

PREA Facility Audit Report: Final

Name of Facility: Pegasus Schools Residential Treatment Center

Facility Type: Juvenile

Date Interim Report Submitted: 12/23/2022

Date Final Report Submitted: 04/29/2023

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

AUDITOR INFORMATION	
Auditor name:	Blume, Joe
Email:	blumej68@hotmail.com
Start Date of On-Site Audit:	11/08/2022
End Date of On-Site Audit:	11/10/2022

FACILITY INFORMATION	
Facility name:	Pegasus Schools Residential Treatment Center
Facility physical address:	896 Robin Ranch Road , Lockhart , Texas - 78644
Facility mailing address:	

Primary Contact	
Name:	Ken Kramer
Email Address:	ken.kramer@pegasusschool.net
Telephone Number:	512-957-1951

Superintendent/Director/Administrator	
Name:	Eric De Hoyos
Email Address:	eric.dehoyos@pegasusschool.net
Telephone Number:	512-432-1608

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

Facility Health Service Administrator On-Site	
Name:	Reid Davidson
Email Address:	reid.davidson@pegasusschool.net
Telephone Number:	512-432-1630

Facility Characteristics	
Designed facility capacity:	200
Current population of facility:	161
Average daily population for the past 12 months:	159
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Males
Age range of population:	10-17
Facility security levels/resident custody levels:	staff secure
Number of staff currently employed at the facility who may have contact with residents:	142
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	24
Number of volunteers who have contact with residents, currently authorized to enter the facility:	6

AGENCY INFORMATION	
Name of agency:	Pegasus Schools, Inc.
Governing authority or parent agency (if applicable):	
Physical Address:	896 Robin Ranch Road , Lockhart , Texas - 78644
Mailing Address:	PO Box 577, Lockhart, Texas - 78644
Telephone number:	5129571951

Agency Chief Executive Officer Information:	
Name:	Robert Ellis
Email Address:	robert.ellis@pegasusschool.net
Telephone Number:	512 957-1951

Agency-Wide PREA Coordinator Information			
Name:	Kenneth Kramer	Email Address:	ken.kramer@pegasusschool.net

SUMMARY OF AUDIT FINDINGS	
<p>The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.</p> <p>Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.</p>	
Number of standards exceeded:	
0	
Number of standards met:	
43	
Number of standards not met:	
0	

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2022-11-08
2. End date of the onsite portion of the audit:	2022-11-10

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	Caldwell County Sheriff's Office Hayes Caldwell Women's Center CHRISTUS Santa Rosa Hospital- San Marcos Comal County Crisis Center

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	200
15. Average daily population for the past 12 months:	161
16. Number of inmate/resident/detainee housing units:	6
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	163
38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	0
39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	0
40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0
41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	1
42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0

<p>43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:</p>	<p>2</p>
<p>44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</p>	<p>4</p>
<p>46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</p>	<p>6</p>
<p>47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</p>	<p>No text provided.</p>
<p>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</p>	
<p>49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</p>	<p>137</p>

<p>50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>0</p>
<p>51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>1</p>
<p>52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:</p>	<p>No text provided.</p>

INTERVIEWS

Inmate/Resident/Detainee Interviews

Random Inmate/Resident/Detainee Interviews

<p>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>34</p>
<p>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</p>	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None

<p>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</p>	<p>Residents placed at PSI come from all over the state of Texas. To ensure an appropriate sampling of residents at PSI, I selected residents from the housing rosters for each dorm.</p>
<p>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>Residents placed at PSI come from all over the state of Texas. To assess PSI's zero tolerance culture at work for each living unit, I selected residents for interview from each of the housing rosters for each dorm.</p>
<p>Targeted Inmate/Resident/Detainee Interviews</p>	
<p>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>6</p>
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
<p>60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input checked="" type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>When asked, the PREA Compliance Manager was unaware of there being any residents with disabilities or limited English. He contacted the Case Managers and determined that no residents currently on campus had cognitive disabilities, or were limited in English in a manner that made comprehension of zero tolerance, & how to report sexual abuse. Throughout my time on site I questioned random staff as well as residents to ascertain if they were aware of any residents who were limited English speaking, or who they thought may have had difficulty understanding things. None were identified. Facility management reported that due to the rigorous programming and physical expectations of the programming, residents with physical disabilities, or who do not speak and understand English, are not selected for entry into PSI.</p>
<p>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>When asked, the PREA Compliance Manager was unaware of there being any residents with cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability. He contacted the Case Managers and determined that no residents currently on campus had significant impairment such that comprehension of zero tolerance, & how to report sexual abuse was not possible. Throughout my time on site I questioned random staff as well as residents to ascertain if they were aware of any residents who may not understand what zero tolerance towards sexual abuse or sexual harassment meant. None were able to identify any. For residents I interviewed whom I suspected might not be highly functioning, I asked additional comprehension questions and asked the residents to describe back to me the processes they themselves would follow to report if someone made them uncomfortable. They were adequately able to explain to me the different ways that they would report it. All residents reported knowing that it was their right to not be sexually abused or harassed.</p>
<p>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Facility management reported that due to the rigorous programming and physical expectations of the programming, residents with who may be blind or have low vision are not selected for entry into program at PSI.</p>
<p>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Facility management reported that due to the rigorous programming and physical expectations of the programming, residents with who may be deaf or hard of hearing are not selected for entry into program at PSI.</p>
<p>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>When asked, the PREA Compliance Manager was unaware of there being any residents with limited English. He contacted the Case Managers and determined that no residents currently on campus had limited English speaking or comprehension that would impact that residents comprehension of zero tolerance and how to report sexual abuse. Throughout my time on site I questioned random staff as well as residents to ascertain if they were aware of any residents who were limited English speaking, or who they thought may have had difficulty understanding things. None were identified. I did randomly select a few residents for whom who I was able to determine that English was not their first language. However, they were well versed in English and had no difficulty answering my questions and describing to me in their own wards how to report sexual abuse and sexual harassment.</p>
<p>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>1</p>
<p>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>1</p>
<p>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>	<p>2</p>

<p>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>2</p>
<p>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>PSI policy prohibits the use of isolation. Interview with PSI staff confirms that isolation is not in practice at PSI. During the facility site review, there were no areas of the campus that appeared to be specifically for the use of segregated housing or isolation. During resident interviews it was routinely reported that PSI staff do not isolate the residents.</p>

<p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>PSI provided inconsistent information on whether or not there was a transgender resident on campus. I was eventually brought a resident that reportedly identifies as a transgender female. The resident did affirm that they had not been placed in special housing for only transgender or intersex residents, and that they had the ability to shower separately. I was later informed by PSI staff that some of the confusion about whether there was a transgender resident on campus was because this youth only periodically identifies as a transgender female.</p>
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Staff, Volunteer, and Contractor Interviews

Random Staff Interviews

<p>71. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>10</p>
<p>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

<p>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>Staff assigned to each living unit were selected order to ensure a representative sample was interviewed.</p>
<p align="center">Specialized Staff, Volunteers, and Contractor Interviews</p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
<p>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>25</p>
<p>76. Were you able to interview the Agency Head?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>78. Were you able to interview the PREA Coordinator?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>79. Were you able to interview the PREA Compliance Manager?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)</p>

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

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

	<input checked="" type="checkbox"/> Intake staff <input type="checkbox"/> Other
81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No
b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Education/programming <input checked="" type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input checked="" type="checkbox"/> Religious <input type="checkbox"/> Other
82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of CONTRACTORS who were interviewed:	5
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Security/detention <input checked="" type="checkbox"/> Education/programming <input checked="" type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other
83. Provide any additional comments regarding selecting or interviewing specialized staff.	No text provided.

