of a security camera, a program participant of the opposite sex when a reasonable likelihood exists, such as showering, performing bodily functions, or changing clothes, that the breasts, buttocks, or genitalia of the program participant will be exposed to the employee, intern or volunteer except in exigent circumstances or incidental to a routine room check. The auditor did not observe any cross-gender searches.</p> <p>(b) No Juvenile Supervision Officer or Juvenile Probation Officer shall conduct a cross-gender pat search, cross-gender visual strip search, or cross-gender visual body cavity search of a resident or probationer except in exigent circumstances. The sole exception to this rule is where the resident or probationer is of the same sex as the JSO or JPO. According to the PAQ, no cross-gender searches have occurred.</p> <p>(c) All cross-gender searches, when conducted, include detailed documentation to ensure transparency and compliance with policy.</p> <p>(d) Policies and procedures ensure residents can shower, use restrooms, and change clothes without being viewed by nonmedical staff of the opposite gender. Opposite-gender staff are required to announce their presence upon entering areas where residents may be undressed. The auditor did not observe any cross-gender viewing during the audit. Residents are provided with private places to undress.</p> <p>(e) No resident may be searched or physically examined for the sole purpose of determining the juvenile resident's genital status. If the resident's genital status is in question it may be determined by:</p> <ol style="list-style-type: none"> <li>1. Conversations with the resident,</li> <li>2. By reviewing medical records,</li> <li>3. As a by-product of a broader medical examination conducted in private by a medical practitioner,</li> <li>4. As a by-product of a visual strip search necessary for the safety and security of the facility</li> </ol> <p>(f) All security staff are trained in the appropriate, respectful, and professional conduct of searches involving transgender and intersex residents, including cross-gender pat-downs, in accordance with safety and security protocols.</p>

115.316	<b>Residents with disabilities and residents who are limited English proficient</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="280 311 564 342"><b>Auditor Discussion</b></p> <p data-bbox="280 387 1481 461">115.316 Residents with Disabilities and Residents Who Are Limited English Proficient Evidenced Analyzed:</p> <ol data-bbox="280 470 1458 797" style="list-style-type: none"> <li data-bbox="280 470 564 501">1. Dayroom Booklet</li> <li data-bbox="280 510 1458 584">2. Residents with disabilities and residents who are limited English proficient, PREA Policy</li> <li data-bbox="280 593 995 624">3. Language Line instruction sheet for Interpreters</li> <li data-bbox="280 633 1458 707">4. Interview with the Director, random staff, and residents with disabilities and who were limited English proficient (LEP).</li> <li data-bbox="280 716 820 748">5. Site Review: Interpretation Services</li> <li data-bbox="280 757 735 788">6. PAQ (pre audit questionnaire)</li> </ol> <p data-bbox="280 797 405 828">Findings:</p> <p data-bbox="280 837 1469 1509">(a) The LCJJC takes all appropriate steps to ensure that residents with disabilities (including residents who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities), have an equal opportunity to participate in or benefit from all aspects of the LCJJC's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Such steps shall include, when necessary to ensure effective communication with residents who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. In addition, the LCJJC ensures that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities, including residents who have intellectual disabilities, limited reading skills, or who are blind or have low vision. The Lubbock Independent School District provides educational staff located at the LCJJC and have available Special Education instructors and diagnosticians. Interpretation services were utilized during an interview with a resident. There were no delays in accessing the services provided.</p> <p data-bbox="280 1518 1458 1720">(b) The LCJJC takes reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary.</p> <p data-bbox="280 1729 1466 2011">(c) The LCJJC does not rely on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under or the investigation of the resident's allegations. The LCJJC has a number of staff who can translate from English to Spanish. All other languages have available translators through "The Language Line", a translation company utilized by all of Lubbock County.</p>

115.317	Hiring and promotion decisions
	<p data-bbox="279 185 981 219"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="279 264 564 297"><b>Auditor Discussion</b></p> <p data-bbox="279 342 847 376">115.317 Hiring and Promotion Decisions</p> <p data-bbox="279 409 574 443">Evidenced Analyzed:</p> <ol data-bbox="279 488 1236 734" style="list-style-type: none"> <li>1. Hiring and Promotion Prohibitions and Requirements, PREA Policy</li> <li>2. Sexual Misconduct Disclosure documentation</li> <li>3. Background logs for Staff, Contractors and Volunteers</li> <li>4. Interview with HR staff</li> </ol> <p data-bbox="279 768 406 801">Findings:</p> <p data-bbox="279 846 1481 958">(a) The Lubbock County Juvenile Justice Center does not hire, or promote any person who may have contact with residents, and shall not enlist the services of any contractor who may have contact with residents, who:</p> <ol data-bbox="279 1003 1481 1339" style="list-style-type: none"> <li>1. Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution.</li> <li>2. Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or</li> <li>3. Has been civilly or administratively adjudicated to have engaged in the activity described above.</li> </ol> <p data-bbox="279 1384 1460 1496">(b) The Lubbock County Juvenile Justice Center makes the best efforts to discover information regarding substantiated allegations of sexual abuse, or any resignation related to such allegations when considering applicants for employment.</p> <p data-bbox="279 1541 1460 1697">(c) Prior to hiring, the facility conducts criminal background checks, consults relevant child abuse registries, and makes reasonable efforts to obtain information from prior institutional employers regarding substantiated allegations of sexual abuse or resignations during investigations.</p> <p data-bbox="279 1742 1364 1809">(d) This same vetting process is applied to contractors with resident contact, including background checks and registry consultations.</p> <p data-bbox="279 1854 1436 1966">(e) Background checks shall be conducted every two (2) years on all Lubbock County Juvenile Justice Center employees, volunteers, and interns having contact with residents.</p> <p data-bbox="279 2011 1460 2078">(f) All applicants, employees, and volunteers shall be directly asked about previous misconduct described in subsections (1) thru (3) of this chapter, in written</p>



	<p>applications or interviews for hiring or promotions and in interviews or written evaluations conducted for employees. Employees and volunteers of the Lubbock County Juvenile Justice Center shall have the affirmative duty to disclose such misconduct as a condition of employment.</p> <p>(g) Failure to disclose such misconduct, material omissions related to such misconduct, or the provision of false information related to such misconduct shall be grounds for termination.</p> <p>(h) In accordance with applicable law, the facility provides substantiated information on sexual abuse or harassment to institutional employers upon request when a former employee applies for a position.</p>
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<b>115.318</b>	<b>Upgrades to facilities and technologies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.318 Upgrades to Facilities and Technologies</p> <p>Evidenced Analyzed:</p> <ol style="list-style-type: none"> <li>1. Staffing plan assessments for 2023 and 2024</li> <li>2. Interviews with the Director and the Facility Administrator</li> </ol> <p>Findings:</p> <p>(a) The facility has integrated considerations for preventing and detecting sexual abuse into the design, construction, expansion, and renovation of its physical spaces. These design features support staff supervision and resident safety.</p> <p>The Staffing plan states: LCJJC is still in the construction phase of an Education Complex, referred to as the new school, attached to the North side of the main building. Construction remains on schedule to be completed in time for the 2024-2025 school year. This new building will house classrooms, LISD administrative staff, and the Behavioral Staff at LCJJC. The new building will include the addition of approximately 41 new security cameras to improve the monitoring of staff and residents for the prevention, detection, and response to sexual abuse.</p> <p>(b) When installing or upgrading video monitoring systems, electronic surveillance, or related technologies, the facility carefully evaluates their potential to enhance the detection, prevention, and response to sexual abuse. These considerations inform equipment selection and placement to maximize coverage and effectiveness.</p>

