

Prison Rape Elimination Act (PREA) Audit Report Juvenile Facilities

Interim Final

Date of Report 11-11-19

Auditor Information

Name: Joe Blume

Email: blumej68@hotmail.com

Company Name: Joe Blume

Mailing Address: 1480 Santa Rosa Place

City, State, Zip: Meridian, Idaho. 83642

Telephone: 1-208-908-3283

Date of Facility Visit: August 12th through the 14th

Agency Information

Name of Agency

Pegasus Schools, Inc.

Governing Authority or Parent Agency *(If Applicable)*

Licensed by the Texas Department of Family and Protective Services

Physical Address: 896 Robin Ranch Road

City, State, Zip: Lockhart Texas, 78644

Mailing Address: P.O. Box 577

City, State, Zip: Lockhart Texas, 78644

The Agency Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

Agency Website with PREA Information: www.pegasusschool.net

Agency Chief Executive Officer

Name: Robert Ellis

Email: robert.ellis@pegasusschool.net

Telephone: 1-512-432-1626

Agency-Wide PREA Coordinator

Name: A.J. Mercado

Email: ajmercado@pegasusschool.net

Telephone: 1-512-432-1670

PREA Coordinator Reports to:

Number of Compliance Managers who report to the PREA Coordinator:

Assistant CEO Chris Moody	2
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Facility Information

Name of Facility: Pegasus Schools, Inc.

Physical Address: 896 Robin Ranch Road

City, State, Zip: Lockhart, Texas 78644

Mailing Address (if different from above):
P.O. Box 577

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The Facility Is:

Military

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Facility Website with PREA Information: www.pegasusschool.net

Has the facility been accredited within the past 3 years? Yes No

If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years):

ACA

NCCHC

CALEA

Other (please name or describe: [Click or tap here to enter text.](#))

N/A

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:
Pegasus Schools, Inc. was certified as PREA compliant in 2016.

Facility Administrator/Superintendent/Director

Name: Eric DeHoyos

Email: eric.dehoyos@pegasusschools.net

Telephone: 1-512-432-1608

Facility PREA Compliance Manager

Name: Carl Ellis

Email: carl.ellis@pegasusschool.net

Telephone: 1-512-432-1609

Facility Health Service Administrator N/A

Name: Reid Davidson

Email: reid.davidson@pegasusschool.net Telephone: 1-512-432-1630

Facility Characteristics

Designated Facility Capacity: 200

Current Population of Facility: 161

Average daily population for the past 12 months: 160

Has the facility been over capacity at any point in the past 12 months? Yes No

Which population(s) does the facility hold? Females Males Both Females and Males

Age range of population: 10-17

Average length of stay or time under supervision: 12 months

Facility security levels/resident custody levels: Staff secure/Moderate

Number of residents admitted to facility during the past 12 months: 161

Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more: 161

Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 10 days or more: 161

Does the audited facility hold residents for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)? Yes No

- Select all other agencies for which the audited facility holds residents: Select all that apply (N/A if the audited facility does not hold residents for any other agency or agencies):
- Federal Bureau of Prisons
 - U.S. Marshals Service
 - U.S. Immigration and Customs Enforcement
 - Bureau of Indian Affairs
 - U.S. Military branch
 - State or Territorial correctional agency
 - County correctional or detention agency
 - Judicial district correctional or detention facility
 - City or municipal correctional or detention facility (e.g. police lockup or city jail)
 - Private corrections or detention provider
 - Other - please name or describe: CPS referrals
 - N/A

Number of staff currently employed by the facility who may have contact with residents: 148

Number of staff hired by the facility during the past 12 months who may have contact with residents:	36
Number of contracts in the past 12 months for services with contractors who may have contact with residents:	3
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	47
Number of volunteers who have contact with residents, currently authorized to enter the facility:	15
Physical Plant	
<p>Number of buildings:</p> <p>Auditors should count all buildings that are part of the facility, whether residents are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house residents, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</p>	22
<p>Number of resident housing units:</p> <p>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house residents of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows residents to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	7
Number of single resident cells, rooms, or other enclosures:	0
Number of multiple occupancy cells, rooms, or other enclosures:	0
Number of open bay/dorm housing units:	7
Number of segregation or isolation cells or rooms (for example, administrative, disciplinary, protective custody, etc.):	0
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Medical and Mental Health Services and Forensic Medical Exams

Are medical services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Are mental health services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Where are sexual assault forensic medical exams provided? Select all that apply.	<input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.)
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Investigations

Criminal Investigations

Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:	0
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When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.	<input type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity
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Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)	<input type="checkbox"/> Local police department <input checked="" type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input checked="" type="checkbox"/> Other (please name or describe: Licensing (DFPS)) <input type="checkbox"/> N/A
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Administrative Investigations

Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?	0
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When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply	<input type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity
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Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input checked="" type="checkbox"/> Other (please name or describe: Licensing DFPS)
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Audit Findings

Audit Narrative

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

On August 12th through the 14th of 2019, U.S. Department of Justice Certified PREA auditor Joe Blume conducted an audit of Pegasus Schools Incorporated, in Lockhart, Texas, for compliance with the federal Prison Rape Elimination Act (PREA).

Pre-audit preparation included verification of PREA audit notices being posted at least six weeks prior to the audit and containing necessary contact information and review of the Pre-Audit Questionnaire, facility policies, and documentation supporting compliance with each standard. Any questions and requests for clarification or/and additional information were listed by standard in an issues log, which was sent via email to the PREA Coordinator. The PREA Coordinator sent additional documentation, revisions to policy, and various facility forms to the auditor to address issues raised by the auditor. Correspondence between the auditor and the Facility PREA Compliance Manager (who was this auditor's designated point of contact) continued during the pre-audit phase to gain further clarification and to discuss the on-site audit process. On the first day of the audit I conducted a brief entry meeting with the CEO designee, the Superintendent, the PREA Coordinator and the 2 PREA Compliance Managers, to discuss the on-site audit and facility inspection methodology. Due to the size of the campus, a considerable portion of the 1st day was dedicated to conducting the site tour. The facility PREA Compliance Manager provided transportation between buildings and across campus via PSI's fleet of golf carts and was available to answer any question. All areas of the campus were inspected, including the resident's dorms, detached shower/bathrooms, educational building, therapist and case manager offices, chapel, cafeteria/kitchen, maintenance and outdoor recreation facilities. During the tour, consideration was given to potential blind spots, the staff to resident ratio, resident access to reporting materials and PREA related information. Throughout the tour, brief informal interviews were conducted with staff and residents in various locations. On the 2nd day of the audit 2 dormitories were visited by the auditor in the early morning hours to make observations, including the bathroom/shower routine.

Following the site tour, I randomly selected staff and residents for interview. This included multiple direct care staff representing different shifts and levels of seniority, specialized staff including first responders, intake and screening, incident review team members, staff who monitor for retaliation, residents from all dorms, volunteers, medical and mental health staff, and administrators. Interviews were conducted in a private office during the audit. On the 3rd day any remaining interviews as well as necessary records review was completed. An out brief with facility administrators concluded the on-site audit.

Facility Characteristics

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

PSI is a residential treatment program located in Lockhart, Texas, that serves young and adolescent male offenders between the ages of 10 and 17. Pegasus is a private not for profit facility that is registered and licensed by Texas Department of Family and Protective Services (DFPS), as a Residential Treatment Center (RTC). Programming focusses on the treatment of sexual behavior problems. PSI receives referrals from the DFPS, county juvenile probation departments, and the Texas Juvenile Justice Department (TJJD). PSI is licensed by the DFPS to house 200 residents. On the first day of the audit the facility's population was. 156. PSI maintains current mandatory staffing ratios of 1:6 during waking hours and 1:16 during sleeping hours. All housing areas are multiple occupancy open bay dormitories.

PSI is located in a rural area, on 105 wooded acres, just outside of Lockhart, Texas. The facility utilizes video surveillance in all the dormitories, educational classrooms, and some office areas. The facility has 22 buildings that are utilized for program operations and numerous other buildings that are or not currently utilized for any program operations. There are 7 multiple-occupancy dormitories, 5 educational buildings, a cafeteria/kitchen, a Chapel, vocational/woodworking building, maintenance building, and buildings that house administrative and therapist offices. There are numerous outdoor recreational areas that include basketball and volleyball courts, baseball field, and a swimming pool.

Core programming at the facility is for the treatment of sexual behavior problems. Residents are housed in different dormitories based upon age, with dorms separating age groups by increments of 2 to 3 years. Individual, group, and family therapy sessions are provided by the licensed treatment providers. The facility employs medical staff to administer medication and provide routine medical treatment, however, emergent medical and dental services are provided off campus by licensed practitioners. Direct Care staff are trained in necessary first aid. Education is offered on site through the Trinity Charter Schools, which employs a campus principal, registrar, diagnostician as well as the necessary number of certified instructors. These are in fact contractors who receive the necessary background checks and required PREA trainings.

Summary of Audit Findings

The summary should include the number and list of standards exceeded, number of standards met, and number and list of standards not met.

Auditor Note: No standard should be found to be “Not Applicable” or “NA”. A compliance determination must be made for each standard.

Standards Exceeded

Number of Standards Exceeded: 0
List of Standards Exceeded: 0

Standards Met

Number of Standards Met: 35

Standards Not Met

Number of Standards Not Met: 6
List of Standards Not Met: 115.333, 115.335, 115.341, 115.373, 115.382 and 115.388

PREVENTION PLANNING

Standard 115.311: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

All Yes/No Questions Must Be Answered by The Auditor to Complete the Report

115.311 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? Yes No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? Yes No

115.311 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? Yes No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy? Yes No
- 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 No

115.311 (c)

- If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.) Yes No 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.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.311 (a) - PSI has a comprehensive policy (Policy 400.12) which articulates the requirements of this standard. The policy addresses the specific expectations for staff to prevent, detect, and respond to sexual abuse and sexual harassment.

115.311 (b) – PSI provided an organizational hierarchy chart, which specifically identifies the facility PREA Coordinator. During interview the PREA Coordinator reported having sufficient time and authority to perform the requirements of the role.

115.311 (c) - Despite not being indicated on the facility org chart, PSI also utilizes 2 (two) PREA Compliance Managers to ensure overall facility compliance with the PREA standards. During their interviews they too reported having sufficient time and authority to perform the requirements of their roles.

Based on the documentation provided and interviews conducted, it is apparent that PSI is in compliance with this standard. It is recommended that the facility organizational chart be labeled to specifically identify that the Co-Placement managers are also the facility PREA Compliance Managers.

Standard 115.312: Contracting with other entities for the confinement of residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.312 (a)

- 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 No NA

115.312 (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.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.311 (a) and (b) - PSI reports that it does not contract for the confinement of residents with other entities. Interview with Agency Head designee reports that PSI only operates one facility, and all residents accepted for treatment there stay at it until release.

Were it not for the instructions of this form specifically prohibiting auditors from considering standards not applicable to certain facilities, then that would have been this auditor's finding. Given the restriction, PSI is in compliance with this standard.