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

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

Yes

No

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

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

Yes

No

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

Yes

No

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

Yes

No

<p>88. Informal conversations with staff during the site review (encouraged, not required)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</p>	<p>During the site review I discretely collected a grievance form from one of the dorms and completed it with my contact information. As the site review continued I deposited it in a locked grievance box. The next morning I was promptly notified that my grievance had been received. I confirmed that residents who want to call the hotline phone number would be provided reasonable privacy on the dorm to make such a call.</p>

Documentation Sampling

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

<p>90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</p>	<p>This auditor was provided unrestricted access to all resident files and was able to confirm the presence of required risk screening documents, as per standard 115.341(a), participation in required resident PREA education, and periodic rescreening. This auditor was able to make random selections from the staff and contractor files to ascertain compliance with criminal background checks and training logs.</p>

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	6	0	6	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	6	0	6	0

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

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	3	0	3	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	3	0	3	0

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	0	5	1
Staff-on-inmate sexual abuse	0	0	0	0
Total	0	0	5	1

Sexual Harassment Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	0	3	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	0	0	3	0

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:	6
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<p>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
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Inmate-on-inmate sexual abuse investigation files

<p>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>6</p>
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<p>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
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<p>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
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Staff-on-inmate sexual abuse investigation files

<p>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>0</p>
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<p>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
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<p>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
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Sexual Harassment Investigation Files Selected for Review

<p>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>3</p>
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<p>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
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Inmate-on-inmate sexual harassment investigation files

<p>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>3</p>
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<p>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
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<p>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
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Staff-on-inmate sexual harassment investigation files

111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	All allegations of alleged sexual abuse and sexual harassment are reported by PSI to the Texas Department of Family and Protective Services, who is responsible for investigating charges of abuse, neglect or exploitation of children. If licensing determines that a crime has occurred, DFPS will contact law enforcement to conduct a criminal investigation.

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

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

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

Yes

No

AUDITING ARRANGEMENTS AND COMPENSATION

121. Who paid you to conduct this audit?

The audited facility or its parent agency

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

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

Other

Standards

Auditor Overall Determination Definitions

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

Auditor Discussion Instructions

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

115.311	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	<p data-bbox="280 315 579 342">Auditor Discussion</p> <p data-bbox="280 389 1442 461">Pegasus Schools Inc. provided their PREA policy, which includes all of the required elements of this standard.</p> <p data-bbox="280 504 1461 575">15.311 (a)-1 - PSI has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment.</p> <p data-bbox="280 618 1469 689">15.311 (a)-2 - PSI's PREA policy outlines its approach towards preventing, detecting, and responding to sexual abuse and sexual harassment.</p> <p data-bbox="280 732 1469 887">15.311 (a)-3 , PSI uses the DOJ set of definitions for sexual abuse and sexual harassments in their PREA policy, which is what staff are trained to. A different, more expansive definition of prohibited sexual contact and behavior, is contained in PSI policy 400.15. Policy 400.15 is used to educate the residents.</p> <p data-bbox="280 929 1453 1001">115.311 (a)-4 - Section XI of policy 400.14 includes disciplinary sanctions for those found to have participated in prohibited behaviors.</p> <p data-bbox="280 1043 1465 1115">115.311 (a)-5 - Section IV-IX of policy 400.14 describes the prevention efforts PSI makes to prevent and respond to sexual abuse and sexual harassment of residents.</p> <p data-bbox="280 1158 1442 1184">115.311 (b)-1 - The organizational chart identifies a designated PREA Coordinator.</p> <p data-bbox="280 1227 1417 1341">115.311 (b)-2 - Based on interview, the PREA Coordinator reported that he has sufficient time and authority to develop, implement, and oversee PSI's efforts to comply with the PREA standards.</p> <p data-bbox="280 1384 1461 1538">115.311 (b)-3 - The organizational chart that was provided with the PAQ identifies A.J. as the PREA Coordinator, however, during interviews, there seemed to be some confusion around this. Please provide an updated organizational chart to indicate a final determination/designation.</p> <p data-bbox="280 1581 1453 1736">115.311 (c)-1 - As a single facility, the PREA standards do not require PSI to have a PREA Compliance Manager...only a PREA Coordinator. The organizational chart identifies 2 PREA Compliance Managers. Please provide an updated organizational chart to make clear what PSI has decided to do.</p> <p data-bbox="280 1778 1474 2018">115.311 (c)-2 Based on interview the PCM indicated that he does have time, however, it was also apparent that this PCM had just been placed into this role. The PCM who was this auditors primary point of contact did not seem intimately familiar with the requirement of the standards or his role, however, he was pursuing training related to PREA Compliance Manager tasks. Please provide documentation that he has received training on PREA Compliance Managing responsibilities.</p> <p data-bbox="280 2060 1374 2087">115.311 (c)-3 One of the PCM's identified on the organizational chart is in the</p>

position of a Co-Placement Director, the other is the Chief Financial Officer.

115.311 (c)-4 - The PAQ response states that the PREA Compliance Manager reports to the PREA Coordinator, the Treatment Director, assistant CEO's and the CEO. This reporting structure aligns with the organizational chart provided by PSI.