115.321	Evidence protocol and forensic medical examinations
	<p data-bbox="279 185 981 219"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="279 264 564 297"><b>Auditor Discussion</b></p> <p data-bbox="279 342 1161 376">115.321 Evidence Protocol and Forensic Medical Examinations</p> <p data-bbox="279 409 574 443">Evidenced Analyzed:</p> <ol data-bbox="279 488 1436 813" style="list-style-type: none"> <li data-bbox="279 488 1098 521">1. Procedures Following a Confirmed Sexual Assault Policy</li> <li data-bbox="279 555 1050 589">2. MOU with Lubbock Rape Crisis Center Voice of Hope</li> <li data-bbox="279 622 1436 701">3. Email From Lubbock County Sheriff's office agreeing to follow uniform evidence protocol</li> <li data-bbox="279 734 1377 813">4. Interviews with random staff. There were no residents who reported sexual abuse.</li> </ol> <p data-bbox="279 857 405 891">Findings:</p> <p data-bbox="279 925 1449 1037">(a) The facility applies a standardized evidence protocol for all sexual abuse investigations to maximize the potential for successful administrative and criminal outcomes.</p> <p data-bbox="279 1081 1473 1193">(b) The evidence protocol is developmentally appropriate for youth and is based on or adapted from authoritative national standards, including the DOJ's National Protocol for Sexual Assault Medical Forensic Examinations.</p> <p data-bbox="279 1238 1393 1350">(c) The victim will be provided services including mental health counseling, information regarding advocacy from the victim rape advocacy group, medical treatment related to the sexual abuse, all at no cost to the victim.</p> <p data-bbox="279 1395 1481 1597">(d) LCJJC shall attempt to make available to the victim a victim advocate from a rape crisis center. If a rape crisis center is not available to provide victim advocate services, LCJJC shall make available to provide these services a qualified staff member from a community-based organization or a qualified agency staff member. An MOU with Lubbock Rape Crisis Center is in place.</p> <p data-bbox="279 1641 1473 1832">(e) Once an alleged sexual assault has been confirmed, as requested by the victim, the victim advocate, qualified agency staff member, or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals.</p> <p data-bbox="279 1877 1433 1944">(f) When the facility is not the investigating authority, it requests that the agency responsible follow the evidence protocols detailed in (a) through (e).</p> <p data-bbox="279 1989 1145 2022">(g) The facility ensures these standards are also followed by:</p> <ol data-bbox="279 2056 1473 2089" style="list-style-type: none"> <li data-bbox="279 2056 1473 2089">1. Any state entity responsible for investigating juvenile sexual abuse allegations;</li> </ol>

	<p>and</p> <p>2. Any U.S. Department of Justice component involved in such investigations.</p> <p>(h) All advocates and qualified staff are screened for suitability and receive specialized training in sexual assault response and forensic procedures.</p>
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115.322	Policies to ensure referrals of allegations for investigations
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>115.322 Policies to Ensure Referrals of Allegations for Investigations</p> <p>Evidenced Analyzed:</p> <ol style="list-style-type: none"> <li>1. Internal Investigations Policy</li> <li>2. Referring Allegations for Investigation Policy</li> <li>3. Interviews with the Director and investigation staff</li> </ol> <p>Findings:</p> <p>(a) All allegations or outcries of sexual abuse made by a resident shall be investigated administratively and referred to a local law enforcement agency. All allegations of sexual harassment made by a resident shall be investigated internally and, where the conduct of the alleged perpetrator may constitute criminal conduct, be referred to a local law enforcement agency. All allegations of sexual abuse and sexual harassment shall be documented and assigned a local case number. Internal investigations shall not be terminated solely on the basis that the victim recanted the allegation.</p> <p>(b) When the Lubbock County Juvenile Justice Center conducts an internal investigation, it shall be responsible for:</p> <ol style="list-style-type: none"> <li>1. notifying the parent of the alleged victim of the allegations and any subsequent investigations</li> <li>2. identifying relevant parties to the investigation,</li> <li>3. conducting interviews,</li> <li>4. securing physical and forensic evidence and notifying law enforcement when applicable,</li> <li>5. compiling investigative findings into report form,</li> <li>6. submitting final findings to the Director of the Lubbock County Juvenile Justice Center and the Texas Juvenile Justice Department,</li> <li>7. where applicable, presenting findings law enforcement,</li> <li>8. where applicable, testifying to investigative steps taken and investigative findings</li> </ol>

	<p>in subsequent court hearings.</p> <p>(c) When a law enforcement agency conducts a criminal investigation subsequent to a resident allegation of sexual abuse or sexual harassment the law enforcement agency shall be responsible for:</p> <ol style="list-style-type: none"> <li>1. identifying relevant parties to the investigation,</li> <li>2. conducting interviews,</li> <li>3. gathering physical and forensic evidence,</li> <li>4. submitting physical and forensic evidence for appropriate analysis,</li> <li>5. compiling investigative findings into report form,</li> <li>6. where applicable, presenting findings to the appropriate prosecutor,</li> <li>7. where applicable, testifying to investigative steps taken and investigative findings in subsequent court hearings.</li> </ol> <p>(d) The agency confirms that all state-level investigative entities responsible for handling criminal allegations of sexual abuse or harassment operate under formal investigative policies that are consistent with the standards established by the Prison Rape Elimination Act (PREA).</p> <p>(e) The agency also ensures that any investigative components of the U.S. Department of Justice (DOJ) that may be involved in such cases adhere to formal procedures that align with PREA requirements, maintaining compliance with federal standards throughout the investigative process.</p>
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115.331	Employee training
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>115.331 Employee Training</p> <p>Evidenced Analyzed:</p> <ol style="list-style-type: none"> <li>1. Employee PREA Training, PREA Policy</li> <li>2. Staff PREA Training Curriculum</li> <li>3. Staff PREA Training Worksheet</li> <li>4. Staff PREA Training Sign in Sheets</li> <li>5. Interviews with random staff</li> </ol> <p>Findings:</p>

(a) All employees of the Lubbock County Juvenile Justice Center who may have contact with residents shall receive PREA training consisting of:

Zero tolerance policy for sexual abuse and sexual harassment,  
How to fulfill their responsibilities as required by Lubbock County Juvenile Justice Center sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures,  
Residents' rights to be free from sexual abuse and sexual harassment,  
The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment,  
The dynamics of sexual abuse and sexual harassment in juvenile facilities,  
The common reactions of juvenile victims of sexual abuse and sexual harassment,  
How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents,  
How to avoid inappropriate relationships with residents,  
How to communicate effectively and professionally with residents, especially lesbian, gay, bisexual, transgender, intersex, or gender non-conforming residents, and  
How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities,  
Relevant laws regarding the applicable age of consent.

(b) The training clearly communicates that all residents have the right to be free from sexual abuse, sexual harassment, and retaliation for reporting incidents or cooperating with investigations. Staff are taught to support and protect residents who exercise these rights.

(c) The curriculum includes instruction on the dynamics of sexual abuse within juvenile facilities, common victim responses, and how to recognize and appropriately respond to physical, behavioral, and emotional signs of abuse.

(d) Employees are trained to differentiate between consensual sexual activity and sexual abuse and are taught to maintain appropriate professional boundaries in all interactions with residents.

(e) The training reinforces the importance of professional and respectful communication with all residents, including those who identify as LGBTQI+ or are gender nonconforming, promoting a safe and inclusive environment.

(f) Staff receive specific instruction on mandatory reporting obligations and the applicable laws regarding the age of consent, ensuring legal compliance and timely reporting of any suspected abuse.

(G) All training is tailored to reflect the gender-specific and developmental needs of the juvenile population served. Staff members who are reassigned to facilities serving a different gender population receive additional, population-specific training prior to their reassignment.