Standard 115.313: Supervision and monitoring

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.313 (a)

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?
 Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted juvenile detention and correctional/secure residential practices? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)? Yes No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Institution programs occurring on a particular shift? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? Yes No

115.313 (b)

- Does the agency comply with the staffing plan except during limited and discrete exigent circumstances? Yes No
- In circumstances where the staffing plan is not complied with, does the facility document all deviations from the plan? (N/A if no deviations from staffing plan.) Yes No NA

115.313 (c)

- 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 if the facility is not a secure juvenile facility per the PREA standards definition of “secure”.) Yes No NA
- 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 if the facility is not a secure juvenile facility per the PREA standards definition of “secure”.) Yes No NA
- Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A if the facility is not a secure juvenile facility per the PREA standards definition of “secure”.) Yes No NA

- Does the facility ensure only security staff are included when calculating these ratios? (N/A if the facility is not a secure juvenile facility per the PREA standards definition of “secure”.) Yes No NA
- Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph? Yes No

115.313 (d)

- 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 No
- 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 No
- 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 No
- 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 No

115.313 (e)

- 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 No NA
- Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities) Yes No NA
- Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? (N/A for non-secure facilities) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.313 (a) - A review of the Staffing Plan document demonstrated that all 11 of the required areas of the standard are addressed within it. Interviews indicated that compliance with the Staffing Plan is checked on a daily basis via supervisor rounds, and that the core staff supervisors are an extension of administration. The PREA Compliance Manager interviews confirmed that items 1 - 11 are considered on some level when updating the Staffing Plan. While they are not a traditional "lock down" secure facility, item #1 is addressed via the staffing ratio, & safety for residents & staff is a significant factor in all considerations. #2. - Both Compliance Managers reported that there are no judicial findings of inadequacy. #3. - Deficiencies that were cited from the first PREA audit were identified as evidence of PSI considering & responding to federal findings of inadequacy. #4. - Findings of inadequacy from licensing were cited as evidence of PSI considering & responding to findings of inadequacy by an external oversight body. #5. Both PCM's cited that facility protocol requires staff to not be alone with residents as a foundational preventative strategy. #6 - Other than the variation on age, all residents are male & have a history of sexual behavior problems. As such, training records indicate that all staff are well trained to work with that population. # 7 - Both PCM's reported that the placement of Case Managers & staff supervisors is considered in the Staffing Plan. #8 - The schedule for the residents demonstrates a thoughtful dispersal of activities throughout the week and weekend so as to not create excessive periods of idle time. At the time of the onsite audit school was out for the summer, however, observation confirmed that residents are kept busy with therapeutic activities and tasks. Both PCM's affirmed that #9 - #11 are considered as well.

115.313 (b) - Staff interviews consistently indicated that there are enough staff on campus to ensure that even when a staff calls in sick the staffing plan is not deviated from. Observations during the scheduled tour and unscheduled observation consistently confirmed the presence of an adequate number of staff to be well within the prescribed ratio.

115.313 (c) – PSI policy and Staffing Plan both state that the staff to resident ratio's at PSI is 1:6 during waking hours and 1:16 during sleeping hours. Observations made on site during the tour and during unannounced appearance around campus at early and late hours, including both waking and sleeping hours, demonstrate that the staff ratios are consistently in place.

115.313 (d) - Based on PSI policy the staffing plan is reviewed annually by the Facility Director and the PREA Coordinator and will take into consideration all the elements in the standard and determine if any changes are needed in the plan. Document review determined that the Staffing Plan has been updated annually, with signatures from the Facility Director and the PREA Coordinator.

115.311 (e) - Staff interviews, policy language and documentation of unannounced rounds reviewed prior to and after arriving onsite all indicate that the unannounced rounds are occurring during waking and sleeping hours. Policy and interview both support that staff are prohibited from alerting other staff when the unannounced rounds are occurring. It is evident that the practice of unannounced rounds is a well institutionalized practice.

Standard 115.315: Limits to cross-gender viewing and searches

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.315 (a)

- 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 No

115.315 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances? Yes No NA

115.315 (c)

- Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches? Yes No
- Does the facility document all cross-gender pat-down searches? Yes No

115.315 (d)

- Does the facility have policies 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 No
- Does the facility have 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 No
- Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit? Yes No
- 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 No NA

115.315 (e)

- 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 No

- If a resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? Yes No

115.315 (f)

- 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 No
- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.315 (a) through (c) - A review of policy 400.12 demonstrates that cross-gender strip searches, pat-down searches and cross-gender visual body cavity searches are prohibited. Staff and resident interviews confirmed that staff at PSI do not perform searches of any kind. Residents reported that they may be asked to turn their pockets inside out and remove their shoes, but there are never searches involving contact and they are never asked to remove clothing in front of staff.

115.315 (d) RECOMMENDATION - All residents reported having privacy while they use the bathroom, shower or change their clothes. During the on-site portion of the review this auditor made an unscheduled visit at an early hour and observed residents performing hygiene with adequate staff supervision to prevent abuse from occurring while still allowing reasonable privacy. Although residents reported that female staff were inconsistent about announcing their presence on the housing unit, residents reported that they were consistently aware of the female staff's presence. It is recommended that female staff be reminded of this requirement.

115.315 (e) - A review of PSI policy 400.12 language and staff and resident interview confirmed that staff at PSI do not perform searches of any kind. Although PSI reports not yet having a transgender or intersex resident within its population, this prohibition against searches would apply to a transgender or intersex resident as well.

115.315 (f) - A review of PSI policy 400.12 language and staff interview confirmed that staff at PSI do not perform searches of any kind. Because staff at PSI do not conduct searches, they do not train staff on how to conduct searches.

Standard 115.316: Residents with disabilities and residents who are limited English proficient

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.316 (a)

- 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 No
- 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 No
- 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 No
- 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 No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities? Yes No
- 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 No
- Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing? Yes No

- 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 No
- 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 No
- 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 No
- 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: Are blind or have low vision? Yes No

115.316 (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 No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No

115.316 (c)

- Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.316 (a) – The review of materials provided prior to the on-site audit included a letter from the CEO which details that as exclusionary criteria for admission to PSI, any resident who is disabled, including deaf or hard of hearing and blind may not be admitted. Interviews with specialized staff provided information that an IQ above 70 is the typical threshold residents must meet in order to be considered appropriate for admittance. At times a resident who may be near but below 70 may be admitted, and for those instances specific medical and mental health staff reported that clinical strategies are employed to ensure a resident’s understanding of their rights and the zero-tolerance culture and how to report. The same is true for residents who have a psychiatric disorder. Medical and mental health staff reported that residents who have a mental health diagnosis must not be impaired to the degree that basic comprehension and cognitive functioning are prohibited. Information regarding a referred resident’s mental health diagnosis is available in the referral packet PSI receives at admissions.

115.316 (b) - 3 (three) residents interviewed were specifically selected as the PREA Compliance Manager identified them as being the closest to an English second language resident on campus, and 2 (two) were identified as low functioning residents. These interviews demonstrated that they understood their rights and how to report an incident of sexual abuse or sexual harassment. PREA information was observed in each dorm, education buildings and the cafeteria in the form of posters in English and in Spanish. The PREA Orientation Script document, which provides PREA information and is read to residents during intake by staff, is available in Spanish.

115.316 (c) - Staff interviews confirmed that resident interpreters would not be used under any circumstances. Interviews also determined that many staff on campus speak Spanish, and that due to the high staff to resident ratio, PSI’s ability to provide prompt Spanish interpretation if needed is greatly enhanced. Document review also demonstrated that PSI has an active MOU with TX Interpreting, which describes how PSI can access interpretive services for a wider array of foreign languages if needed.

Standard 115.317: Hiring and promotion decisions

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.317 (a)

- 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 No
- 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 No
- 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 question immediately above? Yes No

- 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 No
- 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 No
- 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 question immediately above? Yes No

115.317 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with residents? Yes No
- Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with residents? Yes No

115.317 (c)

- Before hiring new employees, who may have contact with residents, does the agency perform a criminal background records check? Yes No
- 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 No
- 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 No

115.317 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents? Yes No
- Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents? Yes No

115.317 (e)

- 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 No

115.317 (f)

- 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 No
- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? Yes No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? Yes No

115.317 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? Yes No

115.317 (h)

- 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 No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.317 (a) - Pre-audit review of policy 400.12 and onsite specialized interview demonstrate that policy and hiring and promotional practices align. PSI does not hire anyone for employment who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution.

115.317 (b) - HR staff interview indicated that any documentation that an individual had participated in sexual harassment would be considered before hiring a staff. He indicated that any staff who was found to have sexually harassed another staff would be terminated, not promoted. He stated that the same applied to contractor.

115.317 (c) and (d) - PSI hiring practice is that the applicant must complete a background check prior to an interview being granted. The background check is completed through licensing and includes a check of applicable child abuse and sex offender registries at the same time. This same level of check occurs for volunteers and contractors prior to enlisting their services. PSI reported having hired 36 new employees within the previous 12 months. Required background checks have been completed for them prior to allowing access to residents.

115.317 (e) - PSI conducts background checks for employees and contractors every 2 years, well more than required by the standard. Evidence of this was reviewed on site during the review of 10 randomly selected files. An example of a volunteer application that was rejected due to a failed background was also reviewed while on-site.

115.317 (f) - Specialized staff interview revealed that employees have an affirmative duty to self-report any misconduct, and that if any contractors, volunteers or employees have law enforcement contact, licensing sends PSI an automatic notification of such contact. The Background Check procedures doc. and the PSI Disclosure of PREA Employment Standards Violation document were reviewed as examples of PSI's expectation that employees are required to report any misconduct they have engaged in. Examples of the annual evaluations demonstrate that the questions listed in this standard are affirmatively asked of the employee during annual evaluations and any promotion.

115.317 (g) – PSI policy 400.12 states the requirements of this standard. HR staff interview indicated that any omissions from an employee that they engaged in the sexual abuse of a resident, or if they provided materially false information, would be immediate grounds for termination.

115.317 (h) - It is recommended that PSI research Texas state law on the subject of providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee whenever PSI receives a request from an institutional employer for whom such employee has applied to work in order to determine if this standard is in fact not applicable in Texas. If Texas law permits the release of such information, it is recommended that PSI should incorporate the language of this standard into its policy and procedure in order to provide HR necessary guidance.

Standard 115.318: Upgrades to facilities and technologies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.318 (a)

- 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 No NA

115.318 (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 No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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115.318 (a) – Onsite observation and staff interview determined that an empty existing structure (dorm) was redesigned to become the Soaring Eagle Trauma Center. The Soaring Eagle Trauma Center provides residents with additional trauma related mental health treatment services. Observation of the facility during the tour made apparent that the remodel design and camera placement ensured the mitigation of any blind spots.

115.318 (b) - Staff interview indicated that there have been some recent camera updates to improve the quality of cameras as well as move from sim card to wireless in areas (like the basketball courts). During the tour there were multiple cameras noted within the resident dorms, education buildings, the chapel building, etc. These cameras provided maximum surveillance coverage inside the buildings, and none of the cameras were placed or angled so as to violate a resident’s privacy while using restrooms/showering or changing. Specialized interviews revealed that cameras are added to the campus whenever any areas of concern are detected, whether that is a PREA related concern or an issue with emergency behavioral interventions “EBI’s”, such as physical restraints. Review of the 2018

Annual Aggregated Data document demonstrated that monitoring technology updates for the purpose of enhancing PSI's ability to protect residents from sexual abuse does occur.

RESPONSIVE PLANNING

Standard 115.321: Evidence protocol and forensic medical examinations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.321 (a)

- 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 No NA

115.321 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA
- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA

115.321 (c)

- 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 evidentiary or medically appropriate? Yes No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? Yes No
- 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 No
- Has the agency documented its efforts to provide SAFEs or SANEs? Yes No

115.321 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? Yes No

- 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? (N/A if the agency *always* makes a victim advocate from a rape crisis center available to victims.) Yes No NA
- Has the agency documented its efforts to secure services from rape crisis centers? Yes No

115.321 (e)

- 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 No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? Yes No

115.321 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) Yes No NA

115.321 (g)

- Auditor is not required to audit this provision.

115.321 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency *always* makes a victim advocate from a rape crisis center available to victims.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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115.321 (a) - As indicated in PSI policy, PSI does not conduct investigations. Interviews with specialized and random staff consistently indicated that allegations of sexual abuse or sexual harassment are reported to licensing (TDFPS) for investigation. If licensing determines that the allegation is criminal in nature then they will refer the allegation to the Caldwell County Sheriff's Department for investigation.

115.321 (b) - PSI provided an MOU with the Caldwell County Sheriff's Department as evidence of having requested the entity with the authority to conduct criminal investigations in accordance with standard 115.321 (f). Contact with the Caldwell County Sheriff's Department confirmed that they are familiar with PSI and that if an allegation of sexual abuse were to be received by them they would be the ones to respond to investigate.