115.312	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Interviews Conducted: Contracts Administrator</p> <p>Documents Reviewed: Pre-Audit Questionnaire</p> <p>115.312 (a)-1 - PSI reported that it does not contract for the confinement of residents in it's care with private agencies or other entities.. The PREA Compliance Manager is also PSI's Chief Financial Officer. He reported that PSI does not contract for the confinement of it's residents with private agencies or other entities.</p> <p>115.312 (a)-2 - (a)-4 - N/A</p> <p>115.312 (b)-1 - PSI is a private company, and does not contract for the confinement of its residents with private agencies or other entities.</p> <p>115.312 (b)-2 - PSI reports that there have been 0 such contracts</p>

115.313	Supervision and monitoring
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Interviews conducted:</p> <p>Superintendent or Designee PREA Coordinator PREA Compliance Manager Intermediate or Higher-Level Staff</p> <p>Documents reviewed:</p> <p>Pre-Audit Questionnaire</p> <p>PSI Policy 400.14, Prevention, Detection and Response to Sexual Abuse, Assault and Harassment PSI Policy 400.17 - PREA Unannounced Rounds PSI Policy 400.08 - Levels of Supervision document</p> <p>PSI PREA Staffing Plan</p> <p>Various Pegasus Variance Request documents PSI Building Diagrams and Camera Locations document Annual PREA Website Report document Multiple samples of unannounced rounds documentation</p> <p>PSI PREA Staffing Plan PREA Monitoring Checklist</p> <p>Site Review</p> <p>115.313 (a)-1 - PSI indicated "yes" on the PAQ. PSI provided policy 400.14, which in section IV identifies that PSI will develop a Staffing Plan and specifically lists all of the requirements of this standard.</p> <p>115.313 (a)-2 - PSI reported that the average daily number of residents since the last PREA audit is 160.</p> <p>115.313 (a)-3 - PSI Staffing Plan is predicated on all 7 open-bay dorms being full, with 24 residents per dorm = 168 residents.</p> <p>Interview with the PCM & Superintendent/Designee confirms that the required elements of the Staffing Plan are reviewed annually.</p> <p>During the site review, and at all times while on-site, at all areas residents are able to access, I confirmed that PSI maintains a ratio that exceeds 1:8 during waking</p>

hours & 1:16 during sleeping hours. During my time on-site 1:7 was the highest ratio of residents to staff observed, including during education hours. Instructors are contract staff and PSI ensures a PSI staff is present in every classroom.

I held informal conversations with residents during the site review, as well as during lunch. PSI has a large campus, with multiple opportunities for blind spots. These are mitigated through rigorous supervision practices and a high staff to resident supervision ratio.

Doors to structures were all locked, with only upper management & maintenance having keys to access less commonly used structures.

CORRECTIVE ACTION IN THIS AREA -

115.313(a) #5

As was noted during the last audit, & again during this one, there is an area in the kitchen that was not locked, & does not appear to be on camera. This creates a significant blind spot and risk to security in terms of supervision, not only during meal times, but during meal prep when resident workers are in the kitchen and dispersed in different places within the cafeteria (as was witnessed while on site).

PSI elected to install a camera in the area of concern, providing video coverage of this area that did not exist before. PSI provided this auditor screen shots of the camera view, as well as updated the Staffing Plan to indicate the camera in in this location. PSI also alerted all staff of the need for heightened awareness of residents when in this area. By addressing this area of concern in the Staffing Plan, PSI is now in compliance with the Staffing Plan.

115.313 (b)-1 - PSI has not deviated from the Staffing Plan in terms of ratio, or maximum occupancy of the housing units. PSI is required by state law to maintain a waking hour staff to resident supervision ratio of 1:6, and has not fallen below that ratio.

115.313 (b)-2 - PSI is required by state law to maintain a waking hour staff to resident supervision ratio of 1:6. When active cases of Covid were present on campus, PSI dropped to a 1:8 ratio, but never fell below that. Interview with the Superintendent/designee indicated that when needed, salaried staff will fill in to help maintain the required ratio.

115.313 (c)-1 - PSI is required by state law to maintain a waking hour staff to resident supervision ratio of 1:6.

115.313 (c)-2 - PSI's PREA policy, section IV, states that a minimum staff to resident ratio of 1:8 will be kept during waking hours.

115.313 (c)-3 - PSI's PREA policy, section IV, states that a minimum staff to resident ratio of 1:16 will be kept during sleeping hours.

115.313 (c)-4 - PSI reported on the PAQ that they have not deviated from the staff to

resident ratio outlined in their PREA policy for waking hours in the last 12 months. Observation while on site as well as random informal discussions with staff supported this assertion.

115.313 (c)-5 - PSI reported on the PAQ that they have not deviated from the staff to resident ratio outlined in their PREA policy for sleeping hours in the last 12 months. Observation while on site as well as random informal discussions with staff supported this assertion.

115.313 (d)-1 - PSI reported on the PAQ that the Staffing Plan is reviewed annually. Their PREA policy states this in section IV.2

Additional information provided post Issue Log indicated that the Administrator and the PREA Coordinator work together side by side on the annual updates to the staffing plan.

PSI provided schematics of the buildings on campus and camera layout.

Interview with the PREA Coordinator indicated that in addition to the review required in standard 115.313 (d)-1, he participated in regular risk management meetings 6 times a year where any issue related to residents sexual safety is reviewed.

115.313 (e)-1 - PSI indicated "yes" on the PAQ. PSI's PREA policy, section IV.2.e states the requirements of this standard. Interviews with intermediate or higher level facility staff consistently indicated that conducting unannounced rounds is an expectation of their role.

115.313 (e)-2 - PSI indicated "yes" on the PAQ. PSI's PREA policy, section IV.2.e states the the unannounced rounds will be documented. PSI also provided examples of such documentation. I also reviewed additional documentation on-site to ensure the rounds occurred in all required areas. Interviews with intermediate or higher level facility staff consistently indicated that they document the unannounced rounds they conduct.

115.313 (e)-3 - PSI indicated "yes" on the PAQ. PSI's PREA policy, section IV.2.e states the the unannounced rounds will cover all shifts. PSI also provided examples of such documentation. I also reviewed additional documentation on-site to ensure the rounds occurred in all required areas.

115.313 (e)-4 - PSI's PREA policy, section IV.2.e states that staff are prohibited from alerting other staff that the unannounced supervisory rounds are taking place. Interviews with intermediate or higher level facility staff indicated that they conduct their rounds in an unpredictable pattern, or disguise the purpose of their arrival at the dorm so that direct care staff don't know the intent of their visit