	<p>(H) The agency confirms that all new employees receive this training prior to having contact with residents. All existing staff received the initial required training within one year of the PREA standards' effective date. Refresher training is provided every two years, with annual updates offered in the intervening years to reinforce core concepts.</p> <p>(I) The agency documents employee understanding of the material through either signed acknowledgments or electronic verification, ensuring accountability and confirming that training objectives have been met.</p>
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<b>115.332</b>	<b>Volunteer and contractor training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.332 Volunteer and Contractor Training</p> <p>Evidenced Analyzed:</p> <ol style="list-style-type: none"> <li>1. Volunteer and Contractor Training Brochure</li> <li>2. Volunteer and Contractor Training Signed Training Acknowledgments</li> <li>3. Interviews with volunteers and contractors</li> </ol> <p>Findings:</p> <p>(a) All volunteers and contractors with potential resident contact receive training on the facility's sexual abuse and harassment policies and procedures.</p> <p>(b) Training content is proportional to the extent of resident interaction but includes the zero-tolerance policy and reporting procedures.</p> <p>(c) Documentation confirms each volunteer, and contractor understands their training responsibilities, verified by signature or electronic acknowledgement.</p>

<b>115.333</b>	<b>Resident education</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	115.333 Resident Education

Evidenced Analyzed:

1. Resident Intake Packet
2. PREA Brochure for Residents
3. Dayroom Booklet Explaining PREA
4. Resident Education, PREA Policy
5. Resident PREA Education and Signed Acknowledgments of PREA Education Attendance
6. Interviews with random residents and intake staff
7. Site Review: Intake PREA Information; Interpretation Services

Findings:

(a) During the intake process, residents receive information explaining, in an age-appropriate fashion, the Lubbock County Juvenile Justice Center's zero tolerance policy against sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse and sexual harassment. As part of the site review, the auditor observed how the sexual safety information (PREA information/zero-tolerance information) is provided at the point of intake or transfer. Interpretation service information is readily available to intake staff.

(b) Within 10 days of intake, residents are be provided with comprehensive, age appropriate PREA education in person or through video regarding their rights to be from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding the policies and procedures of the Lubbock County Juvenile Justice Center for responding to such incidents. During the site review, the auditor observed how comprehensive education is provided and verified that each unit contained continuous PREA information through signage posted.

(c) The agency ensured that all residents who had not previously received this education were provided the required information within one year of the PREA standards' effective date. Residents who are transferred to or from other facilities receive updated education when applicable to ensure continued awareness of their rights and reporting options.

(d) PREA education shall be provided in a format accessible to all residents, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to residents who have limited reading skills. These formats may include:

- a. Forms,
- b. Brochures,
- c. Videos,
- d. In-person verbal notification.

	<p>(e) Resident participation in PREA education sessions is documented for each individual, verifying that the training has been received and understood. Posters are visible in all living areas.</p> <p>(f) Key PREA-related information is permanently posted throughout the agency, including in all housing units, program areas, and other common spaces. This information is also included in the resident handbook to ensure constant access and reinforcement of reporting methods and rights.</p>
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<b>115.334</b>	<b>Specialized training: Investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.334 Specialized Training: Investigations</p> <p>Evidenced Analyzed:</p> <ol style="list-style-type: none"> <li>1. Specialized Training: Investigations Policy</li> <li>2. Investigator Training Certificate</li> <li>3. Interview with the investigator</li> </ol> <p>Findings:</p> <p>(a) In addition to the PREA training required by 115.331, the Lubbock County Juvenile Justice Center shall ensure that any employee assigned to conduct internal investigations into allegations of sexual abuse and sexual harassment have received training in conducting such investigations in a confinement setting. Training records were reviewed.</p> <p>(b) Training covers interviewing juvenile victims, using Miranda and Garrity warnings, evidence collection in secure environments, and the appropriate standards of proof.</p> <p>(c) The Lubbock County Juvenile Justice Center shall maintain documentation of any employee who has completed the required specialized training in conducting sexual abuse investigations. Training records were reviewed.</p> <p>(d) The auditor is not required to audit this provision.</p>

<b>115.335</b>	<b>Specialized training: Medical and mental health care</b>
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	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.335 Specialized Training: Medical and Mental Health Care</p> <p>Evidenced Analyzed:</p> <ol style="list-style-type: none"> <li>1. Specialized Training: Medical and Mental Health Care Policy</li> <li>2. PREA Training Curriculum</li> <li>3. Signed Training Acknowledgements</li> <li>4. Interviews with medical and mental health staff</li> </ol> <p>Findings:</p> <p>(a) Medical and mental health care practitioners who regularly work in the Lubbock County Juvenile Justice Center or any program administered by the Lubbock County Juvenile Justice Center shall receive PREA training as required by 115.331 or 115.332, depending on the practitioner's status with the Lubbock County Juvenile Justice Center. Training records were reviewed.</p> <p>(b) Medical staff do not conduct forensic exams.</p> <p>(c) All medical and mental health care practitioners who regularly work in the Lubbock County Juvenile Justice Center or any program administered by the Lubbock County Juvenile Justice Center shall receive specialized training in:</p> <ol style="list-style-type: none"> <li>1. How to detect and assess signs of sexual abuse and sexual harassment,</li> <li>2. How to preserve physical evidence of sexual abuse,</li> <li>3. How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment,</li> <li>4. How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.</li> </ol> <p>All such training is documented whether delivered internally or by external providers.</p> <p>(d) Practitioners also complete either the required employee training or the contractor training, based on their classification. Training records were reviewed.</p>

<b>115.341</b>	<b>Obtaining information from residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

	<p>115.341 Screening for Risk of Sexual Victimization and Abusiveness</p> <p>Evidenced Analyzed:</p> <ol style="list-style-type: none"> <li>1. Obtaining Information from Residents, PREA Policy</li> <li>2. Medical and Mental Health Screenings; History of Sexual Abuse, PREA Policy</li> <li>3. Resident Intake Screenings</li> <li>4. Interviews with PREA Coordinator, staff responsible for risk screening and random residents</li> <li>5. Site Review: PREA Risk Screening; Record Storage</li> <li>6. PAQ (pre audit questionnaire)</li> </ol> <p>Findings:</p> <p>(a) As evidenced by the resident screenings submitted the agency conducts objective and comprehensive risk screenings for all residents within 72 hours of their arrival. These screenings are designed to assess each resident's risk for sexual victimization or potential abusiveness and are repeated periodically to ensure current and accurate evaluations. During the site review, the auditor asked staff to walk through the process and do a mock intake for demonstration purposes.</p> <p>b) Assessments are conducted using an objective PREA Screening form.</p> <p>(c) As part of the screening process, the agency gathers relevant information including any history of sexual victimization or sexual abusiveness, gender identity and expression, age, offense history, level of emotional and physical development, any disabilities, and the resident's own perception of vulnerability.</p> <p>(d) The agency enhances the accuracy of risk assessments by reviewing each resident's case files, court documentation, behavioral records, and results from medical and mental health screenings. This multi-source approach ensures a well-informed and individualized evaluation.</p> <p>(e) Access to screening information is strictly limited to staff members who have a clear, legitimate need to know. The agency enforces confidentiality protocols to protect the privacy of residents and ensure the safe and secure handling of sensitive information.</p>
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<b>115.342</b>	<b>Placement of residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

115.342 Placement of Residents in Housing, Bed, Program, Education, and Work Assignments

Evidenced Analyzed:

1. PREA Intake Form

2. Placement of Residents in Cluster, Bed, Program, Education, and Work Assignments, PREA Policy

3. Interviews with PREA Coordinator, staff responsible for risk screening, Facility Administrator, and medical and mental health staff. There were no residents in isolation for risk of sexual victimization or who alleged to have suffered sexual abuse, nor were there any transgender, intersex, gay, lesbian or bisexual residents. There were no staff that supervised isolation.

4. PAQ (pre audit questionnaire)

Findings:

(a) The Lubbock County Juvenile Justice Center shall use all information obtained to make cluster, bed, program, education, and work assignments for residents with the goal of keeping all residents safe and free from sexual abuse.