115.321 (c) - PSI provided an MOU with the Central Texas Medical Center for SANE services to be provided to residents at no cost. Interview with staff at the regional medical center where forensic examinations are provided determined that the staff who conduct forensic examinations are SAFE or SANE trained.

115.321 (d) - PSI provided an MOU with the Hays-Caldwell Women's Center for SANE/Advocacy services. Interview with staff at the Hays-Caldwell Women's Center indicated that if a resident from Pegasus were in need of a forensic medical examination, they would be contacted by the Sheriff's office or PSI to provide a victim advocate who would accompany the resident through the forensic examination and provide the resident with emotional support and referrals for any needed ongoing services.

115.321 (e) - Interviews with specialized staff indicated that if a resident requested it, their therapist from the campus would accompany a resident to provide support through a forensic exam. There have been no incidents during the last 12 months that have required the use of evidence protocols or a forensic examination.

115.321 (f) - PSI provided an MOU with the Caldwell County Sheriff's Department as evidence of having requested the entity with the authority to conduct criminal investigations, do so in accordance with this standard.

115.321 (g) – This provision does not require compliance auditing.

115.321 (h) – Specialized interviews reported that a victim advocate from the Hays-Caldwell Women's Shelter would always be provided, however, if a resident requested, PSI employs multiple licensed therapists who could also accompany the resident during a forensic exam.

Standard 115.322: Policies to ensure referrals of allegations for investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.322 (a)

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? Yes No
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? Yes No

115.322 (b)

- Does the agency have a policy and practice 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 No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? Yes No
- Does the agency document all such referrals? Yes No

115.322 (c)

- If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.321(a).) Yes No NA

115.322 (d)

- Auditor is not required to audit this provision.

115.322 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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115.322 (a) - PSI policy 400.12, staff interview and records review all make it apparent that any allegation of sexual abuse or sexual harassment is referred to the entity with the legal authority to conduct administrative or criminal investigations. Interviews with staff, contractors and volunteers indicated that the zero tolerance culture at PSI is well institutionalized and they are aware of the requirement to ensure that any report of sexual abuse or sexual harassment is promptly reported.

115.322 (b) and (c) – Review of the documentation that allegations and disclosures of sexual abuse and sexual harassment are promptly reported to licensing to investigate demonstrates PSI's compliance with this standard. If licensing determines that the allegation needs to be criminally investigated, they then contact the Caldwell County Sheriff's department to conduct the investigation. PSI's website identifies the Caldwell County Sheriff's office as the entity that conducts sexual abuse investigations and also provides the phone number for licensing to permit anyone to make an anonymous and/or third party report to occur.

115.322 (d) and (e) - These provisions do not require compliance auditing.

TRAINING AND EDUCATION

Standard 115.331: Employee training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.331 (a)

- Does the agency train all employees who may have contact with residents on its zero-tolerance policy for sexual abuse and sexual harassment? Yes No
- 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 No
- 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 No
- 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 No
- 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 No
- 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 No
- 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 No
- Does the agency train all employees who may have contact with residents on how to avoid inappropriate relationships with residents? Yes No
- 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 No
- 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 No
- Does the agency train all employees who may have contact with residents on relevant laws regarding the applicable age of consent? Yes No

115.331 (b)

- Is such training tailored to the unique needs and attributes of residents of juvenile facilities? Yes No
- Is such training tailored to the gender of the residents at the employee's facility? Yes No
- 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 No

115.331 (c)

- Have all current employees who may have contact with residents received such training? Yes No
- 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 No
- 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 No

115.331 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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115.331 (a) – A review of PSI policy 400.12 demonstrates that all PSI staff must be trained on the 11 elements required in this standard. A review of training records demonstrates that PSI provides all

employees who have contact with residents the required training. The training provided to all staff by the PREA Coordinator includes a combination of handouts, video, and a power point presentation. Staff interviews confirmed that staff were consistently able to demonstrate that they had received training on the following elements:

- 1) PSI's zero-tolerance policy for sexual abuse and sexual harassment;
- (2) How to fulfill their responsibilities under PSI's sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;
- (3) Residents' right to be free from sexual abuse and sexual harassment;
- (4) The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment;
- (5) The dynamics of sexual abuse and sexual harassment on campus;
- (6) The common reactions of sexual abuse and sexual harassment victims;
- (7) 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;
- (8) How to avoid inappropriate relationships with residents;
- (9) How to communicate effectively and professionally with residents, including gay, bisexual, transgender, intersex, or gender nonconforming residents; and
- (10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities;
- (11) Relevant laws regarding the applicable age of consent.

115.331 (b) - Because PSI is an all-male facility and all programming provided is for the treatment of sexual behavior problems, there is no gender specific training provided. Observation and informal staff interview both confirmed that while there are age differences between the dorms, general programming and safety related training is uniform across campus. The nature of the treatment being provided also enhances staffs general level of awareness about predatory sexual behavior.

115.331 (c) - PSI policy requires the staff to be trained annually on PREA requirements. Random staff interview indicated that they receive PREA training annually, as well as refreshers periodically offered in semi-monthly staff meetings. A review of training records indicate all staff receive PREA training annually.

115.331 (d) – PSI policy requires staff to sign that they understood the training they have received. Document review of the training records indicate who was in attendance and includes a signature of understanding for the training they receive.

Standard 115.332: Volunteer and contractor training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.332 (a)

- 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 No

115.332 (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 No

115.332 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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115.332 (a) – Review of PSI policy 400.12 determined that the policy includes the requirements of this standard. Specialized staff interviews indicated that all volunteers and contractors who have contact with residents have received PREA training. Document review of training records for volunteers and contractors covered what the volunteer and contractor responsibilities are under PSI's sexual abuse and sexual harassment prevention, detection, and response policies.

115.332 (b) - All volunteers and contractors interviewed reported having been advised that PSI has a zero tolerance policy for any sexual abuse or sexual harassment. School at PSI was reconvening and a large group of contract educators were interviewed regarding their PREA training. Several reported that the PREA Coordinator had recently provided them with training and an additional PREA training was about to commence. All reported being aware that PSI has a zero tolerance policy towards sexual abuse or sexual harassment. All reported that in the event of an incident of sexual abuse or sexual harassment they would report it to a PSI staff and administration.

115.332 (c) - Documentation of volunteer training included a brief quiz following the training. The signed quizzes demonstrate a higher level of confirmation that they understand the training they received than just signing that they understood the training.

Standard 115.333: Resident education

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.333 (a)

- During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? Yes No
- During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? Yes No
- Is this information presented in an age-appropriate fashion? Yes No

115.333 (b)

- Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? Yes No
- 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 No
- 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 No

115.333 (c)

- Have all residents received the comprehensive education referenced in 115.333(b)? Yes No
- 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 No

115.333 (d)

- Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient? Yes No
- Does the agency provide resident education in formats accessible to all residents including those who: Are deaf? Yes No
- Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired? Yes No
- Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled? Yes No

- Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills? Yes No

115.333 (e)

- Does the agency maintain documentation of resident participation in these education sessions? Yes No

115.333 (f)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.333 (a) - Onsite observation of an intake demonstrated that residents are provided information about PSI's zero tolerance towards sexual abuse and sexual harassment as well as how to report an incident of sexual harassment or sexual abuse. Intake staff read a script which explains this information to residents. Observation of the intake revealed that the staff frequently questions the resident to ensure that they understand the information that has been read to them. A random sampling of 12 resident files from each dorm confirmed that residents are routinely provided the information at intake. The information is age appropriate.

115.333 (b) – CORRECTIVE ACTION – This standard requires that a comprehensive, age appropriate education be provided to residents within 10 days of intake. File review made it apparent that the comprehensive age appropriate education was occurring immediately after, or on the same day as intake. It is recommended that PSI wait to introduce the resident to a more comprehensive PREA related education sometime within 10 days after intake, but not specifically during intake because of the large amount of information residents are provided at intake. PSI needs to separate the brief information provided to residents at intake about PSI's zero tolerance towards sexual abuse and sexual harassment and how to report an incident, from a comprehensive, age appropriate education provided within 10 days of intake. The comprehensive education must include the resident's rights to be free

from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding PSI's policies and procedures for responding to such incidents.

UPDATE - Through periodic correspondence that began shortly after the interim report was delivered on 9-03-19 and concluded on 11-06-19, PSI developed an updated protocol regarding the timelines for the provision of resident education. All staff responsible for providing resident PREA education signed the updated protocol to indicate that they understood the change. On 11-05-19, PSI provided records signed by the residents demonstrating that the comprehensive, age appropriate PREA education was no longer being provided to residents at the time of intake, but at a time later (7-10 days), after intake. This education includes a PREA script read to the resident by staff, as well as an educational video covering the required topics. Initial information regarding PSI's zero tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment is still provided at the time of intake. This CAP was successfully completed on 11-07-19.

115.333 (c) – Interviews with PSI staff indicated that as a part of the residents comprehensive education they are shown a DVD explaining their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding policies and procedures for responding to such incidents. Residents interviewed consistently reported having received PREA education at intake.

115.333 (d) – Any educational material available in English was also found to be available in Spanish. Review of the resident roster with the PREA Compliance Manager indicated that there are no residents on campus who are deaf, visually impaired or otherwise disabled to a degree that they cannot understand the educational material they are being provided. Document review included a letter from PSI CEO citing that residents with disabilities are not admitted to PSI due to the physically demanding nature of the program. Staff and therapists work closely with any residents who they have concerns with due to an IQ approaching 70 or psychiatric diagnosis to ensure that they understand the zero tolerance culture and reporting avenues.

115.333 (e) – 2 (two) Random resident files from each dorm were selected for review. Each file contained a form with the resident's signature indicating that they had viewed the educational PREA DVD. The date on the form indicated that the educational DVD was viewed by the resident on the same day as their intake.

115.333 (f) – RECOMMENDATION - While there are posters with PREA information on the wall in key places, this alone demonstrates minimum compliance with the standard requiring key information be continuously and readily available or visible to residents through posters, resident handbooks, or other written formats. Upon review it was noted that there is no PREA related information contained within the resident's handbooks. It is recommended that PREA related information be included within the residents handbook so that they always have it with them. The information can be enhanced to include PREA specific language not contained on the posters.

Standard 115.334: Specialized training: Investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.334 (a)

- 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 No NA

115.334 (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 No NA
- Does this specialized training include proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).) Yes No NA
- Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).) Yes No NA
- Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)
 Yes No NA

115.334 (c)

- 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 No NA

115.334 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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115.334 (a) through (c) - PSI does not conduct administrative or criminal investigations. PSI forwards allegations of sexual abuse or sexual harassment on to licensing (TDFPS) so that licensing may either administratively investigate the allegation or contact the Caldwell County Sheriff's office to conduct the investigation if criminal. In some instances allegations may be investigated by the Office of the Inspector General.

Were it not for the instructions of this form specifically prohibiting auditors from considering standards not applicable to certain facilities, this auditor would have considered this standard not applicable. Given the restriction, PSI is in compliance with this standard.

Standard 115.335: Specialized training: Medical and mental health care

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.335 (a)

- 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 No NA
- 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 No NA
- 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 No NA
- 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 No NA

115.335 (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.)

Yes No NA

115.335 (c)

- 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 No NA

115.335 (d)

- 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 No NA
- Do medical and mental health care practitioners contracted by or 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 No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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115.335 (a) CORRECTIVE ACTION – This standard requires that designated medical and mental health staff receive specialized PREA training on how to detect and assess signs of sexual abuse and sexual harassment, how to preserve physical evidence of sexual abuse, how to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment, and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment. While PSI provided many different training certificates for medical and mental health staff, much of that training had to do with providing treatment to adolescents with sexual offending behavior. No clear evidence that all medical and mental health staff received training on how to detect and assess signs of sexual abuse and sexual harassment or how to preserve physical evidence of sexual abuse was provided. It is recommended that medical and mental health staff complete a specialized medical and mental health PREA training in order to understand the critical role they may play in a PREA incident.