115.315	Limits to cross-gender viewing and searches
	<p data-bbox="280 188 1007 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 579 297">Auditor Discussion</p> <p data-bbox="280 340 1474 539">115.315 (a)-1 - PSI indicated on the PAQ "No". PSI policy 400.14 prohibits cross gender searches. PSI policy 400.03 states that searches of resident are to be a visual search only, by asking a resident to turn their pockets inside out. Staff interview consistently indicated that PSI staff are aware that PSI policy prohibits any sort of strip or body cavity searches, regardless of gender.</p> <p data-bbox="280 580 1461 692">115.315 (a)-2 - PSI reported 0 incidents of cross-gender strip or cross-gender visual body cavity searches of residents. Staff and resident interview supported this assertion.</p> <p data-bbox="280 732 1461 891">115.315 (a)-3 - PSI reported 0 incidents of cross-gender strip or cross-gender visual body cavity searches of residents that did not involve exigent circumstances or were performed by non-medical staff. Staff and resident interview supported this assertion.</p> <p data-bbox="280 931 1474 1131">115.315 (b)-1 - PSI indicated on the PAQ "No". PSI policy 400.14 prohibits cross gender searches. PSI policy 400.03 states that searches of resident are to be a visual search only, by asking a resident to turn their pockets inside out. Staff interview consistently indicated that PSI staff are aware that PSI policy prohibits any sort of strip or body cavity searches, regardless of gender.</p> <p data-bbox="280 1171 1382 1245">115.315 (b)-2 - PSI reported 0 incidents of cross-gender pat-down searches of residents. Staff and resident interview supported this assertion.</p> <p data-bbox="280 1285 1433 1397">115.315 (b)-3 - PSI reported 0 incidents of cross-gender pat-down searches of residents that did not involve exigent circumstances. Staff and resident interview supported this assertion.</p> <p data-bbox="280 1438 1458 1597">115.315 (c)-1 - PSI reported "No" on the PAQ because cross gender strip searches, body cavity searches, and pat-down searches are strictly prohibited by policy. Staff and resident interview confirmed that other than asking a resident to turn their pockets inside out, no other searches of a resident occur at PSI.</p> <p data-bbox="280 1637 1477 1836">115.315 (d)-1 - PSI policy 400.14, section IV.3.C states the requirements of this standard. During the site review it was confirmed that all restrooms and shower areas provide reasonable privacy (behind closed doors). Observation of camera angles also confirmed that viewing a resident on camera using the toilet, showering, or changing clothes in the designated area is not possible.</p> <p data-bbox="280 1877 1469 1989">115.315 (d)-2 - PSI policy 400.14, section IV.3.C states the requirements of this standard, however, staff and resident interview consistently indicates that this does not happen.</p> <p data-bbox="280 2029 1398 2063">115.315 (e)-1 - PSI indicated "Yes" on the PAQ. PSI policy 400.14, section IV.3.B</p>

articulates this prohibition. Staff interviews indicated awareness that such searches would not be allowed to take place. Interview with a resident who identifies as transgender confirmed that he has not been searched at PSI.

115.315 (e)-2 - PSI indicated that 0 such searches have taken place within the last 12 months.

115.315 (f)-1 - PSI reported that 0 staff have been trained how to conduct cross-gender pat-down searches and searches of transgender and intersex residents, because all searches are prohibited. PSI policy 400.13, section IV.3.a & b prohibit cross gender searches or physical examination of a transgender or intersex resident for the sole purpose of determining their genital status. Random staff interviews confirmed awareness that policy prohibits such searches.

115.316	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.316 (a)-1 - PSI indicated "Yes" on the PAQ. PSI policy 400.14, section V, establishes that PSI will provide residents access to interpreters and written materials to ensure 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. PSI provided a document that indicates a level of screening prior to admission that precludes residents with physical disabilities from from being admitted to PSI. In part, it states "The Pegasus program is one of a physically demanding nature. From our experiential program that includes rock climbing etc.to our extensive one and a half miles of sidewalks connecting numerous buildings on a 105 acre campus, any resident with a physical disability would not be able to participate, therefore depriving the resident of full benefits of our three fold treatment model." Observation while on-site, and review of the resident roster confirmed that no such physically disabled residents had been admitted to PSI in the last 12 months.</p> <p>The letter also articulates that "Pegasus emphasizes group therapy as opposed to individual. A resident unable to comprehend or fully communicate in English would therefore not be able to fully participate in the program. Pegasus has, and will in the future, provide interpreters for family members who cannot speak or read English.</p> <p>PSI provided copies of the World Wide Language instruction card staff are able to use to contract interpretive services.</p> <p>Random staff interview determined that there were no residents on campus could speak or or understand English. There were some reports of past residents who's English speaking or comprehension may not have been ideal. Staff interview confirmed that in those circumstances, a Spanish speaking staff member could be easily obtained to assist in translating.</p> <p>During the site tour zero tolerance posters with reporting instructions, in Spanish and English, were observed in every housing unit.</p> <p>No residents from the current resident roster were identified as being limited English proficient.</p> <p>115.316 (b)-1 - PSI indicated "Yes" on the PAQ. Policy 400.14, section V, establishes that PSI will provide residents access to interpreters and written materials to ensure 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.</p> <p>PSI provided a copy of to an MOU with TX interpreting which states that interpretive</p>

services will be provided at no cost to the resident or parent.
During the site review poster were located in prominent places on each housing unit which described PSI's zero tolerance stance and how to report sexual abuse/sexual harassment.

115.316 (c)-1 - PSI indicated "yes" on the PAQ. PSI policy 400.13, section V.2.c states the requirements of this standard. Staff interview confirmed that staff were aware that resident interpreters would not be used to related to helping a LEP resident make a report of sexual abuse or sexual harassments except in limited circumstances where a residents safety may be in jeopardy. All staff interviewed reported that obtaining a staff interpreter would be the quickest, easiest method to assist a resident if needed.

115.316 (c)-2 - PSI indicated "Yes" on the PAQ. PSI also indicated that no instance of having to rely on resident interpreters, resident readers, or other types of resident assistants has occurred, so there is no documentation of his have been provided.

115.316 (c)-3 - PSI indicated that no instance of having to rely on resident interpreters, resident readers, or other types of resident assistants has occurred.

No residents from the current resident roster were identified as being limited English proficient.

115.317	Hiring and promotion decisions
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <p data-bbox="280 264 580 300">Auditor Discussion</p> <p data-bbox="280 340 1366 416">115.317 (a)-1 - PSI indicated "Yes" on the PAQ. PSI policy 400.14, section XIV contains the requirements of this standard.</p> <p data-bbox="280 456 1318 533">Interview with HR staff confirmed the process by which the state of Texas determines the eligibility of a candidate for employment and notifies PSI.</p> <p data-bbox="280 573 1417 685">A random sample of employee files conducted while on site determined that employees receive the required background check prior to becoming eligible for employment.</p> <p data-bbox="280 725 1417 801">115.317 (b)-1 - PSI indicated "Yes" on the PAQ. PSI policy 400.14, section XIV.1.c states the requirements of this standard.</p> <p data-bbox="280 842 1401 954">Interview with PSI HR staff confirmed that PSI considers any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents.</p> <p data-bbox="280 994 1445 1070">115.317 (c)-1 - PSI indicated "Yes" on the PAQ. PSI policy 400.14, section XIV 2.a-c contains the requirements of this standard.</p> <p data-bbox="280 1079 1445 1155">PSI also provided policy 100.32, governing their Criminal Background Checks. This makes it clear that all background checks must occur prior to employment.</p> <p data-bbox="280 1196 1461 1352">Interview with PSI HR staff confirmed that before PSI hires any new employees who may have contact with residents, items (a) through (c) are completed. She did report that at time prior institutional employers are reluctant to share much information.</p> <p data-bbox="280 1393 1426 1469">115.317 (c)-2 - PSI reported on the PAQ that within the last 12 months they have hired 47 new staff who may have contact with the residents.</p> <p data-bbox="280 1509 1414 1621">While onsite I randomly sampled employee files and confirmed that background checks were occurring according to PSI policy, and in accordance with the requirements of this standard.</p> <p data-bbox="280 1662 1382 1738">115.317 (d)-1 - PSI indicated "Yes" on the PAQ. PSI policy 400.14 section XIV.3 contains the requirements of this standard.</p> <p data-bbox="280 1778 1471 1890">115.317 (d)-2 PSI reported that there have been 2 such contracts in the last 12 months. PSI provided the contract for the psychiatrist and the Trinity Charter School as requested.</p> <p data-bbox="280 1930 1477 2087">115.317 (e)-1- PSI indicated "Yes" on the PAQ. PSI policy 400.14 section XIV.4. states that "PSI conducts criminal background checks on current employees and contractors every two years, in accordance with TDFPS Minimum Standards". PSI provided documentation that their contract psychiatrist had completed a</p>

background check prior to rendering services. The PCM reported that the Trinity Charter School (TCS) with whom PSI contracts provided their employee handbook. It covers criminal background checks for employees on page 8 section 3.6 which states:

TCS will obtain criminal history records from a law enforcement or criminal justice agency for all prospective volunteers and applicants for employment as required by Chapter 22 of the Texas Education Code prior to employment or the commencement of volunteer service. Additionally, as allowed by state law, criminal history checks of employees (or volunteers whose duties are performed where students are regularly present) may be obtained at any time during employment or volunteer services.

Review of employee files for employees that had been there long enough to have multiple background checks demonstrated having received background checks exceeding the the required intervals.

115.317 (f) - Interview with the HR staff indicated that all new hires/proposed contractors complete a PREA form that requests information about any previous misconduct described, as well as imposes upon employees a continuing affirmative duty to disclose any such misconduct. The criminal background check system is a "live", up & running system that posts any updates to an employee's criminal background status in real time...as well as sends out alerts to PSI when the status changes.

115.317 (g)-1 - PSI indicated "Yes" on the PAQ. PSI policy 400.14 section XIV.5 contains the requirements of this standard.

115.317 (h) - Interview with HR staff indicated that PSI would share information related to 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.

115.318	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.318 (a)-1 - PSI indicated "Yes" on the PAQ. PSI reported that there have been no new facilities built, some have been repurposed and renovations to the housing units have occurred. The Staffing Plan and site map were used to ensure that all physical structures a resident can have access to were reviewed. During the site review it was noted that the old library has been moved to the what used to be a clinical building, and several of the dorms that used to have outside shower units now have the showers inside the dorms. Interviews with the Superintendent/ Designee confirmed these changes, and that additional remodeling to move the remaining external shower facilities into their respective dorms is projected to happen. The shower areas are well lit, offer reasonable privacy, have a camera location that does not infringe on the residents privacy but does allow for staff to be observed on camera to ensure that staff is following expected shower supervision protocol.</p> <p>115.318 (b)-1 - PSI indicated "Yes" on the PAQ. The PSI Staffing Plan document identifies that there are a combined (indoor and outdoor cameras on campus, as well as their location. Interview with the PREA Coordinator and the Superintendent/ Designee indicated that there is roughly a 10% expansion on PSI's camera/DVR system annually.</p> <p>During the site tour the location and count of observable cameras was contrasted with where the cameras were indicated to be on the Staffing Plan for accuracy.</p>

115.321	Evidence protocol and forensic medical examinations
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <p data-bbox="280 264 580 300">Auditor Discussion</p> <p data-bbox="280 340 1481 792">115.321 (a)-1 - PSI indicated "Yes" on the PAQ. PSI reports that they have two trained investigators. PSI's policy 400.16, Coordinated Response Plan, page 3, section II.C.2 states that "assigned investigators from OIG and the Administrative Investigations Division conduct the investigation in accordance with applicable criminal and administrative procedures". PSI will need to clarify whether it conducts internal administrative, non-criminal, investigations or not. For allegations of sexual abuse alleged to have occurred at PSI, it would be prudent, although not required by this standard, for PSI to conduct initial fact finding into non-criminal PREA allegations to be able to promptly safety strategies and response(s). This would not prohibit PSI's procedure of reporting allegations to law enforcement or licensing for investigation.</p> <p data-bbox="280 833 1481 1361">115.321 (a)-2 - PSI indicated "No" on the PAQ. PSI policy 400.16, page 3, section II.C.2. states "assigned investigators from OIG and the Administrative Investigations Division conduct the investigation in accordance with applicable criminal and administrative procedures". PSI provided an MOU between PSI and the Caldwell County Sheriff's Office. This MOU is undated and not signed, however, when this auditor spoke with the Caldwell COunty SHeriffs Office, I was referred to a deputy who would be assigned to conduct such investigations. He reported that he was familiar with PSI and reported that although there were no recent investigations into criminal allegations of sexual abuse alleged to have occurred at PSI, based on his past experience with PSI he was confident in the cooperation that he would receive from PSI. Interview with random staff provided a inconsistent responses. Several staff believed that it was their responsibility to investigate an allegation of sexual abuse or sexual harassment.</p> <p data-bbox="280 1375 1481 1491">Staff who were unsure of who conducted criminal investigations of sexual abuse did articulate that they would contact their supervisor or administration to seek guidance on next steps following an allegation.</p> <p data-bbox="280 1532 1481 1729">115.321 (a)-3 - PSI reported on the PAQ that the Texas Department of Family Protective Services (TDFPS) has responsibility for conducting either administrative or criminal sexual abuse investigations. Depending on the nature/severity of the allegation immediate reporting to the Caldwell County Sheriffs Office may be required.</p> <p data-bbox="280 1769 1481 2056">115.321 (a)-4 - PSI indicated "Yes" on the PAQ. PSI policy 400.14, section XVI.1.a states that PSI follows a uniform evidence protocol. However, since it is not PSI that conducts the sexual abuse investigations, it is PSI that must ask the entity that conducts the investigation to follow a uniform evidence protocol. Staff interview did indicate that staff were aware that they should request that the alleged victim, and if possible prevent alleged perpetrator, from to washing hands or other body parts, brushing their teeth, drinking or eating, changing their clothes, washing their</p>

bedding, urinating or defecating. Several staff reported that it was their responsibility to collect potential evidence versus preserve it. This does not appear to be PSI's policy, and if done has the potential to interfere with a criminal investigations/prosecution.

PSI provided a document titled Uniform Evidence Protocol and Forensic Medical Examinations that is reportedly used by the training coordinators as supporting documentation to ensure these elements are included in training.

115.321 (b)-1 - PSI indicated "Yes" on the PAQ. PSI policy 400.14, section XVI.1.a states the requirement of this standard. Because PSI is not responsible for conducting any form of criminal OR administrative sexual abuse investigations, this does not apply to PSI.

115.321 (b)-2 - PSI indicated "Yes" on the PAQ, affirming that the protocol was adapted from or otherwise based on the most recent edition of the DOJ'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. Because PSI is not responsible for conducting any form of criminal OR administrative sexual abuse investigations, this does not apply to PSI.