(b) Residents may be isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged. During any period of isolation, the Lubbock County Juvenile Justice Center shall not deny residents daily large-muscle exercise and any legally required educational programming or special education services. Residents in isolation shall receive daily visits from a medical or mental health care clinician. Residents shall also have access to other programs and work opportunities to the extent possible.

(c) Lesbian, gay, bisexual, transgender, or intersex residents are not placed in a particular cluster, bed, or other assignments solely on the basis of such identification or status, nor shall the Lubbock County Juvenile Justice Center consider lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive.

(d) In deciding whether to assign a transgender or intersex resident to a cluster for male or female residents, and in making other programming assignments, the Lubbock County Juvenile Justice Center considers on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether the placement would present management or security problems.

(e) The agency reassesses the housing and programming placements of all transgender and intersex residents at least twice per year. These reassessments help ensure ongoing safety and appropriate accommodations based on any changes in the resident's status or risk level.

	<p>(f) The agency gives serious and documented consideration to the views of transgender and intersex residents regarding their safety and placement preferences. These perspectives are a critical part of the decision-making process and are factored into each resident's individual placement plan.</p> <p>(g) Transgender and intersex residents are consistently offered the option to shower separately from other residents. This measure is intended to support personal dignity, reduce vulnerability, and reinforce the agency's commitment to safety.</p> <p>(h) Residents are neither segregated nor isolated.</p> <p>(I) Residents are neither segregated nor isolated.</p>
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<b>115.351</b>	<b>Resident reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.351 Resident Reporting</p> <p>Evidenced Analyzed:</p> <ol style="list-style-type: none"> <li>1. Reporting Abuse List</li> <li>2. Resident Reporting, PREA Policy</li> <li>3. Staff Reporting, PREA Policy</li> <li>4. Staff PREA Training Curriculum</li> <li>5. Dayroom Booklet</li> <li>6. Interviews with random staff and residents. There were no residents who reported sexual abuse.</li> <li>7. Site Review: Signage; Internal and External Reporting Method; Sending and Receiving Mail; Record Storage; Staff Reporting</li> </ol> <p>Findings:</p> <p>(a) The Lubbock County Juvenile Justice Center provides multiple internal methods for residents to privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. These include:</p> <ol style="list-style-type: none"> <li>1. The resident grievance process,</li> </ol>

2. The internal hotline,
3. In person in a confidential meeting with any employee or contract service provider.

How to report signage is posted in each unit and other places within the facility. Drop boxes were observed in each unit and other areas within the facility and are kept secured. Postal mail is free and goes out five days a week.

(b) The Lubbock County Juvenile Justice Center also provides information to residents to report abuse or harassment to a public or private entity or office that is not part of the Lubbock County Juvenile Justice Center and that is able to receive and immediately forward resident reports of sexual abuse and sexual harassment to Lubbock County Juvenile Justice Center officials, allowing the resident to remain anonymous upon request. These public or private entities include:

1. The Texas Juvenile Justice Department,
2. The Lubbock County Sheriff's Office,
3. The Lubbock Police Department,
4. The Lubbock Rape Crisis Center,
5. CASA of the South Plains, or
6. Relevant consular officials when known.

Residents are given a reporting abuse list that states:

When a juvenile requests to call the hotline or make a report, they should be provided with this list. They may call whichever number they choose.

To reach Regan:

LCJJC PREA Coordinator – 806-775-1891

LCJJC Internal Hotline: Call or Text- 806-392-7090 To reach law enforcement:

Lubbock County Sheriff's Office - 806-775-1494 To reach a TJJD investigator:

Texas Juvenile Justice Department Hotline - 1-877-786-7263 To reach the TJJD Office of the Inspector General

Independent Ombudsman – 855-468-7330 For immigrant residents:

Department of Homeland Security OIG: 1-800-323-8603 To reach the consulate for Mexican citizens:

Consulate General of Mexico in Austin – 512-478-2866 To locate a consular office for all other immigrant residents: <http://www.state.gov/documents/organization/2-21620pdf>

Contact information for the external entity is prominently posted in all housing units and included in the resident handbook to ensure visibility and accessibility. The hotline number was tested.

(c) All agency staff are trained and required to accept reports of sexual abuse or

	<p>harassment regardless of how they are made—whether verbally, in writing, anonymously, or through third-party sources. Staff are instructed to immediately document all verbal reports and respond to them with urgency, professionalism, and sensitivity.</p> <p>(d) The agency ensures that residents have easy access to the materials needed to file written reports, including writing instruments, grievance forms, and secure submission boxes placed in designated areas throughout the facility.</p> <p>(e) Staff members are also provided with confidential avenues to report any knowledge, suspicion, or information regarding sexual abuse or harassment. These reports can be made directly to the PREA Coordinator or submitted through secure hotlines, email systems, or other designated confidential reporting mechanisms. Staff were able to explain this process to the auditor.</p>
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115.352	Exhaustion of administrative remedies
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>115.352 Exhaustion of Administrative Remedies</p> <p>Evidenced Analyzed:</p> <ol style="list-style-type: none"> <li>1. Exhaustion of Administrative Remedies, PREA Policy</li> <li>2. Pre-Audit Questionnaire (PAQ)</li> <li>3. There were no residents who reported a sexual assault to interview.</li> <li>4. Site Review: Signage; Third Party Reporting</li> </ol> <p>Findings:</p> <p>(a) The agency maintains formal administrative procedures for addressing resident grievances related to allegations of sexual abuse. These procedures are fully implemented and available to all residents within the facility. According to the information in the PAQ there have been no grievances filed concerning sexual abuse or harassment in the last 12 months.</p> <p>(b) The agency does not impose any time limit on when a resident may submit a grievance concerning sexual abuse. Residents are not required to use an informal grievance process or attempt resolution with staff before filing a formal grievance regarding sexual abuse.</p> <p>(c) Residents may file grievances related to sexual abuse without being required to submit them to the staff member who is the subject of the complaint. The agency ensures that such grievances are not referred to any staff member named in the</p>

	<p>allegation, thereby maintaining the integrity of the review process.</p> <p>(d) The Lubbock County Juvenile Justice Center shall issue a final decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance. Computation of the 90-day time period shall not include time consumed by residents in preparing any administrative appeal. The Lubbock County Juvenile Justice Center may claim an extension of time to respond, of up to 70 days, if the normal time period for response is insufficient to make an appropriate decision. The Lubbock County Juvenile Justice Center shall notify the resident in writing of any such extension and provide a date by which a decision will be made. At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, the resident may consider the absence of a response to be a denial at that level.</p> <p>(e) Third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, shall be permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of residents. If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process. If the resident declines to have the request processed on his or her behalf, the agency shall document the resident's decision. Signage is posted in areas where third party reporters may have access too, such as visitation and public lobby. Third party reporting method was tested.</p> <p>(f) After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, the agency shall immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken, shall provide an initial response within 48 hours, and shall issue a final agency decision within 5 calendar days. The initial response and final agency decision shall document the agency's determination whether the resident is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance.</p> <p>G) The agency strictly prohibits disciplinary action against any resident for filing a grievance related to sexual abuse unless it is determined, through clear evidence, that the grievance was submitted in bad faith. No grievances have been filed in the past 12 months.</p>
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<b>115.353</b>	<b>Resident access to outside confidential support services and legal representation</b>
	<b>Auditor Overall Determination:</b> Meets Standard