The NIC has a link to a training that meets the requirements of this standard. <https://nicic.gov/specialized-training-prea-medical-and-mental-care-standards>. This auditor can also provide alternative training material if preferred.

Medical and mental health staff interviews indicated that they were aware of how to respond supportively to a resident victim of sexual abuse or sexual harassment by ensuring that the resident felt safe. Medical and mental health staff also reported that they would immediately forward any reports of sexual abuse or sexual harassment on to administration so that licensing would be notified, or directly to licensing with administration being notified.

UPDATE - Through periodic correspondence that began shortly after the interim report was delivered on 9-03-19 and concluded on 9-28-19, PSI provided this auditor with the documentation necessary to demonstrate that all medical & mental health practitioners at PSI had completed the specialized PREA medical and mental health training. Training was completed through the National Institute of Corrections (NIC) online, for PREA 210 for Medical and Mental Health Practitioners. This corrective action was completed upon review on 9-28-19

115.335 (b) – Medical and mental health staff interviews consistently reported that they do not conduct forensic medical exams. Interviews indicated that a resident would be transported to the Central Texas Medical Center for the forensic examination. PSI provided an MOU with Central Texas Medical Center for SANE services.

115.335 (c) RECOMMENDATION – It is recommended that when designated medical and mental health staff have completed specialized PREA Medical and Mental Health training, as per standard 115.335 (a) CORRECTIVE ACTION, that PSI maintain documentation that the required training has occurred.

115.335 (d) – PSI provided documentation of PREA training records for all staff. The records include documentation that medical and mental health staff have received the same PREA training as all direct care staff.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.341: Screening for risk of victimization and abusiveness

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.341 (a)

- 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 No

- Does the agency also obtain this information periodically throughout a resident's confinement? Yes No

115.341 (b)

- Are all PREA screening assessments conducted using an objective screening instrument?
 Yes No

115.341 (c)

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (1) Prior sexual victimization or abusiveness? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (2) 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 No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (3) Current charges and offense history? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (4) Age? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (5) Level of emotional and cognitive development? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (6) Physical size and stature? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (7) Mental illness or mental disabilities? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (8) Intellectual or developmental disabilities? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (9) Physical disabilities? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (10) The residents' own perception of vulnerability? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (11) Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents? Yes No

115.341 (d)

- Is this information ascertained through conversations with the resident during the intake process and medical mental health screenings? Yes No

- Is this information ascertained during classification assessments? Yes No
- Is this information ascertained by reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files? Yes No

115.341 (e)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.341 (a) CORRECTIVE ACTION This standard requires that the information obtained through this risk screening be obtained periodically throughout a resident's stay. PSI policy 400.12 states that the screening shall occur "immediately upon arrival". During this auditor's time on-site a new resident was admitted. Administration of the risk screening was observed occurring within hours of his arrival and appeared to address items 1 through 11 of the standard. Interview with intake staff indicated that the screener is a "one and done", and not re-administered at any time after intake. Resident interviews consistently reported that the information the screener solicits was only asked of them at intake and not any time after. The screener could be periodically re-administered based on an arbitrary chosen time, such as every 6 months, as well as including certain "triggers" for re-administering the screening, such as following an incident involving sexual acting out or any disclosure related to a change of gender identity or sexual orientation that is different than what was disclosed at intake.

UPDATE - Through periodic correspondence that began shortly after the interim report was delivered on 9-03-19 and concluded on 10-16-19, PSI developed a change in risk screening protocol document detailing that the risk screener would not only be administered initially, but every six months thereafter. All staff responsible for administering the risk screening were trained to the change in protocol and signed the document detailing the change in protocol to indicate that they understand the expectation.

This signed document was provided to this auditor on 10-16-19. This corrective action was completed on 10-16-19.

115.341 (b) – RECOMMENDATION - PSI uses an objective screener titled the Pegasus Intake Screening for Potential Sexual Aggressive Behavior and/or Sexual Victimization. It is recommended that for ease of use and to tailor the screener to the facility population, clearly inapplicable content such as references to breasts and vagina be removed. It is also recommended that Observation item # 4 more clearly indicate to the screening staff an affirmative requirement to ask the resident about their gender identity and sexual orientation. While the question was asked during the observed intake screening, the form does not make it clear that there is an affirmative duty to the staff conducting the screening to ask the resident this question.

115.341 (c) - Item #1 in standard 115.341 (c) is covered by the Sexual History section, #1,1(c) through #1(g) of the PSI screener and file review

Item #2 in standard 115.341 (c) is covered by the Observation section #1, 2, 4 and 6 of the PSI screener

Item #3 in standard 115.341 (c) is covered by the Sexual History section #1(a) and #1(b) of the PSI screener

Item #4 in standard 115.341 (c) is covered by D.O.B header information of the PSI screener

Item #5 in standard 115.341 (c) is covered by the Behavior Inquiry section #2 (referral history) of the PSI screener

Item #6 in standard 115.341 (c) is covered by the Observation #1 of the PSI screener

Item #7 in standard 115.341 (c) is covered by the Behavior Inquiry section #3(a) of the PSI screener

Item #8 in standard 115.341 (c) is covered by the Behavior Inquiry section #2 (referral history) of the PSI screener

Item #9 in standard 115.341 (c) is covered by PSI's admission and exclusion criteria

Item #10 in standard 115.341 (c) is covered by the Behavior Inquiry section #10 of the PSI screener

Item #11 in standard 115.341 (c) is covered by the Behavior Inquiry section #2(b) and 3 of the PSI screener and file review

Human Trafficking questions 4 through 4(g) are contained on the PSI screener and not a requirement within the standards.

115.341 (d) – Interview with the PREA Compliance Manager indicated that based on the information made available to PSI prior to the resident's arrival, PSI is made aware of a resident's emotional, cognitive, and intellectual developmental level, and mental health diagnosis or concerns. PSI does not admit residents with physical disabilities. The review of materials provided prior to the on-site audit included a letter from the CEO which details that as exclusionary criteria for admission to PSI, any resident who is disabled, including deaf or hard of hearing and blind may not be admitted. Interviews with specialized staff provided information that an IQ above 70 is the typical threshold residents must meet in order to be considered appropriate for admittance. At times a resident who may be near but below 70 may be admitted, and for those instances specific medical and mental health staff reported that clinical strategies are employed to ensure a resident's safety while in placement. During an observed intake the intake staff utilized the screener to solicit the required information from a 15 year old resident in a non-threatening, developmentally appropriate manner. The room in which this information was solicited was private, allowing the resident to answer the questions without fear of being overheard by other residents.

115.341 (e) – Interview with the PREA Coordinator indicated that direct care staff do not have access to the specifics of the screening information. The PREA Coordinator reported that only Administrators,

Mental Health Staff and Case Managers have access to the screening instrument responses. Observation while on-site confirmed that residents' records are maintained within the Case Management building and are triple locked. Interview with the case managers indicated that the risk screening is provided to the mental health staff (Clinical Supervisor) for review and approval. Risk level are not assigned to residents based on the screening. A resident's heightened risk for being abusive or vulnerable to victimization is conveyed to staff.

Standard 115.342: Use of screening information

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.342 (a)

- 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 No
- 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 No
- 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 No
- 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 No
- 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 No

115.342 (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? (N/A if the facility *never* places residents in isolation for any reason.) Yes No NA
- During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise? (N/A if the facility *never* places residents in isolation for any reason.) Yes No NA
- During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services? (N/A if the facility *never* places residents in isolation for any reason.) Yes No NA

- Do residents in isolation receive daily visits from a medical or mental health care clinician? (N/A if the facility *never* places residents in isolation for any reason.) Yes No NA
- Do residents in isolation also have access to other programs and work opportunities to the extent possible? (N/A if the facility *never* places residents in isolation for any reason.)
 Yes No NA

115.342 (c)

- Does the agency always refrain from placing lesbian, gay, and bisexual (LGB) residents in particular housing, bed, or other assignments solely on the basis of such identification or status?
 Yes No
- 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 No
- 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 No
- Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex (LGBTI) identification or status as an indicator or likelihood of being sexually abusive?
 Yes No

115.342 (d)

- 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 No
- 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 No

115.342 (e)

- 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 No

115.342 (f)

- Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? Yes No

115.342 (g)

- Are transgender and intersex residents given the opportunity to shower separately from other residents? Yes No

115.342 (h)

- If a resident is isolated pursuant to provision (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A if the facility *never* places residents in isolation for any reason.) Yes No NA
- If a resident is isolated pursuant to provision (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A if the facility *never* places residents in isolation for any reason.) Yes No NA

115.342 (i)

- 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? (N/A if the facility *never* places residents in isolation for any reason.)
 Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
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115.342 (a) - To some degree, placement in a particular dorm is decided prior to intake based on the specific age ranges within the dorms. This is done to ensure the safety of all residents housing/bed, program, education and work assignments. Interview with the PREA Compliance Manager indicated that there are circumstances when PSI will override this protocol due to safety related reasons. An example was given was when PSI accepts a younger resident who is physically large in stature or a resident whose overall demeanor indicates that the residents age should not be the determining factor. The screening required by this standard is used to further inform bunk and bed placements within a dorm, as well as individualize any work, education, and programming strategies.

115.342 (b) - PSI policy prohibits the use of isolation. During the on-site tour of PSI no areas of designated isolation were identified. Informal and targeted interviews with residents and staff confirmed that isolation is not a strategy used at PSI.

115.342 (c) and (d) - Policy review indicated that gender identity and sexual orientation are not factors considered when housing assignments are made. Specialized interviews with residents who identified as gay or bi-sexual consistently responded that their assigned housing was not based on their sexual orientation. No residents identifying as intersex or transgender were currently placed at PSI, and therefore were unavailable for interview.

115.342 (e) and (f) - PSI has not had and does not have any intersex or transgender residents within its current population. PSI policy states that PSI is an all male facility. PREA Compliance Manager interview indicated that every referral for placement takes into consideration the health and safety of the resident being referred as well as the health and safety of the residents on campus. The interview indicated that acceptance or denial of a referral is based on PSI's ability to meet the resident's treatment needs while keeping all residents safe and healthy. Although interviews report that PSI has not yet had a referral for a transgender or intersex resident, application of the case by case placement review protocol would be equally considerate if such a referral were to be received.

115.342 (g) - Observation of the facilities physical layout and shower protocol confirmed that all residents at PSI shower separately.

115.342 (h) through (i) - The use of isolation is prohibited by policy. Staff and resident interview as well as observation confirmed that there is no use of isolation at PSI.

REPORTING

Standard 115.351: Resident reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.351 (a)

- Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment? Yes No
- Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment? Yes No
- 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 No

115.351 (b)

- Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? Yes No
- Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials? Yes No
- Does that private entity or office allow the resident to remain anonymous upon request? Yes No
- 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? (N/A if the facility *never* houses residents detained solely for civil immigration purposes.) Yes No NA

115.351 (c)

- Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? Yes No
- Do staff members promptly document any verbal reports of sexual abuse and sexual harassment? Yes No

115.351 (d)

- Does the facility provide residents with access to tools necessary to make a written report? Yes No

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
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Instructions for Overall Compliance Determination Narrative

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115.351 (a) - PSI policy identifies that residents may report abuse or harassment, retaliation for reporting, or staff neglect that contributed to abuse or harassment, by telling any staff member, volunteer, or contract employee, who must then call the PREA Hotline (DFPS) at 1-800-252-5400. Resident interviews confirmed that residents have multiple different avenues for reporting, including that they would tell a staff they trust, file a grievance, complete an "out-cry" document, "integrity sheet", a "disclosure form", or a written note. Observation onsite confirmed that residents have access to the materials necessary to make a written report.

Policy also identifies that anonymous and third-party reports may be submitted to Pegasus by calling the PREA Hotline. Interview with the PREA Compliance Managers and PREA Coordinator confirmed that if notification went straight to the PREA Hotline #, licensing would then inform PSI of general safety related information and that licensing would then conduct the investigation.