115.321 (c)-1 - PSI indicated "Yes" on the PAQ. PSI policy 400.14, section XVI.2 states the requirement of this standard.

115.321 (c)-2 - PSI indicated "No" on the PAQ. PSI policy 400.14, section XVI.2 states that residents for whom it is determined to be medically and evidentiarily appropriate, PSI will transport that resident to a hospital, clinic, or emergency room to receive an examination from a SAFE, SANE, or other qualified medical practitioner, free of charge.

115.321 (c)-3 - PSI indicated "Yes" on the PAQ. PSI policy 400.14, section XVI.2 states that residents for whom it is determined to be medically and evidentiarily appropriate, PSI will transport that resident to a hospital, clinic, or emergency room to receive an examination from a SAFE, SANE, or other qualified medical practitioner, free of charge.

115.321 (c)-4 - PSI indicated "Yes" on the PAQ. PSI policy 400.14, section XVI.2 states that residents for whom it is determined to be medically and evidentiarily appropriate, PSI will transport that resident to a hospital, clinic, or emergency room to receive an examination from a SAFE, SANE, or other qualified medical practitioner, free of charge.

115.321 (c)-5 - PSI indicated "Yes" on the PAQ. PSI policy 400.14, section XVI.2 states that residents for whom it is determined to be medically and evidentiarily appropriate, PSI will transport that resident to a hospital, clinic, or emergency room to receive an examination from a SAFE, SANE, or other qualified medical practitioner, free of charge.

115.321 (c)-6 - PSI indicated "Yes" on the PAQ. PSI policy 400.14, section XVI.2 states that residents for whom it is determined to be medically and evidentiarily appropriate, PSI will transport that resident to a hospital, clinic, or emergency room to receive an examination from a SAFE, SANE, or other qualified medical practitioner, free of charge.

115.321 (c)-7 - On the PAQ PSI reported that there have been no examples of incidents in the last 12 months where it was medically or evidentiarily necessary for a resident to have a forensic examination provided by a SAFE, SANE, or qualified medical practitioner. PSI provided evidence of correspondence between the Comal County Crisis Center and itself, where the crisis center confirmed to PSI that it has a SANE program, & would provide those services if ever needed.

115.321 (c)-8 - PSI reported that there have been no forensic medical exams conducted during the past 12 months

115.321 (c)-9 - PSI reported that there have been no forensic medical exams performed by SAFEs or SANEs during the past 12 months.

115.321 (c)-10 - PSI reported that there have been no forensic medical exams performed by a qualified medical practitioner during the past 12 months.

Interview with SAFE/SANE staff at Comal County Crisis Center and CHRISTUS Santa Rosa Hospital confirmed the availability of SAFE/SANE programming. Both facilities reported a high level of confidence that a SAFE/SANE staff could be available at almost any time, or that the resident in need could be routed to a hospital or facility in another county if for some reason one was not available.

115.321 (d)-1 - PSI indicated "Yes" on the PAQ. PSI policy 400.14, section XVI.3 contain the requirements of this standard.

115.321 (d)-2 - PSI provided a copy of an MOU with the Hays Caldwell Women's Shelter. The MOU is for the provision of victim advocacy services to victims of sexual abuse. The Hays-Caldwell Women's Center reports that they're Sexual Assault Program is Certified by the Texas Office of the Attorney General.

115.321 (d)-3 - Based on the interview with the HCWC, it is highly unlikely that a qualified victim advocate would not be available. If it were necessary to provide a qualified staff member, PSI provided the current licenses of 11 clinicals who would be able to fulfill that role.

115.321 (e)-1 - PSI indicated "Yes" on the PAQ. PSI policy 400.14, section VXI.3, contains the requirements of this standard. Interview with the PREA Compliance Manager indicated that in most cases a resident would likely ask their on-site therapist to accompany them. However, if a resident requested an external victim advocate, the MOU with the Hays-Caldwell Women's Center ensures one would be provided.

Shortly after beginning interviews with 2 residents who were identified on the roster as having reported sexual abuse while in PSI, one of the residents reports clearly did not meet the definition of a PREA incident, and no victim advocacy services were necessary. The other resident, who was legally not of age to have consented to the sexual activity he was involved in, participated in the reporting of the incident to TDFPS, but continued to receive services on-site with his therapist pursuant to his sexually offending behavior treatment.

115.321 (f)-1 - PSI has provided an MOU between PSI and the Caldwell County Sheriff's Office (CCSO) that is dated and signed. It specifies that CCSO will utilize investigators that have been trained on the requirements necessary to conduct PREA investigations.

CORRECTIVE ACTION IN THIS SECTION

115.321 (g) - Since PSI itself is not responsible for investigating allegations of sexual abuse, it must demonstrate that it has requested that the investigating entity follow the requirements of paragraphs (a) through (e) of standard §115.321. PSI has demonstrated such a request has been made to the entity responsible for conducting sexual abuse investigations.

115.321 (h) - PSI has identified their therapists as qualified staff members who can accompany and support victims of sexual abuse through the forensic medical examination process, investigatory interviews, and provide the resident with emotional support, crisis intervention, information, and referrals if a victim advocate is not available through PSI's MOU with the HCWC. Their current licensure indicates an appropriateness to serve in this role, & they have received education concerning sexual assault and forensic examination issues in general, as evidenced by the programming role they serve at PSI.

115.322	Policies to ensure referrals of allegations for investigations
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 580 300">Auditor Discussion</p> <p data-bbox="280 340 1458 456">115.322 (a)-1 - PSI indicated "Yes" on the PAQ. PSI policy 400.14, section III, states that "...all violations if this [PREA] policy which may be a criminal matter will be referred to the appropriate authorities".</p> <p data-bbox="280 465 1458 582">PSI policy 100.01, section 1, states "...it is the responsibility of all PSI employees to report suspected child abuse or neglect to the Texas Department of Family Protective Services or law enforcement."</p> <p data-bbox="280 591 1458 792">The Zero Tolerance Intake Policy form, signed by residents at intake, states "Although we do have a grievance policy at Pegasus which can address issues such as this, there are also posters posted throughout the facility with a phone number on it that you can call to report any instances of sexual abuse, harassment, or misconduct."</p> <p data-bbox="280 824 1426 904">115.322 (a)-2 - PSI reported that there have been 13 allegations of sexual abuse and sexual harassment made in the last 12 months.</p> <p data-bbox="280 936 1315 1016">115.322 (a)-3 - PSI reported that each of the 13 allegations resulted in an administrative investigation.</p> <p data-bbox="280 1048 1362 1128">115.322 (a)-4 - PSI reported that none of the 13 allegations were referred for criminal investigation.</p> <p data-bbox="280 1160 1410 1240">115.322 (a)-5 - PSI reported that all 13 of the allegations received in the last 12 months have been closed.</p> <p data-bbox="280 1272 1458 1388">115.322 (b)-1 - PSI indicated "Yes" on the PAQ. PSI policy 400.14, section III, states that "...all violations if this [PREA] policy which may be a criminal matter will be referred to the appropriate authorities".</p> <p data-bbox="280 1397 1458 1523">PSI policy 100.01, section 1, states that "...it is the responsibility of all PSI employees to report suspected child abuse or neglect to the Texas Department of Family Protective Services or law enforcement."</p> <p data-bbox="280 1554 1474 1756">115.322 (b)-2 - PSI indicated "Yes" on the PAQ. PSI's public website states "To report any suspected abuse or neglect, call the DFPS Hotline at 1-800-252-5400. Any criminal investigations of alleged sexual abuse occurring at Pegasus Schools, Inc. will be investigated by the Caldwell County Sheriff's Department, which can be contacted at (512) 398-6777.</p> <p data-bbox="280 1800 533 1836">RECOMENDATION</p> <p data-bbox="280 1868 1458 2069">115.322 (b)-3 - PSI indicated "Yes" on the PAQ". PSI provided the Disclosure/Outcry Report as the location where PSI documents all referrals of allegations of sexual abuse or sexual harassment for criminal investigation. It is recommended that PSI consider a developing a simpler method for residents to make written disclosures. This form, even with the assistance of a therapist, is daunting. Residents need to</p>