	<p><b>Auditor Discussion</b></p> <p>115.353 Resident Access to Outside Support Services and Legal Representation</p> <p>Evidenced Analyzed:</p> <ol style="list-style-type: none"> <li>1. MOU with Voice of Hope</li> <li>2. Resident Access to Outside Support and Legal Representation. PREA Policy</li> <li>3. Interviews with Facility Administrator and random residents. There were no residents who reported sexual abuse.</li> <li>4. Site Review: Signage; Outside Emotional Support Services; Sending and Receiving Mail</li> </ol> <p>Findings:</p> <p>(a) The Lubbock County Juvenile Justice Center provides residents with access to outside victim advocates for emotional support services related to sexual abuse, by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations, and, for persons detained solely for civil immigration purposes, immigrant services agencies. The Lubbock County Juvenile Justice Center shall enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible. A test call to Voice of Hope was made.</p> <p>(b) The Lubbock County Juvenile Justice Center informs 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.</p> <p>(c) The agency maintains memoranda of understanding (MOUs) or other formal agreements with community-based service providers that offer confidential emotional support services to victims of sexual abuse. When such agreements are not yet finalized, the agency documents all efforts made to establish these partnerships, demonstrating ongoing commitment to victim support. A test call to Voice of Hope was made.</p> <p>(d) The Lubbock County Juvenile Justice Center shall also provide residents with reasonable and confidential access to their attorneys or other legal representation and reasonable access to parents or legal guardians.</p>
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<b>115.354</b>	<b>Third-party reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard



	<p><b>Auditor Discussion</b></p> <p>115.354 Third-Party Reporting</p> <p>Evidenced Analyzed:</p> <ol style="list-style-type: none"> <li>1. Resident Reporting, PREA Policy</li> <li>2. Agency Website <a href="https://www.lubbockcounty.gov/departments/division.php?structureid=168">https://www.lubbockcounty.gov/departments/division.php?structureid=168</a></li> <li>3. Site Review: Signage; Third Party Reporting</li> <li>4. Agency Website</li> </ol> <p>Findings:</p> <p>(a) The facility has established procedures that allow third parties—including family members, legal representatives, and advocacy organizations—to report sexual abuse or harassment on behalf of residents. Information about how to file such reports is made publicly available and is accessible to both residents and third parties. The agency website describes how anyone can report sexual abuse. The auditor observed third party reporting forms in the lobby area.</p>
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<b>115.361</b>	<b>Staff and agency reporting duties</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>15.361 Staff and Agency Reporting Duties</p> <p>Evidenced Analyzed:</p> <ol style="list-style-type: none"> <li>1. Staff and Agency Duty to Report, PREA Policy</li> <li>2. Interviews with the Facility Administrator, medical and mental health staff, and random staff</li> </ol> <p>Findings:</p> <p>(a) All agency staff are required to immediately report any knowledge, suspicion, or information regarding incidents of sexual abuse, sexual harassment, retaliation against individuals involved in such reports, or staff neglect or violations of responsibilities that may have contributed to an incident. This reporting requirement applies to incidents occurring both within the agency and at other facilities.</p> <p>(b) Staff adhere strictly to mandatory child abuse reporting laws, ensuring that all applicable allegations involving minors are referred without delay to the appropriate</p>

	<p>state or local child protection authorities.</p> <p>(c) The agency enforces strict confidentiality protocols. Staff are prohibited from disclosing any information related to a report of sexual abuse or harassment, except to individuals who are directly involved in providing treatment to the resident, conducting investigations, or ensuring facility security.</p> <p>(d) Medical and mental health practitioners employed by or working in the facility are required to report all suspected incidents of sexual abuse to designated supervisory personnel and the appropriate outside agencies. Prior to delivering services, these practitioners inform residents of their obligation to report and clearly explain any limitations on confidentiality.</p> <p>(e) When an allegation involves a juvenile resident, the facility head, or designated official promptly notifies the appropriate agency officials and the resident's parent or legal guardian. If the juvenile is in the custody of a child welfare agency, their caseworker is contacted. If the juvenile is under the jurisdiction of the juvenile justice system, their attorney or legal representative is also notified within 14 days of the allegation.</p> <p>(f) The agency ensures that all allegations of sexual abuse or harassment—including those made anonymously or by third parties—are immediately referred to the appropriate investigative authorities for review and action, in accordance with PREA standards.</p>
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115.362	Agency protection duties
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>115.362 Agency Protection Duties</p> <p>Evidenced Analyzed:</p> <ol style="list-style-type: none"> <li>1. Staff and Agency Duty to Report, PREA Policy</li> <li>2. Interviews with the Director, Facility Administrator and random staff</li> </ol> <p>Findings:</p> <p>(a) Upon learning that a resident is at substantial risk of imminent sexual abuse, the facility takes immediate steps to protect the resident. These measures may include housing reassignments, separation from potential aggressors, and other safety-driven interventions. According to the information in the PAQ there have been no residents that were in imminent risk of sexual abuse in the past 12 months.</p>

115.363	Reporting to other confinement facilities
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.363 Reporting to Other Confinement Facilities</p> <p>Evidenced Analyzed:</p> <ol style="list-style-type: none"> <li>1. Reporting to Other Facilities, PREA Policy</li> <li>2. Pre-Audit Questionnaire (PAQ)</li> <li>3. Interviews with the Director and Facility Administrator</li> </ol> <p>Findings:</p> <p>(a) Upon receiving an allegation that a resident or program participant was sexually abused while confined at another facility, the Chief JPO of LCJJC shall be notified that the allegation was received. The Chief Juvenile Probation Officer or his designee shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred, law enforcement agency with jurisdiction, and any other appropriate investigating agency.</p> <p>(b) Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation.</p> <p>(c) LCJJC shall document that it has provided such notification within 72 hours. The Chief JPO that receives such notification shall ensure that the allegation is investigated in accordance with these standards. The Chief JPO shall ensure that allegations of sexual abuse made by residents of another facility but alleged to have occurred at LCJJC are fully investigated in accordance with this policy.</p> <p>(d) Policy requires that allegations received from other agencies or facilities are investigated in accordance with the PREA standards.</p> <p>According to the information in the PAQ there have been no sexual misconduct reported from outside facilities.</p>

115.364	Staff first responder duties
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.364 Staff First Responder Duties</p> <ol style="list-style-type: none"> <li>1. Duties of First Responders</li> </ol>

	<p>2. PREA First Responder Checklist and Coordinated Response</p> <p>3. Interviews with Security and non-security staff first responders and random staff. There were no residents who reported sexual abuse.</p> <p>(a) Upon learning of an allegation that a resident was sexually abused, the first staff member to respond to the report shall be required to request the assistance of an AFA/supervisor and Separate the alleged victim and the alleged perpetrator by housing or supervision in a manner favorable to the alleged victim. The alleged victim shall be under the full constant observation of staff. Separation shall continue until the completion of an internal investigation. Secure the location of the alleged sexual assault by posting staff to ensure no forensic evidence is tampered with. If the abuse occurred within a time period that still allows for the collection of physical evidence, 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.</p> <p>(b) In situations where the first responder is not a security staff member, the responder is required to instruct the alleged victim not to take any actions that could destroy evidence and immediately notify security staff to assume control of the response.</p>
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115.365	Coordinated response
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.365 Coordinated Response</p> <p>Evidenced Analyzed:</p> <p>1. PREA First Responder Checklist and Coordinated Response</p> <p>2. Interview with the Facility Administrator</p> <p>Findings:</p> <p>(a) The facility has implemented a written Coordinated Response Plan that outlines the roles and responsibilities of staff, medical and mental health practitioners, investigators, and leadership in responding to sexual abuse allegations. This plan ensures a streamlined and effective response from initial report through post-incident follow-up and support.</p>

115.366	Preservation of ability to protect residents from contact with abusers
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	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.366 Preservation of Ability to Protect Residents from Contact with Abusers</p> <p>Evidenced Analyzed:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. Interview with the Director</li> </ol> <p>Findings:</p> <p>(a) The agency has not entered into any collective bargaining agreements.</p> <p>(b) The auditor is not required to audit this provision.</p>