115.351 (b) - The only identified method for PSI to allow a resident to remain anonymous when making a report would be for a resident to write to the address located on the Ombudsman poster located in each dorm. "Foster Care Ombudsman P. O. Box 13247, Austin, Texas 78711-3247". The process allows for a resident to post a sealed letter without their return information located on the outside of the envelope. This would then be mailed to the ombudsman.

Although the PREA Hotline # would allow a resident to remain anonymous after they were on the line with them, the resident would in fact lose their anonymity as soon as they reveal themselves to staff to request to call the number. Staff dial the # before giving the resident reasonable privacy to make the call and the details of the content of the call would remain unknown to staff.

Interview with the PREA Compliance Manger determined that PSI does not detain youth for civil immigration purposes.

115.351 (c) - PSI policy directs that staff are to accept verbal and written reports made anonymously or by third parties, and immediately document verbal reports. Random staff interviews confirmed that staff are well aware of their duty to accept verbal or written reports and immediately make proper notifications after having received them. Staff consistently reported that any verbal report they receive would be documented by them immediately or by the end of the shift at the latest.

115.351 (d) - During staff interviews they consistently reported that if they wanted to privately report a PREA incident they could go to anyone in administration or call the PREA Hotline #. During the onsite tour the availability of grievance forms and writing implements on each dorm was confirmed. The site tour confirmed the availability of a locked grievance box in the cafeteria. Interview with the staff designated to collect grievances confirmed that he collects them twice a week and meets with the residents promptly to work towards resolution.

Standard 115.352: Exhaustion of administrative remedies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.352 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. Yes No

115.352 (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 No NA
- Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA

115.352 (c)

- 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 No NA
- 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 No NA

115.352 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) Yes No NA
- 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 No NA
- 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 No NA

115.352 (e)

- 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 No NA
- 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 No NA
- 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 No NA
- 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 No NA
- 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 No NA

115.352 (f)

- 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 No NA

- 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 No NA
- 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 No NA
- 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 No NA
- 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 No NA
- 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 No NA
- 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 No NA

115.352 (g)

- 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 No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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115.352 (a) through (g) RECOMMENDATION – PSI does not conduct investigations into grievances alleging sexual abuse or sexual harassment and is therefore exempt from this standard. However,

while the grievance policy does not specifically articulate that the grievance system may be used for the reporting of sexual abuse or sexual harassment or retaliation for reporting sexual abuse or sexual harassment, or staff neglect that may have contributed to an incident of sexual abuse or sexual harassment, residents consistently reported during interviews that they would use the grievance system to make such reports. Interview with the PREA Compliance Manager and the staff member designated to collect and process grievances with the residents revealed that while the grievance system allows residents to report an incident of sexual harassment or sexual abuse, the resolution of the grievance and any timelines therein is not up to PSI, as any incident of sexual abuse or sexual harassment reported via the grievance system is reported to licensing for investigation.

In order to increase the ease with which a resident may file a grievance, and thereby the availability of a reporting mechanism, it is recommended that locked grievance boxes be placed in every dorm. It is also recommended that the grievance boxes be checked more frequently than twice a week.

Standard 115.353: Resident access to outside confidential support services and legal representation

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.353 (a)

- 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 No
- 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? (N/A if the facility *never* has persons detained solely for civil immigration purposes.) Yes No NA
- Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible? Yes No

115.353 (b)

- Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? Yes No

115.353 (c)

- 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 No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? Yes No

115.353 (d)

- Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation? Yes No
- Does the facility provide residents with reasonable access to parents or legal guardians? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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115.353 (a) - During the site tour sample posters that provide a toll free hotline # to call in order to report sexual abuse or sexual harassment were observed on each dorm, in education buildings, and the cafeteria. Posters also displayed the phone number and address to the Ombudsman for anonymous reporting, as well as the Hays-Caldwell Women's Center for Victim Advocacy.

PSI policy 400.12 review and interview with the Facility Head designee both indicate that PSI does not detain residents solely for civil immigration purposes.

Resident interviews were inconsistent in their reported awareness of outside victim advocates for emotional support services. Many residents who were unaware of the services reported that they had a designated therapist on campus already. Based on resident responses to interview questions regarding access to legal representation and parents/guardians, as well as PREA Compliance Manager interview, it can be surmised that resident access to reasonable and confidential communication with confidential emotional support services would be permitted. Despite PSI being well equipped to provide emotional support services for sexual abuse due to the nature of the programming and treatment available there, it is recommended that PSI ensure residents are informed about and aware of the availability of outside service providers.

115.353 (b) – Interview with the PREA Compliance Managers and the PREA Coordinator indicated that communication between residents and outside reporting entities or emotional support service providers is confidential. If the communication is over the phone, staff dial the number to confirm the contact and then provide the resident with reasonable privacy to communicate. Phone calls are not recorded and

staff is not monitoring in proximity to be able to hear what is being discussed. If a confidential visit is scheduled for a resident, private offices or outdoor benches for seating are provided, where PSI staff can still provide reasonable supervision, but not in such proximity that they can overhear what is being discussed. Because residents were generally unaware of external emotional support services being available, interviews were minimally helpful in determining whether or not they had been informed, prior to granting access to such services, of the degree to which the contact would be monitored. Residents did indicate an awareness that there were certain “serious” things related to disclosure of abuse and victims that were required to be reported if overheard by a staff.

115.353 (c) - PSI provided this auditor documentation with the Hays-Caldwell Women’s Shelter for confidential emotional support services related to sexual abuse. This auditor spoke with representatives at the shelter and determined that the nature and scope of the services they offer do address the requirements of this standard. Due to the proximity of the shelter residents could either access services at the site of the shelter or at PSI.

115.353 (d) - During the site tour the areas where residents may have visits and reasonable privacy with attorneys, CPS Workers, parent/guardians, etc., was observed. Resident Interviews consistently indicated that they have reasonable access to their attorneys or other legal representation as well as their parents or guardians. Interview with a CPS worker who is designated as an “I See You” liaison for other CPS workers geographically located further away, indicated that she can have confidential access to residents in order to assess their safety.

Standard 115.354: Third-party reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.354 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? Yes No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

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conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.354 (a) - PSI's public website lists the phone number to licensing, where any reports of sexual abuse or sexual harassment should be called into. The website also lists the phone # for the Caldwell County Sheriff's Office, and states that the sheriff's office will be responsible for conducting any criminal investigations of sexual abuse or sexual harassment.

This auditor contacted licensing utilizing the number provided and confirmed that it is an active number that connects to licensing. This auditor spoke with representatives to confirm that reports of abuse or neglect can be made at that contact number. This auditor also contacted the Caldwell County Sheriff's Department to confirm the number provided is accurate.

OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

Standard 115.361: Staff and agency reporting duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.361 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? Yes No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment? Yes No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? Yes No

115.361 (b)

- Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws? Yes No

115.361 (c)

- 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 No

115.361 (d)

- 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 No
- 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 No

115.361 (e)

- 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 No

- 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 No
- If an alleged victim is under the guardianship of the child welfare system, does the facility head or his or her designee promptly report the allegation to the alleged victim's caseworker instead of the parents or legal guardians? Yes No
- 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 No

115.361 (f)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

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115.361 (a) - PSI policy requires all staff to report any knowledge or suspicion of sexual abuse or sexual harassment, retaliation for reporting sexual abuse or sexual harassment, and neglect of staff that contributed to an incident of sexual abuse or sexual harassment, to licensing. Licensing then either conducts the investigation or refers it to the Caldwell County Sheriff's office if the alleged conduct is criminal. Staff interviews consistently demonstrated that any information related to sexual abuse or sexual harassment, including third party and anonymously received information, is reported to licensing for investigation. Document review onsite and prior to arrival onsite confirms that PSI promptly reports such information to the designated investigative entity.

115.361 (b) - Staff interviews determined that they were familiar with mandatory reporting requirements and err on the side of over reporting. None of the staff interviewed indicated that they would not report

any knowledge or suspicion of sexual abuse or sexual harassment. Review of staff training curriculum confirmed that mandatory reporting requirements are part of the training staff at PSI receive.

115.361 (c) - PSI policy directs that other than reporting it to administration or licensing, staff are to keep information related to sexual abuse and sexual harassment confidential. Administration ensures that staff involved in making treatment, security and management decisions are aware of any necessary information. Staff interview confirmed that disclosures of sexual abuse are not topics of conversation amongst staff.

115.361 (d) RECOMMENDATION - Policy indicates that all staff, including those who are designated medical and mental health staff, are bound by the same mandatory reporting requirements as all other staff. Medical and mental health staff interviews consistently reported that when they have knowledge or suspicion of sexual abuse or sexual harassment having occurred, they make the proper notifications. All residents at PSI are under 18 and therefore mandatory reporting applies to all disclosures of sexual abuse and sexual harassment. Document review demonstrates that mental health staff are often times heavily involved in facilitating the report of sexual abuse or sexual harassment to licensing. Interview with medical and mental health staff determined that while they do inform residents of their duty to report and the limitations of their confidentiality, no documentation of that notification was produced to confirm that residents were informed. It is recommended that at the initiation of medical and mental health services to a resident, therapists ensure that the explanation of their duty to report and the limitations of their confidentiality be codified in a document signed by the resident to indicate that they understand.

115.361 (e) - Interview with the designated facility head indicated that allegations of sexual abuse are reported by designated staff to the entity with the authority to conduct either administrative investigations (licensing) or criminal investigations (Caldwell County Sherriff's Office). In addition to that, CPS, TJJD or the referring source for the resident is notified, as is the parent or guardian of the resident. If the court retains jurisdiction, then PSI notifies whoever is on record as the designated point of contact for the resident. Interview indicated that all notifications are made immediately. Sample documentation provided demonstrated same day notifications.

115.361 (f) – Policy requires that all allegations of sexual abuse or sexual harassment are reported to licensing for investigation. Staff interviews indicated that regardless of the source, whether it is directly disclosed from a resident, or the information is received anonymously or 3rd party, all alleged sexual abuse or sexual harassment is reported to licensing.

Standard 115.362: Agency protection duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.362 (a)

- 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 No

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

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115.362 (a) - PSI policy directs staff to take immediate actions in order to keep residents safe from imminent sexual abuse. Both specialized and random staff interviews indicated that were an incident where a resident was determined to be at substantial risk of imminent sexual abuse to be identified, staff would respond immediately to ensure residents safety. Staff reported that bed/bunk changes or dorm changes have occurred when there have been safety related concerns in the past. Direct care staff reported having the authority to make immediate temporary changes, and that they could seek direction from the PREA Compliance Manager on any more permanent strategies to ensure all residents are safe, regardless of where the safety threat is coming from.

Standard 115.363: Reporting to other confinement facilities

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.363 (a)

- 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 No
- Does the head of the facility that received the allegation also notify the appropriate investigative agency? Yes No

115.363 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? Yes No

115.363 (c)

- Does the agency document that it has provided such notification? Yes No

115.363 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

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115.363 (a) - PSI policy articulates the requirements of this standard. Document review demonstrated that there is only one example of a resident disclosing sexual abuse that is alleged to have occurred at another facility within the last 12 months.

115.363 (b) RECOMMENDATION - Review of documentation demonstrated that PSI made the required notifications regarding this incident, however, notification was not made until 5 (five) days after the disclosure was received. This was discussed with the PREA Compliance Manager to ensure an understanding of the requirement to make notifications in a timely manner, not to exceed 72 hours. It was also recommended to ensure that other staff at PSI are aware of this requirement so that if ever the PREA Compliance Manger is out, notification can still be made within the time frame required by this standard.

115.363 (c) - When PSI reports a disclosure to licensing for investigation, documentation of that notification is maintained. Documentation of reports of sexual abuse and sexual harassment were reviewed prior to and after on-site arrival.

115.363 (d) - Interview with the Agency Head designee and the Superintendent Designee confirmed that within the last 12 months there have been no examples of PSI having been notified by another facility of allegations of sexual abuse or sexual harassment that is alleged to have occurred at PSI. Both reported that if one were to be received it would be forwarded to licensing for investigation in accordance with PSI policy 400.12.