have available to them a variety of ways to be able to make a report of sexual abuse/sexual harassment, so that they may pick whatever is easiest for them, based on their abilities and need for discretion.

115.322 (c) - PSI identifies on it's public website that DFPS and Caldwell County Sheriffs Office are responsible for conducting administrative and criminal investigations.

115.322 (d) - Auditor is not required to audit this provision.

115.322 (e) - Auditor is not required to audit this provision.

115.331	Employee training
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <p data-bbox="280 264 580 300">Auditor Discussion</p> <p data-bbox="280 340 1481 542">115.331 (a)-1 - PSI indicated "Yes" on the PAQ. PSI's PREA policy 400.14, section VII.1.a states that all employees shall receive training on PSI's zero-tolerance policy for sexual abuse and sexual harassment. PSI provided an example of a Staff PREA Training Test that staff are given following PREA training to help ensure that the staff understood the training that they received.</p> <p data-bbox="280 577 1434 656">PSI also provided a link to a staff training video produced by the Moss Group. The content of PSI's staff training curriculum in Unit 1 and 2 contains this material.</p> <p data-bbox="280 692 1469 810">Staff interviews confirmed that all staff selected for interview had received PREA training within the prior 12 months. Many reported that PREA related training topics were also routinely address in their team meetings.</p> <p data-bbox="280 846 1417 1008">115.331 (a)-2 - PSI indicated "Yes" on the PAQ. PSI's PREA policy 400.14, section VII.1.b includes the requirement that staff be trained on how to fulfill staffs responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures.</p> <p data-bbox="280 1043 1465 1079">The content of PSI's staff training curriculum in Unit 3, part 1 contains this material.</p> <p data-bbox="280 1160 1409 1361">Staff interviews confirmed that all staff selected for interview were familiar with their responsibility to maintain zero tolerance for sexual abuse and sexual harassment. Because of the specific nature of the programming PSI provides to residents, staff have increased training and familiarity with issues surrounding sexual acting out behavior.</p> <p data-bbox="280 1397 1457 1516">115.331 (a)-3 - PSI indicated "Yes" on the PAQ. PSI's PREA policy 400.14, section VII.1.c includes the requirement that staff be trained on the right of residents to be free from sexual abuse and sexual harassment.</p> <p data-bbox="280 1552 1362 1588">The content of PSI's staff training curriculum in Unit 2 contains this material.</p> <p data-bbox="280 1624 1473 1702">Interviews conducted with random staff consistently indicated that staff were aware of the residents right to be free from sexual abuse and sexual harassment.</p> <p data-bbox="280 1751 1437 1912">115.331 (a)-4 - PSI indicated "Yes" on the PAQ. PSI's PREA policy 400.14, section VII.1.d includes the requirement that staff be trained on the right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment.</p> <p data-bbox="280 1948 1362 1984">The content of PSI's staff training curriculum in Unit 2 contains this material.</p> <p data-bbox="280 2020 1473 2056">Interviews conducted with random staff consistently indicated that staff were aware</p>

of their right, and the right of residents, to be free from retaliation for reporting sexual abuse or sexual harassment.

115.331 (a)-5 - PSI indicated "Yes" on the PAQ. PSI's PREA policy 400.14, section VII.1.e includes the requirement that staff be trained on the dynamics of sexual abuse and sexual harassment in juvenile facilities.

The content of PSI's staff training curriculum in Unit 3, part 1 contains this material.

Interviews conducted with random staff consistently indicated that staff were aware of how sexual abuse or sexual harassment in a juvenile confinement setting would have a different dynamic than if it were to have occurred "on the outs".

115.331 (a)-6- PSI indicated "Yes" on the PAQ. PSI's PREA policy 400.14, section VII.1.f includes the requirement that staff be trained on the common reactions of juvenile victims of sexual abuse and sexual harassment.

The content of PSI's staff training curriculum in Unit 3, part 1 contains this material.

Interviews conducted with random staff consistently indicated that staff were aware of the red flags of a residents behavior that may indicate they are being sexually abused or sexually harassed.

115.331 (a)-7- PSI indicated "Yes" on the PAQ. PSI's PREA policy 400.14, section VII.1.g includes the requirement that staff be trained 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.

The content of PSI's staff training curriculum in Unit 3, part 1 contains this material.

Interviews conducted with random staff consistently indicated that staff were aware of the red flags of a residents behavior that may indicate they are being sexually abused or sexually harassed. Several staff noted that because of the nature of the programming PSI provides, a vast majority of the residents there have been sexually abused.

115.331 (a)-8 - PSI indicated "Yes" on the PAQ. PSI's PREA policy 400.14, section VII.1.h includes the requirement that staff be trained on how to avoid inappropriate relationships with residents.

The content of PSI's staff training curriculum in Unit 4 contains this material.

Staff interviewed consistently reported that they had received training on how to avoid inappropriate relationships with residents.

115.331 (a)-9 - PSI indicated "Yes" on the PAQ. PSI's PREA policy 400.14, section VII.1.i includes the requirement that staff

be trained on how to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender-nonconforming residents.

The content of PSI's staff training curriculum in Unit 5 contains this material.

Staff interviewed consistently reported that they had received training on how to communicate effectively and professionally with LGBTIQ residents.

115.331 (a)-10 - PSI indicated "Yes" on the PAQ. PSI's PREA policy 400.14, section VII.1.j includes requirement that staff be trained on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

The content of PSI's staff training curriculum in Unit 3, Part 2 contains this material.