<b>115.367</b>	<b>Agency protection against retaliation</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.367 Agency Protection Against Retaliation</p> <p>Evidenced Analyzed:</p> <ol style="list-style-type: none"> <li>1. Protection From Retaliation, PREA Policy</li> <li>2. Interviews with the Director and the designated staff charged with monitoring retaliation. There were no residents in isolation for risk of sexual victimization or who alleged to have suffered sexual abuse and there were no residents who reported sexual abuse.</li> <li>3. PAQ (pre audit questionnaire)</li> </ol> <p>Findings:</p> <p>(a) Residents/Program participants, other complaining parties, employees, interns, and volunteers of LCJJC shall be protected against retaliation for reporting an incident of sexual abuse or sexual harassment or cooperating with an investigation of sexual abuse or sexual harassment.</p> <p>(b) Protective measures may include but are not limited to: Cluster or assignment changes or transfers for program participant victims or alleged abusers, whichever is more favorable to the victim. Removal of alleged program participant or employee, intern, or volunteer abusers from contact with victims, Emotional support</p>

	<p>services. Following a report of sexual abuse, the supervisors or administrators of the program in which the sexual abuse was reported and in which the victim of sexual abuse is participating shall monitor for any changes which may suggest possible retaliation by residents/program participants or employees, interns, or volunteers. Such monitoring shall continue for an indeterminate amount of time but no less than 90 days following the report of sexual abuse. Monitoring may include the following but is not limited to:</p> <ul style="list-style-type: none"> <li>a. Any program participant discipline reports,</li> <li>b. Housing changes,</li> <li>c. Program changes,</li> <li>d. Periodic status checks,</li> <li>e. Negative staff performance reviews, or</li> <li>f. Staff reassignments.</li> </ul> <p>(c) Should any employee, intern, or volunteer at LCJJC detect any conduct that would suggest retaliation they shall immediately notify their AFA/supervisor. The AFA/supervisor shall coordinate with the Facility Administrator or Probation Supervisor, having sufficient authority to remedy any such retaliation, in developing a strategy to remedy such retaliation. Such retaliation shall be grounds for immediate administrative action up to and including termination. Such monitoring may terminate upon the determination that the allegation of sexual abuse is unfounded or after 90 days and no retaliation has been detected.</p> <p>(d) Residents receive periodic status checks to detect and address any signs of retaliation.</p> <p>(e) If an individual raises concerns about retaliation, the facility takes immediate action to address them.</p> <p>(f) The auditor is not required to audit this provision.</p>
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<b>115.368</b>	<b>Post-allegation protective custody</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.368 Post-Allegation Protective Custody</p> <p>Evidenced Analyzed:</p> <ul style="list-style-type: none"> <li>1. Use of Protective Segregated Housing, PREA Policy</li> <li>2. Interviews with Facility Administrator, medical and mental health staff. There are no residents in isolation or staff that supervises isolation.</li> <li>3. Site Review: Isolation</li> </ul>

	<p>4. PAQ (pre audit questionnaire)</p> <p>Findings:</p> <p>(a) The use of segregated housing to protect a resident who is alleged to have suffered sexual abuse shall be the last resort when other less restrictive measures are found to be inadequate. During such times of protective segregated housing the resident shall be offered daily large muscle exercise, access to legally required educational programming and special education services, daily visits from a mental health and medical practitioner, and access to other services/programs and work opportunities to the extent possible. Residents are provided with single private rooms.</p>
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<b>115.371</b>	<b>Criminal and administrative agency investigations</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>115.371 Criminal and Administrative Agency Investigations</p> <p>Evidenced Analyzed:</p> <ol style="list-style-type: none"> <li>1. Internal Investigations, PREA Policy</li> <li>2. Investigator Training Certificate</li> <li>3. Interviews with Facility Administrator, PREA Coordinator and investigator. There are no residents who reported sexual abuse.</li> <li>4. Site Review: Record Storage</li> </ol> <p>Findings:</p> <p>(a) The agency conducts thorough, timely, and objective investigations into all allegations of sexual abuse and sexual harassment, including those submitted anonymously or by third parties. All investigations are assigned to trained investigators with specialized knowledge in handling cases involving juvenile populations.</p> <p>(b) Investigators collect and review all available evidence relevant to each allegation, including physical evidence, electronic data, and witness statements. They also examine any prior complaints or allegations involving the same alleged perpetrator to identify patterns or corroborating information.</p> <p>(c) Investigations continue regardless of whether the alleged victim recants their original statement. The agency remains committed to ensuring that all allegations are fully explored and resolved based on the evidence.</p>

- (d) Criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible. When there is potential for criminal prosecution, investigators consult with prosecuting authorities prior to conducting any compelled interviews to ensure compliance with legal standards and to preserve the integrity of potential criminal proceedings.
- (e) The credibility of victims, suspects, and witnesses is assessed individually based on evidence and demeanor. Residents are never required to undergo polygraph examinations or similar truth-verification tests as a condition for moving forward with an investigation.
- (f) The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as resident or staff. No agency shall require a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.
- (g) Internal Investigations shall include an effort to determine whether staff actions or failures to act contributed to the abuse and shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. Information collected during an investigation, including all reports, are maintained in a secure area under lock and key with limited access.
- (h) Criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible.
- (i) When a criminal act is substantiated through investigation, the case is referred to the appropriate prosecuting authority for consideration of formal charges.
- (j) The agency retains all investigation records for the duration of the subject's incarceration or employment, plus an additional five years, unless state law allows for a shorter retention period for juvenile cases.
- (k) The departure of the victim or the alleged perpetrator from the agency does not terminate the investigation. All allegations are pursued to completion, regardless of the individual's custody or employment status.
- (l) The auditor is not required to audit this provision.
- (m) The agency fully cooperates with external investigative entities and makes reasonable efforts to remain informed about the status and outcomes of investigations initiated or conducted by outside authorities.



115.372	Evidentiary standard for administrative investigations
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.372 Evidentiary Standard for Administrative Investigations</p> <p>Evidenced Analyzed:</p> <ol style="list-style-type: none"> <li>1. Internal Investigations, PREA Policy</li> <li>2. Interview with investigator</li> </ol> <p>Findings:</p> <p>(a) LCJJC shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.</p>

115.373	Reporting to residents
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.373 Reporting to Residents</p> <p>Evidenced Analyzed:</p> <ol style="list-style-type: none"> <li>1. Victim's Right to Information, PREA Policy</li> <li>2. One Completed Investigation</li> <li>3. Pre-Audit Questionnaire (PAQ)</li> <li>4. Interviews with the Facility Administrator and investigator. There were no residents who reported sexual abuse to interview.</li> </ol> <p>Findings:</p> <p>(a) Upon the conclusion of any investigation into a resident's allegation of sexual abuse, the agency ensures that the resident is promptly informed of the outcome. The resident is clearly notified whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. According to information submitted in the PAQ there was one investigation conducted that required a notification to a resident.</p> <p>(b) When an investigation is conducted by an external agency, the agency actively requests the results of the investigation to ensure that the resident receives timely</p>