Standard 115.364: Staff first responder duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.364 (a)

- 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 No
- 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 No
- 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 No
- 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 No

115.364 (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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

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115.364 (a) RECOMMENDATION - PSI policy articulates the requirements of this standard. During random staff interviews, staff demonstrated adequate knowledge about their first responder duties by consistently reporting that as their first steps in response to alleged sexual abuse they would separate the alleged victim from the alleged perpetrator. When asked how they would separate them, staff answered that they would move the alleged victim and the alleged perpetrator to opposite sides of the dorm, or take a resident outside to get them away from any continued threat or harm. Staff reported

that they would notify administration and wait for direction from the PREA Compliance Manager on how to proceed.

A review of incidents of sexually inappropriate behavior reported within the past 2 (two) months, primarily incidents of exposure between residents, indicated that staff consistently respond by promptly separating the residents and making proper notifications.

Staff consistently reported that they would attempt to preserve the scene where the alleged abuse occurred, including not allowing other residents in the area, or bedding to be washed. No incidents reported within the last 12 months have been egregious enough to require the collection of forensic evidence.

Some staff were familiar with the first responder requirement 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, but several were not. It is recommended that staff PREA refresher training focus on this element of the first responder duties.

115.364 (b) - PSI policy language and training curriculum require that all staff make the required immediate notifications and request that the resident not take any actions that may destroy physical evidence. All staff at PSI are considered security staff and are expected to follow first responder steps.

Standard 115.365: Coordinated response

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.365 (a)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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115.365 (a) – RECOMMENDATION - Based on a review of the Coordinated Response Plan document and specialized staff interview, PSI is in compliance with this standard. The Coordinated Response Plan delineates the roles of various key staff/departments and is a good guide to what are hopefully uncommon events. It is recommended that the Coordinated Response Plan be included in the staff office of each dorm to ensure maximum familiarity with and access to all PSI staff.

Standard 115.366: Preservation of ability to protect residents from contact with abusers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.366 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency’s behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency’s ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? Yes No

115.366 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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115.366 (a) - Interview with the agency Head Designee indicated that Texas is a “Right to Work State” and that PSI has not engaged in any collective bargaining agreements. HR staff interview indicated that any staff accused of sexual abuse of a resident is immediately removed from contact with any residents pending the outcome of an investigation or a determination of whether and to what extent discipline is warranted.

115.366 (b) – This standard does not require an audit of compliance.

Standard 115.367: Agency protection against retaliation

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.367 (a)

- 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 No
- Has the agency designated which staff members or departments are charged with monitoring retaliation? Yes No

115.367 (b)

- Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services, for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations,? Yes No

115.367 (c)

- 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 No
- 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 No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? Yes No
- 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 No
- 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 No

- 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 No
- 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 No
- 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 No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? Yes No

115.367 (d)

- In the case of residents, does such monitoring also include periodic status checks? Yes No

115.367 (e)

- 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 No

115.367 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.367 (a) RECOMMENDATION - PSI policy 400.12 specifically prohibits retaliation against a resident or a staff for reporting sexual abuse or sexual harassment or for cooperating with investigations into

sexual abuse or sexual harassment. While on-site this auditor reviewed the "Pegasus' Protection Against Retaliation Monitoring Form (PREA 115.367)" document, which is used to track the monitoring of retaliation. PSI policy identifies the Case Managers as the staff designated to monitor for retaliation. Each Case Manager is assigned a dorm and monitors for any retaliation that could be occurring on their dorm. PSI policy requires that the monitoring occur for at least 90 days. Interviews indicated that the staff monitoring for retaliation were generally aware they were required to monitor for a designated amount of time, although they were unclear that it was for at least 90 days. One interview reported that he would continue monitoring indefinitely. It is recommended that the specific requirements of retaliation monitoring be reviewed with the Case Managers to ensure that they are more familiar with the details of the responsibility.

115.367 (b) - Interviews with the staff designated to monitor for retaliation reported that if it was determined that a resident was retaliating against another resident, that resident may be moved to a different dorm or placed on peer restriction or have a staff assigned to them to eliminate retaliatory behavior.

115.367 (c) – Interviews with the staff designated to monitor for retaliation indicated that during the check-ins with residents they specifically asked the residents how things were going since the report of abuse was made. Interviews indicated that they watch for any changes in the residents, review any disciplinary reports and behavioral logs, and any bed/bunk reassignments that may indicate retaliation by a resident or a staff. Interviews with the staff designated to monitor for retaliation indicated that zero tolerance is taken seriously enough by staff that they know they are not supposed to be talking about it after it has been reported. If a staff were to report that they are being retaliated against by another staff, the staff designated to monitor for retaliation reported that they would notify administration immediately so that action may be taken. Interviews indicated that if a staff were determined to be retaliating, that staff may be placed on administrative leave or terminated.

115.367 (d) – Interviews with the staff designated to monitor for retaliation indicated that they conduct frequent check-ins with residents and staff in order to ensure that there is no retaliation occurring. 1 (one) staff interviewed indicated the check-ins occur as frequently as daily, another reported the check-ins occur as frequently as weekly.

115.367 (e) – Interviews with the staff designated to monitor for retaliation indicated that anyone who expressed concerns about retaliation would be monitored to ensure their safety.

115.367 (f) – This standard does not require a compliance audit.

Standard 115.368: Post-allegation protective custody

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.368 (a)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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115.368 (a) - PSI policy 400.12 prohibits the use of isolation for any reason. During the on-site tour no areas were observed as being used for the isolation of residents. Random resident and staff interviews consistently reported that the use of isolation does not occur at PSI.

INVESTIGATIONS

Standard 115.371: Criminal and administrative agency investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.371 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.321(a).] Yes No NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.321(a).] Yes No NA

115.371 (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 No

115.371 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? Yes No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses? Yes No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? Yes No

115.371 (d)

- Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation? Yes No

115.371 (e)

- 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 No

115.371 (f)

- 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 No
- 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 No

115.371 (g)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? Yes No
- 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 No

115.371 (h)

- 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 No

115.371 (i)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?
 Yes No

115.371 (j)

- 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 No

115.371 (k)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?
 Yes No

115.371 (l)

- Auditor is not required to audit this provision.

115.371 (m)

- When an outside agency 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 No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.371 (a) - PSI policy 400.12 states that PSI does not conduct any administrative or criminal investigations of alleged sexual harassment or sexual abuse. Specialized and random staff interviews consistently determined that licensing conducts all administrative investigations and refers to the Caldwell County Sheriff's Department any allegations determined to require a criminal investigation.

115.371 (b) through (i) RECOMMENDATION - PSI provided documentation of an MOU between PSI and the Caldwell County Sheriff's Department, requesting that Caldwell County Sheriff's Department investigators receive specialized training in sexual abuse investigations involving juvenile victims. This auditor contacted the Caldwell County Sheriff's department and confirmed that criminal investigations at PSI are within the jurisdiction of the Caldwell County Sheriff's Department. For non-criminal investigations (administrative), it is recommended that PSI develop a dialogue with licensing to ensure that licensing understands PSI's requirements under the PREA standard. In particular, it is suggested that PSI determine from licensing if for allegations that are clearly not criminal, could PSI conduct a simultaneous internal administrative investigation in order to more effectively conduct prompt, thorough and objective investigations that provide PSI with the information it needs to more promptly take corrective action.

115.371 (j) - Interview with the PREA Compliance Manager indicated that PSI retains investigative reports for at least 7 (seven) years.

115.371 (k) - PSI policy 400.12 states that PSI does not conduct any administrative or criminal investigations of alleged sexual harassment or sexual abuse. Specialized and random staff interview consistently determined that licensing conducts all administrative investigations and refers to the Caldwell County Sheriff's Department any allegations determined to require a criminal investigation.

115.371 (l) - This standard does not require a compliance audit.

115.371 (m) – Interview with specialized staff determined that PSI staff are expected to cooperate with investigations. Interview with the Superintendent Designee indicated that licensing will sometimes share safety sensitive information before investigators leave the facility, and that if they don't, the PREA Compliance Managers will periodically follow up with licensing in order to stay informed about the investigative outcome. The PREA Compliance Managers reported that they make frequent phone calls and send e-mails to licensing in order to receive any information about the investigations.

Standard 115.372: Evidentiary standard for administrative investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.372 (a)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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115.372 (a) RECOMMENDATION - PSI policy states that PSI does not conduct any administrative or criminal investigations of alleged sexual harassment or sexual abuse. Specialized and random staff interview consistently determined that licensing conducts all administrative investigations and refers to the Caldwell County Sheriff's any allegations determined to require a criminal investigation.

It is recommended that PSI develop a dialogue with licensing to ensure that licensing's investigators understand PSI's data collection requirements under these standards. It is further recommended that PSI determine from licensing if PSI could be allowed to conduct a simultaneous internal administrative investigation in order to more effectively conduct prompt, thorough and objective investigations that provide PSI with the information it needs to more promptly take corrective action.

Standard 115.373: Reporting to residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.373 (a)

- Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? Yes No

115.373 (b)

- If the agency did not conduct the investigation into a resident's allegation of sexual abuse in the agency's 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 No NA

115.373 (c)

- 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 No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility? Yes No
- 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 No
- 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 No

115.373 (d)

- 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 No

- 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 No

115.373 (e)

- Does the agency document all such notifications or attempted notifications? Yes No

115.373 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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115.373 (a) CORRECTIVE ACTION This standard requires that residents who have made allegations of sexual abuse be notified that the allegation has been determined to be Substantiated, Unsubstantiated, or Unfounded. Sample resident notifications were provided; however, they only inform a resident that their allegation was either "Administratively Closed", or determined as "No Deficiency". Interview with the PREA Compliance Manager determined that the information PSI is providing residents regarding the investigative finding of their allegation is the same information PSI is provided by licensing. It is recommended that PSI work with licensing to gather enough information about the investigative finding to determine if the allegation is substantiated, unsubstantiated, or unfounded. The standard definition of each of those terms should be included in the notification so that residents can have an adequate understanding of the meaning of each.

UPDATE - Through periodic correspondence that began shortly after the interim report was delivered on 9-03-19 and concluded on 9-12-19, PSI developed a new resident notification of findings template. PSI also incorporated feedback that in order to make the notification meaningful to the resident, PSI should include brief definition of the terms "Substantiated, Unsubstantiated, and Unfounded. On 9-12-19, PSI provided documentation of signed resident notifications with all of the required information. This corrective action was completed on 9-12-19.

115.373 (b) - The PREA Compliance Manager provided evidence that PSI solicits information from licensing regarding the findings of investigations that they have completed. Even though the information provided by licensing does not indicate whether their administrative investigation into allegations of sexual abuse or sexual harassment is substantiated, unsubstantiated and unfounded, PSI is doing their part to seek investigative findings in order to inform the resident.

Although there have been no examples within the last 12 months of a resident having alleged sexual abuse by a staff member, the level of information currently being provided to residents in the notification letter is an indicator that PSI is not in compliance with standard 115.373 (c).

115.373 (c) CORRECTIVE ACTION – There have been no examples within the last 12 months of an allegation of sexual abuse of a resident by a staff member. The level of information currently provided to residents in the notification letter is an indicator that PSI is not in compliance with this standard. In the case of a staff on resident allegation, unless licensing or the Caldwell County Sheriff's Office has determined the allegation to be unfounded, PSI needs to inform the resident whenever:

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

115.373 (d) CORRECTIVE ACTION – Although there have been no examples within the last 12 months of a resident having alleged sexual abuse by another resident, the level of information currently being provided to residents in the notification letter is an indicator that PSI is not in compliance with this standard.

UPDATE - Through periodic correspondence that began shortly after the interim report was delivered on 9-03-19 and concluded on 9-12-19, PSI developed a new resident notification of findings template. On 9-12-19, PSI provided documentation of signed resident notifications with all of the required information. This corrective action was completed on 9-12-19.

115.373 (d) CORRECTIVE ACTION - In the case of a resident on resident allegation, unless licensing or the Caldwell County Sheriff's Office has determined the allegation to be unfounded, PSI needs to inform the resident whenever:

- (1) PSI learns that the alleged abuser has been indicted on a charge related to sexual abuse within PSI.
- (2) PSI learns that the alleged abuser has been convicted on a charge related to sexual abuse within PSI.

UPDATE - Through periodic correspondence that began shortly after the interim report was delivered on 9-03-19 and concluded on 9-12-19, PSI developed a new resident notification of findings template. On 9-12-19, PSI provided documentation of signed resident notifications with all of the required information. This corrective action was completed on 9-12-19.

115.373 (e) - PSI policy states that following an investigation into a resident's allegation of sexual, notification to the resident of the finding shall be documented. Example resident notifications were reviewed by the auditor.

115.373 (f) – This standard does not require a compliance audit.

DISCIPLINE

Standard 115.376: Disciplinary sanctions for staff

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.376 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? Yes No

115.376 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? Yes No

115.376 (c)

- 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 No

115.376 (d)

- 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 No
- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.376 (a) and (b) – PSI policy 400.12 language and informal discussions with specialized staff both indicate that staff are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. While there have been no such terminations within the last 12 months, staff interviews indicate that this has occurred in the past, although the allegations were of sexual harassment.

115.376 (c) - Just prior to this auditor's arrival on-site, 2 (two) residents disclosed having inappropriate sexual contact. PSI promptly placed the staff responsible for supervising them at the time of the alleged contact on administrative leave while licensing investigates the incident. Her continued employment is pending the outcome of the investigation. Interview with the PREA Compliance Manager and HR staff indicated that PSI's disciplinary response to staff who have violated policy is commensurate with the nature and circumstances of the violation.

115.376 (d) – PSI reporting protocol is that any violation of policy that has led to an allegation of sexual harassment or sexual abuse is promptly reported to licensing for investigation. Licensing may refer the allegation to the Caldwell County Sheriff's Department if the allegation is clearly criminal. Documentation of referrals for investigation to licensing were reviewed on-site. Based on the type of treatment provided at PSI, the level of training staff receives on appropriate boundaries, sex offender treatment and zero tolerance, policy language and informal staff discussions, it is apparent that PSI is very responsive to policy violations that risk the safety of residents and staff.

Standard 115.377: Corrective action for contractors and volunteers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.377 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents? Yes No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? Yes No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? Yes No

115.377 (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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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115.377 (a) – PSI policy 400.12 requires that an allegation that a volunteer or contractor engaged in sexual abuse with a resident would be immediately referred to licensing for investigation. Licensing would forward the allegation to the Caldwell County Sheriff’s Department if the conduct was clearly criminal. Training curriculum for volunteers and contractors includes that PSI has a zero tolerance for sexual abuse or sexual harassment. Interview with the PREA Compliance Manager and HR staff reported that any volunteer or contractor who engaged in sexual abuse would be immediately removed from contact with residents if there was such an allegation.

115.377 (b) – PSI policy 400.12 articulates the requirements of this standard. Informal discussions with staff make evident that PSI takes a zero tolerance stance towards sexual abuse or sexual harassment seriously. Interviews with the PREA Compliance Manager and HR staff reported that any volunteer or contractor who violated PSI zero tolerance policy would be immediately removed from contact with residents if there was such an allegation.

Standard 115.378: Interventions and disciplinary sanctions for residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.378 (a)

- 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 No

115.378 (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 No

- 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 No
- 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 No
- 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 No
- 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 No

115.378 (c)

- 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 No

115.378 (d)

- 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 No
- 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 No

115.378 (e)

- 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 No

115.378 (f)

- 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 No

115.378 (g)

- If the agency prohibits all sexual activity between residents, does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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115.378 (a) RECOMMENDATION - Interview with the PREA Compliance Manager determined that administrative investigations often take between 30 to 90 days. Documentation review determined that some administrative investigations have taken notably longer. This is relevant because PSI reported that certain safety strategies, such as housing reassignment or off campus restriction are implemented promptly, prior to investigative results becoming available. It is recommended that unless there is an admission of guilt or involvement by a resident that certain other disciplinary sanctions, such as loss of status on the Positive Peer List, should not be used until after an investigation determines that resident's involvement or guilt.

115.378 (b) - Interview with the PREA Compliance Manager and random staff determined that disciplinary sanctions are commensurate with the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories. Interview indicated that a typical response to a resident who is found to have violated PSI's zero tolerance policy may be that they are assigned 20 hours loss of Positive Peer List (PPL) time, and 2 weeks off campus restriction. Staff reported that residents who engage in repeated inappropriate behavior will have increased sanctions, and that residents whose inappropriate behavior is relatively minor will receive sanctions, but not as severe as those who engage in the behavior repeatedly.

Policy language prohibits the use of isolation at PSI. Staff and resident interview confirmed that PSI does not isolate residents for any reason. Resident's access to programming and work opportunities, mental health services, education and exercise is therefore unrestricted.

115.378 (c) - PSI's admission criteria ensures that all residents have a basic cognitive threshold. Interview with medical and mental health staff determined that any residents who may be functioning close to the threshold established in PSI's admission criteria receive appropriate mental health services to ensure that behavioral strategies intended to encourage or discourage any particular behavior are developmentally appropriate.

115.378 (d) - All programming at PSI is designed to address and correct the underlying reasons or motivations for sexually predatory behavior. All residents accepted to PSI are expected to participate in core programming. Staff interviews determined that access to general programming or education is not restricted if a resident refuses to participate in core programming. Residents who refuse to participate in

core programming over a sustained period of time may have their placement at PSI reevaluated for appropriateness.

115.378 (e) - Within the last 12 months there have been no reported instances of a staff member engaging in sexual contact with a resident. Policy articulates that a resident will only be disciplined for engaging in sexual contact with a resident upon finding out that the staff did not consent to such contact. There is an example from 12 months prior to this auditor's time onsite, where a resident did receive charges for an act of aggression where law enforcement determined that the resident intentionally groped a female staff without her consent.

115.378 (f) – Interviews with designated staff determined that because all reports of alleged sexual abuse or sexual harassment are immediately forwarded to licensing for investigation, PSI does not assess whether or not a report of sexual abuse or sexual harassment made by a resident is done so in good faith.

115.378 (g) RECOMMENDATION - PSI policy prohibits all sexual activity between residents. PSI accepts determinations of substantiated sexual abuse from licensing/law enforcement. While it is appropriate to encourage all staff to over report in order to ensure that any and all information related to sexually inappropriate behavior is properly addressed and discouraged in order to maintain a zero tolerance culture, for the accuracy of data collection purposes it is recommended that the PREA Coordinator and PREA Compliance Managers utilize the definitions of sexual abuse and sexual harassment contained within the standards to determine if an allegation meets the definitional threshold of sexual abuse or sexual harassment. PSI is encouraged to consult with licensing as necessary in order to conduct enough preliminary inquiry to make those determinations.

MEDICAL AND MENTAL CARE

Standard 115.381: Medical and mental health screenings; history of sexual abuse

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.381 (a)

- 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 No

115.381 (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 No

115.381 (c)

- 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 No

115.381 (d)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.381 (a) - Based on PSI policy 400.12 language, specialized staff interview, targeted resident interview and documentation of disclosures of sexual abuse having been completed and reported to licensing in the presence of mental health staff, it is apparent that residents who during their intake screening reported having experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, are meeting with medical or mental health staff within 14 days of the intake screening. PSI is in compliance with this standard.

115.381 (b) - Based on PSI policy 400.12 language, specialized staff interview, targeted resident interview, the nature of PSI's core programming, weekly meetings between residents and their therapists, it is apparent that residents who during their intake screening reported having previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, are meeting with medical or mental health staff within 14 days of the intake screening. PSI is in compliance with this standard.

115.381 (c) - During the tour the PREA Compliance Manager pointed out that the location of the resident's files was under double lock and key, with very few people having access to the key to the building where records are located, and fewer people yet having access to a locked box with a key to

the records room. PSI policy 400.12 articulates that information related to sexual abuse and sexual victimization is limited as per the requirements of this standard. Informal conversations with staff confirmed that because of the nature of the type of treatment provided at PSI it is presumed that a majority of the residents have a sexual abuse/sexual victimization history, the specifics of that information is not available to direct care staff.

115.381 (d) RECOMMENDATION - During interviews with medical and mental health staff they consistently reported that they inform residents of their limited confidentiality and obligations to report as mandated reporters. Resident interviews indicated that they were aware that certain things they disclose would not remain private. Based on policy language and the consistency of staff and resident interview responses, PSI is in compliance with this standard. It is however recommended that PSI develop an informed consent, notice of limited confidentiality document that explains this to the residents. After it is explained to the resident it is recommended that the resident sign it and it be included as a part of the resident's record.

Standard 115.382: Access to emergency medical and mental health services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.382 (a)

- 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 No

115.382 (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 No
- Do staff first responders immediately notify the appropriate medical and mental health practitioners? Yes No

115.382 (c)

- 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 No

115.382 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.382 (a) – Interviews with medical and mental health staff consistently indicated that if a resident were the victim of sexual abuse, they would receive immediate access to emergency medical treatment and crisis intervention services. If the resident were in need of crisis intervention services of a mental health nature and a therapist was not on campus, they reported that a therapist would come out to the facility or they would consult with the resident over the phone. The Soaring Eagle Trauma Center was cited during interviews as having been created to help provide for resident's mental health needs. Interviews indicated that the nature of the services provided to a resident are determined according to their professional judgement. Mental health staff reported that all residents start off receiving the same level of mental health care unless otherwise indicated during their intake screening, in which case residents could receive more in order to meet their needs. There are no reports of substantiated sexual abuse between residents within the last 12 months.

115.382 (b) – First responder staff interviews consistently reported that among the required notifications to administration and licensing, they are also required to let the therapist know. If the incident were of the type where potential injuries resulted, they reported that they would immediately call the clinic for assistance as well.

115.382 (c) – CORRECTIVE ACTION – This standard requires that resident victims of sexual abuse are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. Five days prior to this auditor's time on-site, this auditor was advised while on site that 2 (two) residents disclosed having engaged in sexually inappropriate contact. During specialized interviews with medical and mental health staff it became apparent that medical staff were unaware that this had occurred. Informal discussion with the PREA Compliance Manager determined that neither resident had yet been offered follow up STI testing. After advising the PREA Compliance Manager that the offer for STI testing needed to be made to the residents, I was provided subsequent documentation while onsite that follow up STI testing was offered. It is important to ensure that such testing is offered in a timelier manner. It is recommended that PSI review their internal communication processes to ensure that when incidents of inappropriate sexual contact are alleged, medical staff are provided that information so that PSI may extend the offer to provided STI testing in a timely manner.

UPDATE - Through periodic correspondence that began shortly after the interim report was delivered on 9/03/19 and concluded on 10/16/19, PSI developed a draft memo to the PREA Coordinator, PREA Co-Compliance Managers, Pegasus Administrators and Medical Coordinator. This memo advised them that moving forward, the practice following an allegation of sexual abuse, would involve the immediate notification of the Medical Coordinator so that appropriate medical care/testing may be offered to the residents in a timely fashion. I approved the content of the memo and shortly after was provided a copy of the memo signed by all the staff positions listed above. This corrective action was completed on 10/16/19.

115.382 (d) – Based on the PAQ response, policy language and specialized staff interview responses, it is apparent that all resident medical needs are provided at no cost to the resident. PSI is in compliance with this standard.