	<p>and accurate notification of the outcome.</p> <p>(c) Following an internal investigation into an allegation of sexual abuse, the victim shall be informed of the disposition of the investigation. An internal investigation which results in a finding of Founded or Inconclusive, the victim shall have the right to be informed whenever the following conditions exists:</p> <ol style="list-style-type: none"> <li>1. The victim will no longer be under the supervision of the perpetrator</li> <li>2. The perpetrator is no longer employed by LCJJC,</li> <li>3. LCJJC learns that the perpetrator has been indicted on a charge related to the sexual abuse allegation,</li> <li>4. LCJJC learns that the perpetrator has been convicted on a charge related to the sexual abuse allegation,</li> <li>5. In the instance the alleged perpetrator is another resident the victim shall be notified of an indictment and or conviction of a charge related to the sexual abuse within the facility.</li> </ol> <p>(d) When the allegation involves another resident, the agency notifies the alleged victim if:</p> <ol style="list-style-type: none"> <li>1. The alleged abuser has been indicted on a charge related to the abuse; or</li> <li>2. The alleged abuser has been convicted of a related offense.</li> </ol> <p>(e) All notifications to residents, as well as any attempts to notify them, are thoroughly documented to ensure accountability and compliance with PREA standards.</p> <p>(f) The auditor is not required to audit this standard.</p>
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<b>115.376</b>	<b>Disciplinary sanctions for staff</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.376 Disciplinary Sanctions for Staff</p> <p>Evidenced Analyzed:</p> <ol style="list-style-type: none"> <li>1. Disciplinary Sanctions and Corrective Actions, PREA Policy</li> <li>2. Pre-Audit Questionnaire (PAQ)</li> </ol>

	<p>Findings:</p> <p>(a) Any employee of LCJJC found to have committed sexual abuse against any resident or program participant shall be subject to termination and possible criminal prosecution. Any employee of the LCJJC found to have committed sexual harassment against any resident or program participant shall be subject to administrative sanctions and possible criminal prosecution. According to the information in the PAQ no staff have been disciplined for sexual misconduct in the last 12 months.</p> <p>(b) Termination is the presumptive disciplinary action for staff found to have engaged in sexual abuse.</p> <p>(c) Disciplinary sanctions for violations of LCJJC policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.</p> <p>(d) 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, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.</p>
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<b>115.377</b>	<b>Corrective action for contractors and volunteers</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>115.377 Corrective Action for Contractors and Volunteers</p> <p>Evidenced Analyzed:</p> <ol style="list-style-type: none"> <li>1. Disciplinary Sanctions and Corrective Actions, PREA Policy</li> <li>2. Pre-Audit Questionnaire (PAQ)</li> <li>3. Interview with Facility Administrator</li> </ol> <p>Findings:</p> <p>(a) Any contractor or volunteer who engages in sexual abuse is immediately prohibited from further contact with residents and is referred to law enforcement and licensing agencies, unless the behavior is clearly not criminal. According to the Information in the PAQ no volunteers or contractors have been disciplined for sexual misconduct in the last 12 months.</p> <p>(b) For other policy violations by contractors or volunteers, appropriate remedial</p>

	measures are taken, which may include removal of resident contact privileges.
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<b>115.378</b>	<b>Interventions and disciplinary sanctions for residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.378 Interventions and Disciplinary Sanctions for Residents</p> <p>Evidenced Analyzed:</p> <ol style="list-style-type: none"> <li>1. Disciplinary Action for Residents/Program Participants, PREA Policy</li> <li>2. Pre-Audit Questionnaire</li> <li>3. Interviews with medical and mental health staff and the Facility Administrator</li> </ol> <p>Findings:</p> <p>(a) LCJJC residents may be subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse. According to the Information in the PAQ there have been no residents disciplined for sexual misconduct in the last 12 months.</p> <p>(b) Any disciplinary sanctions shall be commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories. In the event a disciplinary sanction results in the isolation of a resident, LCJJC shall not deny the resident daily large-muscle exercise or access to any legally required educational programming or special education services. Residents in isolation shall receive daily visits from medical or mental health care practitioners. Residents shall also have access to other programs and work opportunities to the extent possible.</p> <p>(c) The disciplinary process shall consider whether a resident's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed</p> <p>(d) When appropriate the LCJJC shall offer therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse. LCJJC may require participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, but not as a condition to access to general programming or education.</p> <p>(e) LCJJC may discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact.</p>

	<p>(f) For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.</p> <p>(g) LCJJC prohibits all sexual activity between residents and may discipline residents for such activity. LCJJC does not however, deem such activity to constitute sexual abuse if it determines that the activity is not coerced.</p>
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<b>115.381</b>	<b>Medical and mental health screenings; history of sexual abuse</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>115.381 Medical and Mental Health Screenings; History of Sexual Abuse</p> <p>Evidenced Analyzed:</p> <ol style="list-style-type: none"> <li>1. Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Non-Emergency Abusers, PREA Policy</li> <li>2. Medical and Mental Health Screenings; History of Sexual Abuse, PREA Policy</li> <li>3. A Sample of a 14-day Follow-up with Medical and Mental Health</li> <li>4. Interviews with medical and mental health staff, staff responsible for risk screening and a resident who disclosed sexual victimization at risk screening.</li> <li>5. Site Review: Record Storage</li> <li>6. PAQ (pre audit questionnaire)</li> </ol> <p>Findings:</p> <p>(a) If the screening indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff shall ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening.</p> <p>(b) Residents identified as having previously perpetrated sexual abuse are also referred for a mental health follow-up within 14 days.</p> <p>(c) Information on prior victimization or abusiveness is restricted to staff necessary for medical, mental health, or classification decisions, in compliance with all</p>

	<p>applicable privacy laws. During the site review, medical records were maintained under lock and key with restricted access.</p> <p>(d) All residents are under the age of 18 and do not require informed consent.</p>
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<b>115.382</b>	<b>Access to emergency medical and mental health services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.382 Access to Emergency Medical and Mental Health Services</p> <p>Evidenced Analyzed:</p> <ol style="list-style-type: none"> <li>1. Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Non-Emergency Abusers, PREA Policy</li> <li>2. Access to Emergency Medical and Mental Health Services, PREA Policy</li> <li>3. Interviews with medical and mental health staff and security and non-security staff first responders. There were no residents who reported sexual abuse.</li> </ol> <p>Findings:</p> <p>(a) Resident victims of sexual abuse shall 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.</p> <p>(b) If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, staff first responders shall take preliminary steps to protect the victim and shall immediately notify the appropriate medical and mental health practitioners.</p> <p>(c) Resident victims of sexual abuse while detained or residing at the Lubbock County Juvenile Justice Center and their parents or guardians shall be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.</p> <p>(d) Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.</p>

<b>115.383</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.383 Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers</p> <p>Evidenced Analyzed:</p> <ol style="list-style-type: none"> <li>1. Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Non-Emergency Abusers, PREA Policy</li> <li>2. Access to Emergency Medical and Mental Health Services, PREA Policy</li> <li>3. Interviews with medical and mental health staff. There were no residents that reported sexual abuse.</li> </ol> <p>Findings:</p> <p>(a) Residents who have experienced sexual abuse are offered medical and mental health evaluations and follow-up treatment.</p> <p>(b) When residents are transferred, released, or moved to another facility, they receive referrals for continued care to ensure continuity of services.</p> <p>(c) All care is provided at a community-level standard to ensure adequate quality.</p> <p>(d) Victims of sexually abusive vaginal penetration while incarcerated are offered pregnancy testing.</p> <p>(e) If pregnancy occurs, the facility provides timely, comprehensive information and access to all lawful pregnancy-related services.</p> <p>(f) STI testing is offered as medically indicated to support the victim's health.</p> <p>(g) All services are provided at no cost to the resident, regardless of participation in the investigation.</p> <p>(h) The facility attempts to conduct a mental health evaluation of any known resident-on-resident abuser within 60 days of discovery and offers treatment where appropriate.</p>

<b>115.386</b>	<b>Sexual abuse incident reviews</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

	<p>115.386 Sexual Abuse Incident Reviews</p> <p>Evidenced Analyzed:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire (PAQ)</li> <li>2. Sexual Abuse Review Board (SARB), PREA Policy</li> <li>3. Interviews with Facility Administrator and members of the incident review team</li> </ol> <p>Findings:</p> <p>(a) LCJJC shall 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.</p> <p>(b) Such review shall occur within 30 days of the conclusion of the investigation.</p> <p>(c) The SARB shall include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners.</p> <p>The SARB shall:</p> <p>Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse.</p> <p>Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility.</p> <p>Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse.</p> <p>Assess the adequacy of staffing levels in that area during different shifts;</p> <p>Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and</p> <p>Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to paragraphs (4)(a)-(4)(e) of this section, and any recommendations for improvement and submit such report to the facility head and PREA compliance manager.</p> <p>(e) LCJJC shall implement the recommendations for improvement or shall document its reasons for not doing so.</p>
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115.387	Data collection
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	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.387 Data Collection</p> <p>Evidenced Analyzed:</p> <ol style="list-style-type: none"> <li>1. Data collection, PREA Policy</li> <li>2. Agency Website</li> <li>3. Annual Reviews</li> </ol> <p>Findings:</p> <p>(a) The agency collects standardized, uniform data on all allegations of sexual abuse.</p> <p>(b) Data is aggregated at least annually to identify patterns and trends.</p> <p>(c) The agency ensures that its data addresses all questions from the most recent DOJ Survey of Sexual Violence.</p> <p>(d) Data collection includes incident reports, investigation outcomes, and review findings. The auditor reviewed the data reports on the agency website.</p> <p>(e) Data is also collected from any contracted private facilities.</p> <p>(f) Upon request, the agency submits the previous calendar year's data to DOJ by June 30.</p>

<b>115.388</b>	<b>Data review for corrective action</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.388 Data Review for Corrective Action</p> <p>Evidenced Analyzed:</p> <ol style="list-style-type: none"> <li>1. 2023 Annual Data Review</li> <li>2. 2019-2024 Annual Data Report</li> <li>3. Agency Website</li> <li>4. Interviews with the Director and PREA Coordinator</li> </ol> <p>Findings:</p>

	<p>(a) Aggregated data is reviewed to evaluate the effectiveness of the agency's prevention and response efforts. This includes:</p> <ol style="list-style-type: none"> <li>1. Identifying areas needing improvement.</li> <li>2. Taking corrective actions as needed.</li> <li>3. Preparing an annual report outlining findings and responses.</li> </ol> <p>(b) The annual report compares current and past data and actions to assess progress.</p> <p>(c) The agency head approves the report and ensures public availability via the agency's website or other accessible means. The auditor reviewed the agency website and the following documents were reviewed:</p> <p>2019, 2020, 2021 and 2023 SSV report  Zero Tolerance Policy  Final PREA Reports 2016, 2019 and 2023  Reporting Abuse Policy  Referring allegations to Law Enforcement Policy  Contract Facility Data Access  Annual Sex Abuse Data Sheet 2021  2022, 2023, and 2024 Annual Reports</p> <p>(d) Any redactions for safety or security are noted by category.</p>
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<b>115.389</b>	<b>Data storage, publication, and destruction</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>115.389 Data Storage, Publication, and Destruction</p> <p>Evidenced Analyzed:</p> <ol style="list-style-type: none"> <li>1. Data storage, publication, and destruction, PREA Policy</li> <li>2. Agency Website</li> <li>3. Site Review: Record Storage</li> <li>4. Interview with PREA Coordinator</li> </ol> <p>Findings:</p> <p>(a) The agency securely stores all collected sexual abuse data to prevent unauthorized access.</p> <p>(b) Aggregated data is published annually, including data from any contracted</p>

	<p>facilities.</p> <p>(c) Personal identifiers are removed before publication to protect resident privacy. As evidenced by reviewing the department website it contains all information as required by this standard. The department website contains all information as required by this standard. The website was reviewed to verify that sexual abuse data is publicly made available and does not include any personally identifiable information.</p> <p>(d) All data is retained for at least 10 years unless a longer period is required by law. Historical data was reviewed on the agency website.</p>
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<b>115.401</b>	<b>Frequency and scope of audits</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.401 Frequency and Scope of Audits</p> <p>Evidenced Analyzed:</p> <ol style="list-style-type: none"> <li>1. Agency Website</li> <li>2. Site Review: Notice of Audit; Access to Facility</li> <li>3. Issue Log</li> <li>4. Notice of Audit</li> </ol> <p>Findings:</p> <p>(a) (b) The agency operates a single facility. This facility has had an audit during each PREA cycle. Audit reports are available on the agency website. This is the third year of the current cycle.</p> <p>(h) The auditor had access to and was able to observe during the site review all areas of the facility.</p> <p>(i) The auditor received copies of any relevant documents requested.</p> <p>(m) Resident interviews were conducted in a private room without staff present.</p> <p>(n) A Notice of Audit was provided to the facility by the auditor at least six weeks in advance. The Notice provided information pertaining to the audit and provided a name and mailing address of the auditor should residents wish to send confidential correspondence to the auditor. No correspondence was received. The Notice was observed posted in each unit and other areas within the facility. The Notice was</p>

	dated with the posting date and photos were provided to the auditor with written assurance that the Notice was posted at least six weeks in advance of the audit.
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<b>115.403</b>	<b>Audit contents and findings</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.403 Audit Contents and Findings</p> <p>Evidenced Analyzed:</p> <p>1. Agency Website</p> <p>Findings:</p> <p>(a) All PREA audit reports from the facility are published on the agency website.</p>

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

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

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

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



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

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

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

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

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

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

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

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



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

	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
	Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent?	yes
<b>115.331 (b)</b>	<b>Employee training</b>	
	Is such training tailored to the unique needs and attributes of residents of juvenile facilities?	yes
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes
<b>115.331 (c)</b>	<b>Employee training</b>	
	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

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

	comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
<b>115.333 (c)</b>	<b>Resident education</b>	
	Have all residents received such education?	yes
	Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility?	yes
<b>115.333 (d)</b>	<b>Resident education</b>	
	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
<b>115.333 (e)</b>	<b>Resident education</b>	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
<b>115.333 (f)</b>	<b>Resident education</b>	

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

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

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

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



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

<b>115.342 (c)</b>	<b>Placement of residents</b>	
	Does the agency always refrain from placing: Lesbian, gay, and bisexual residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Transgender residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator or likelihood of being sexually abusive?	yes
<b>115.342 (d)</b>	<b>Placement of residents</b>	
	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
<b>115.342 (e)</b>	<b>Placement of residents</b>	
	Are placement and programming assignments for each transgender or intersex resident reassessed at least twice each year to review any threats to safety experienced by the resident?	yes
<b>115.342 (f)</b>	<b>Placement of residents</b>	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when	yes

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

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

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

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

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

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



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

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

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

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

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

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

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

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



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

<b>115.376 (b)</b>	<b>Disciplinary sanctions for staff</b>	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
<b>115.376 (c)</b>	<b>Disciplinary sanctions for staff</b>	
	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
<b>115.376 (d)</b>	<b>Disciplinary sanctions for staff</b>	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
<b>115.377 (a)</b>	<b>Corrective action for contractors and volunteers</b>	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
<b>115.377 (b)</b>	<b>Corrective action for contractors and volunteers</b>	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?	yes

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

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

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

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

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

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



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

	publication would present a clear and specific threat to the safety and security of a facility?	
<b>115.389 (a)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency ensure that data collected pursuant to § 115.387 are securely retained?	yes
<b>115.389 (b)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
<b>115.389 (c)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
<b>115.389 (d)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
<b>115.401 (a)</b>	<b>Frequency and scope of audits</b>	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
<b>115.401 (b)</b>	<b>Frequency and scope of audits</b>	
	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
<b>115.401 (h)</b>	<b>Frequency and scope of audits</b>	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
<b>115.401 (i)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
<b>115.401 (m)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
<b>115.401 (n)</b>	<b>Frequency and scope of audits</b>	
	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
<b>115.403 (f)</b>	<b>Audit contents and findings</b>	
	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