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.383 (a)

- 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 No

115.383 (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 No

115.383 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? Yes No

115.383 (d)

- Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) Yes No NA

115.383 (e)

- 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. *Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be*

sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.) Yes No NA

115.383 (f)

- Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? Yes No

115.383 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? Yes No

115.383 (h)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.383 (a) – PSI specializes in the treatment of male adolescents with sexual behavior problems. A review of the PSI Resident/Parent handbook, staff and resident interview, and website information confirms this is the treatment focus. Medical and mental health staff reported that every resident placed at PSI receives medical and mental health evaluations. Interview indicated that all residents are evaluated to determine the need for trauma treatment and that they receive group and individual therapy. Medical and mental health staff reported that it is difficult to target specific abuse alleged to have occurred within the facility while the incident is under investigation. During the tour of the PSI campus the Soaring Eagle Trauma Center as well as the therapist's areas was reviewed. The Soaring Eagle Trauma Center enhances PSI's ability to provide treatment to residents with increased mental health and trauma needs.

115.383 (b) and (c) - Random staff interviews indicated that residents successfully leaving PSI may continue to receive aftercare services as determined necessary by the resident's treatment team. The resident's weekly schedule was reviewed for multiple dorms and demonstrates that mental health services in the form of group and individual counseling is occurring. Each resident has an individualized master treatment plan identifying their treatment needs. Resident interviews confirmed that they see their therapists often. Interviews with mental health staff reported that the Soaring Eagle Trauma Center was specifically developed to help meet the trauma needs of PSI residents. Based on a review of the core programming available at PSI, observations of group and individual counseling occurring, specialized staff and resident interviews, PSI is in compliance with this standard.

115.383 (d) and (e) – These standards apply only to female and transgender female residents. Interview with the PREA Compliance Manager confirmed that there are no residents who identify as transgender on campus. The resident population on campus all reportedly self-identify as male.

115.383 (f) - PSI policy articulates that resident victims of sexual abuse will be offered tests for sexually transmitted diseases (STI's). During this auditors time on site there had been a recent incident in which it was necessary to make such an offer. PSI provided documentation that the offer was made.

115.383 (g) - While onsite PSI demonstrated through documentation that 2 (two) residents who alleged to have engaged in inappropriate sexual contact were both offered follow up STI testing. Based on that documentation, discussions with the PREA Compliance Manager as well as policy language PSI does not pass on to the resident or family the cost for medical treatment, regardless of whether or not the resident cooperates with the investigation. There were no previous incidents within the last 12 months involving residents having been involved in an incident where medical treatment was offered or necessary.

115.383 (h) - Mental health staff interviewed reported that residents are given trauma risk assessments initially, and situationally thereafter. After learning about an abuse history, an updated mental health evaluation may occur in as much as 4 days, but most often as early as the next day. The Trauma Screening Questionnaire (TSQ) document used by mental health to assess trauma levels in resident following an incident of sexual abuse was reviewed while on site.

DATA COLLECTION AND REVIEW

Standard 115.386: Sexual abuse incident reviews

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.386 (a)

- 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 No

115.386 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation? Yes No

115.386 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? Yes No

115.386 (d)

- 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 No
- 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 No
- 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 No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? Yes No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? Yes No
- 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 No

115.386 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.386 (a) – PSI policy 400.12 requires a sexual abuse incident review at the conclusion of every sexual abuse investigation. PSI provided documentation of sample incident reviews.

115.386 (b) – PSI policy requires that incident reviews occur within 30 days of the conclusion of the investigation. The sample incident reviews provided by PSI all appear to have occurred within 30 days of licensing notifying PSI of the investigation findings.

115.386 (c) CORRECTIVE ACTION - This standard requires that the incident review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners. PSI policy articulates the same requirement, however, five out of the six samples provided for review lacked medical or mental health staff input. Investigators are absent from the review team because the investigators are an outside entity (licensing), however, medical or mental health staff need to have their input included during the incident review.

UPDATE - Through periodic correspondence that began shortly after the interim report was delivered on 9-03-19 and concluding on 11/04/19, PSI has provided documentation of Incident Reviews that included medical and mental health staff. The PREA Compliance Managers have reiterated the importance of including medical or mental health staff in the incident review process. This corrective action was completed on 11/04/19.

115.386 (d) – Based on the sample incident reviews PSI provided for review, item one through six of this standard are included in the review. Interview with the Superintendent designee indicated that the incident review helps PSI to assess any blind spots and precipitating factors as well as target individual resident's therapy needs and their Master Treatment Plan. He reported that the incident helps the PSI review team to look at the issue as a whole to determine if any changes to policy or practice is needed. This interview confirmed that a resident's race, ethnicity, gender identity and sexual orientation are considered as precipitating factors. Interview with the PREA Compliance Managers reported that they

document the incident review in a report of PSI's findings. They reported that as of yet there has been no noticeable trend, but PSI would respond to such a trend if one were to occur. They reported that the incident review helps PSI to develop the plan for how to address any issue identified by licensing. The level and quality of supervision being provided at the time was given as an example. Staff interviews confirmed that video monitoring is considered during incident reviews.

115.386 (e) – PSI policy language articulates the requirements of this standard. A review of sample incident reviews demonstrated that any recommendations arrived at by the incident review team were implemented.

Standard 115.387: Data collection

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.387 (a)

- 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 No

115.387 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually? Yes No

115.387 (c)

- 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 No

115.387 (d)

- 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 No

115.387 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.) Yes No NA

115.387 (f)

- 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 No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.387 (a) RECOMMENDATION - While onsite informal discussion with the PREA Coordinator determined that in PSI's past, all instances of sexually inappropriate behavior were categorized as sexual abuse. It is advised that all reported instances be carefully reviewed to determine what category they fall into, or if, due to their specifics, they do not fall into a category at all. Based on a review of the information provided for review by PSI, the information available on PSI's public website, policy language, and informal discussion with the PREA Compliance Manager, PSI is in compliance with this standard.

115.387 (b) – PSI policy language includes the requirements of this standard. The PREA Compliance Manager provided 2017 and 2018 Annual Data & Statistical Spreadsheet documents for review.

115.387 (c) – The information provided for review and available on PSI's public website appears accurate and uniform and is sufficient to complete the Department of Justice's Survey of Sexual Victimization.

115.387 (d) – Informal discussion with the PREA Compliance Manager and review of the 2017 and 2018 Annual Data & Statistical Spreadsheet documents, indicates that incident reports, licensing's investigative reports, outcry's, disclosures, and Incident Reviews all help contribute to the aggregated data.

115.387 (e) – Review of the organizational chart, informal discussion with the Agency Head designee, Agency PREA Coordinator and PREA Compliance Manager determined that PSI does not contract for the confinement of other residents with other entities. This standard does not apply to PSI.

115.387 (f) – Interview with the PREA Compliance Manager confirmed that PSI has participated in the DOJ's Survey of Sexual Victimization by providing the DOJ all annually aggregated data from the previous calendar year no later than June 30.

Standard 115.388: Data review for corrective action

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.388 (a)

- 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 No
- 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 No
- 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 No

115.388 (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 No

115.388 (c)

- 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 No

115.388 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.388 (a) – PSI policy language articulates the requirements of this standard. Interview with the Agency Head designee indicated that PSI does not wait until an annual review of data to take action, and instead implements corrective and preventative strategies on a case-by-case basis. The 2017 and 2018 PREA Annual Data Review documents were provided for the auditor to review and demonstrate that multiple upper management administrators are present during the review of the aggregated information, including a review of the allegations and related findings, identification of problem areas, corrective actions taken on an ongoing basis and as an agency as a whole.

115.388 (b) CORRECTIVE ACTION – This standard requires that PSI’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. The annual report publically available on PSI’s website only contains their current year’s data, and not a comparison to the previous year’s data. It is recommended that the report available on PSI’s website be more closely modelled after the 2018 PREA Annual Data Review document, while still including a comparison to the previous year’s PREA statistics.

UPDATE - Through periodic correspondence that began shortly after the interim report was delivered on 9/03/19, and concluded on 10/16/19, PSI developed an annual report that provides comparative data, as well as an assessment of the agency’s progress in addressing sexual abuse. On 10/21/19, this auditor confirmed the availability of the report on PSI’s public website and that it contains all of the required information. This corrective action was completed on 10/21/19.

115.388 (c) – PSI policy articulates that PREA statistical information shall be made readily available to the public at least annually. PSI’s public website (<https://www.pegasusschool.net/prea>) currently displays PSI’s 2018 Annual PREA Report. This report bears the signature of approval from the Agency Head.

115.388 (d) – Interview with the PREA Compliance Manager indicated that there is no information redacted from the publicly available report because the report is not built with any personally identifying information. Review of PSI’s publicly available report confirms that there are no redactions contained within it.

Standard 115.389: Data storage, publication, and destruction

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.389 (a)

- Does the agency ensure that data collected pursuant to § 115.387 are securely retained?
 Yes No

115.389 (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 No

115.389 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? Yes No

115.389 (d)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.389 (a) - Based on a review of the facilities where the information is kept, policy language and specialized staff interview, PSI is in compliance with this standard. The PREA Compliance Manager demonstrated to this auditor that the information is retained both electronically, on a password protected computer within a locked office within a locked building, and hard copy within a locked filing cabinet within a locked office within a locked building.

115.389 (b) - PSI only operated one facility and does not contract for the confinement of residents with other facilities. PSI policy articulates that PREA statistical information shall be made readily available to the public at least annually. Information is currently available on PSI's public website at the following link (<https://www.pegasusschool.net/prea>)

115.389 (c) - Interview with the PREA Compliance Manager indicated that there is no information redacted from the publicly available report because the report is not built with any personally identifying information. Review of PSI's publicly available report confirms that there are no redactions contained within it.

115.389 (d) – PSI policy articulates that sexual abuse data collected will be maintained for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.401 (a)

- 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 No

115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*) Yes 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.) Yes No 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 No NA

115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility? Yes No

115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? Yes No

115.401 (m)

- Was the auditor permitted to conduct private interviews with residents? Yes No

115.401 (n)

- Were residents permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.401 (a) – PSI only operates one facility, which was last audited for PREA compliance on 9/01/16. In order to comply with the PREA standard auditing requirements, this is PSI's second audit.

115.401 (b) - PSI only operates one facility, which was last audited for PREA compliance on 9/01/16. In order to comply with the PREA standards auditing requirements, this is PSI's second audit.

115.401 (h) – This auditor was granted access to all areas of the PSI campus that I wanted to see, at any time that I wanted to observe. For example, on a particular morning I arrived 3 ½ hours before the scheduled start of my auditing day. During that time, I was able to make unannounced visits to several residential dorms and observe routine supervision practices and staff to resident ratios.

115.401 (i) – This auditor made several requests for additional information, both electronically stored and hard copy, via an Issue Log I sent PSI after having reviewed the PAQ and the initial information PSI provided. Following my time on-site I made additional requests for information. PSI responded to all of my information requests promptly.

115.401 (m) – PSI provided this auditor with a private office, behind a closed door, to conduct all staff and resident interviews.

115.401 (n) – In photos provided by PSI at this auditor's request, evidence that notification of the upcoming PREA audit, with this auditor's contact information, were confirmed to have been posted on each of the residential dorms, within the cafeteria and education. During the site tour this was again confirmed through observation. Informal conversations with residents confirmed that they were generally aware that a PREA audit was going to occur prior to my arrival on-site. Residents confirmed that they have the ability to send out correspondence in a confidential manner with persons on their approved contact list. Informal discussion with the Facility PREA Compliance Manager confirmed that staff were advised that residents were to be allowed to contact the PREA auditor in a confidential manner, using the address provided on the PREA audit notices.

Standard 115.403: Audit contents and findings

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.403 (f)

- 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 AGENCY 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 that there has never been a Final Audit Report issued.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.403 (f) – From the date that this auditor first reviewed PSI’s public website, prior to being contracted with PSI to conduct this audit, the Final PREA Audit report from PSI’s 2016 audit was located on PSI’s public website. It is expected that the Final 2016 PREA Audit Report will remain posted on PSI’s public website until such time as it is replaced with the final version of this audit report.

AUDITOR CERTIFICATION

I certify that:

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

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.¹ Auditors are not permitted to submit audit reports that have been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Joe Blume

11/11/2019

Auditor Signature

Date

¹ See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

² See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.