All staff interviewed consistently reported knowing their obligation to ensure that any knowledge or suspicion of sexual abuse or sexual harassments must be reported to their supervisors, or administration. When asked how soon they must report that information, staff consistently reported that they must make notifications promptly (before the end of their shift).

115.331 (a)-11- PSI indicated "Yes" on the PAQ. PSI's PREA policy 400.14, section VII.1.k includes the requirement that staff be trained on relevant laws regarding the applicable age of consent.

The content of PSI's staff training curriculum in Unit 2 contains this material.

Interviews revealed an understanding that no sexual contact between a staff and a resident is appropriate or permissible. Staff also reported that at PSI no resident on resident sexual contact is allowed.

115.331 (b)-1 - PSI indicated "Yes" on the PAQ. PSI policy 400.14, section VII.1 states that the training employees receive will be unique to the gender of the population they work with. PSI is an all male facility.

On-site observation confirmed that all residents receiving treatment at PSI appear to be male.

Interview with staff also indicated that PSI only accepts adolescent males for treatment.

115.331 (b)-2 - PSI indicated "No" on the PAQ. Because PSI is an all male facility, any staff reassigned from one housing unit to another will still be working with a male population. All training is focused on working with adolescent males. PREA Curriculum training Unit 1-5 was provided for review by PSI. This training identifies some sexual abuse data and characteristics of female populations as well as male.

115.331 (c)-2 - PSI indicated "Yes" on the PAQ. PSI policy 400.14, section VII.1. states the requirements of this standard.

115.331 (c)-3 - PSI reported on the PAQ that employees receive refresher training

annually.

Random staff interviews confirmed that all staff interviewed have received a PREA training within the last 12 months.

115.331 (d)-1 - PSI indicated "Yes" on the PAQ. PSI policy 400.14, section VII.5 states the requirements of this standard. Waiting on documentation of the staff training.

115.332	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.332 (a)-1 - PSI indicated "Yes" on the PAQ. PSI's PREA policy 400.14, section VII.2 identifies that contractors shall be trained on their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response. It states that volunteers shall be notified in writing of PSI's zero tolerance policy and how to report incidents or suspicions of sexual abuse, assault or harassment.</p> <p>Interviews with contractors indicated that they had received training on their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response. All contractors were very clear on their responsibility to report any knowledge or suspicion of sexual abuse or sexual harassment to a PSI staff.</p> <p>115.332 (a)-2 - PSI reported that there is a total of 38 contractors and volunteers who have received the training required in this standard. 31 of the contractors are Trinity School District staff providing education services to PSI residents.</p> <p>115.332 (b)-1 - PSI indicated "Yes" on the PAQ. PSI policy 400.14, section VII.2 states that "the level and type of training shall be based on the services they [contractors] provide and the level of contact they have with youth".</p> <p>115.332 (b)-2 - PSI indicated "Yes" on the PAQ. PSI provided PREA Curriculum Unit 1-5 documents as the training curriculum it uses to notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.</p> <p>Interviews with contractors consistently indicated that they had received PREA training and were aware of PSI's zero tolerance towards sexual abuse and sexual harassment. Interviewee's consistently reported that they would notify a PSI staff if they became aware of, or suspected, an incident of sexual abuse or sexual harassment.</p> <p>115.332 (c)-1 - PSI indicated "Yes" on the PAQ. The requirement to document that volunteers and contractors understand the training they have received is not indicated in PREA policy 400.14. Training records were requested and provided.</p>

115.333	Resident education
	<p data-bbox="280 188 1007 221">Auditor Overall Determination: Meets Standard</p> <p data-bbox="280 264 579 297">Auditor Discussion</p> <p data-bbox="280 340 1474 418">115.333 (a)-1 - PSI indicated "Yes" on the PAQ. PSI provided a copy of the PREA Zero Tolerance Policy notice that residents are provided at the time of intake.</p> <p data-bbox="280 454 1474 573">A random review of resident files from each dorm confirmed that a signed copy of this existed in every file reviewed. The signatures and dates on the notice indicated that residents were provided this information on the day of their intake to PSI.</p> <p data-bbox="280 609 1358 687">115.333 (a)-2 - PSI reported that in the last 12 months, this information was provided at intake to 133 residents.</p> <p data-bbox="280 723 1458 1133">115.333 (a)-3 - PSI indicated "Yes" on the PAQ. PSI provided a copy of the PREA Orientation script, which is read by the intake staff to the resident at the time of intake. This script clearly explains to a resident PSI's zero tolerance towards sexual abuse and sexual harassment, as well as defines what sexual abuse is. The script identifies how a resident can report sexual abuse and sexual harassment. Because PSI staff read this to the resident, it can be explained by the staff in an age appropriate fashion to ensure the resident comprehends what they are being read. Following this script having been read to a resident, the resident is shown a video produced by the Texas Juvenile Justice Department (TJJD) to further provide the resident a more comprehensive PREA education.</p> <p data-bbox="280 1169 1474 1288">During interviews with intake staff, when asked they reported that they ensure a resident understands the information by asking the resident if they understand it, or asking the resident to repeat back to them what they heard.</p> <p data-bbox="280 1323 1445 1442">Resident interviews consistently indicated that they received information from PSI regarding PSI's zero tolerance for sexual abuse and sexual harassment, and information about how to report it.</p> <p data-bbox="280 1478 1474 1556">During my time on-site I made it known that if an intake were scheduled I would like to observe it, however, there were no intakes during my time on-site.</p> <p data-bbox="280 1592 1458 1794">115.333 (b)-1 - PSI reported that in the last 12 months 133 residents received comprehensive age-appropriate education on their rights to be free from sexual abuse and sexual harassment, from retaliation for reporting such incidents, and on agency policies and procedures for responding to such incidents within 10 days of intake.</p> <p data-bbox="280 1807 1458 1926">During random resident file reviews of 2 resident files per dorm I was able to locate documentation of residents having received comprehensive comprehensive age-appropriate education in each file.</p> <p data-bbox="280 1962 1445 2080">115.333 (c)-1 - PSI indicated "Yes" on the PAQ. A random review of 2 resident files per dorm (14 in total) demonstrated that PSI ensured each resident received their comprehensive PREA education within 10 days.</p>

115.333 (c)-2 - PSI reported that all residents admitted to PSI within the last 12 months received their comprehensive PREA education within 10 days of intake.

115.333 (c)-3 - PSI reported that no residents admitted to PSI within the last 12 months did not receive their comprehensive PREA education within 10 days of intake. PSI also provided documentation that residents receive monthly refreshers regarding reasons that PREA incidents should be reported, and how to report a PREA incident.

115.333 (c)-4 - PSI policy 400.14, section VI. 6 all youth shall receive comprehensive, age appropriate education, either in person or video, about their rights to be free from sexual abuse and harassment, and free from retaliation for reporting allegations of sexual abuse, assault or harassment. PSI only operates one facility.

During interviews, intake staff consistently reported that regardless of a residents prior placement, the resident would still be educated according to PSI's policies and procedures.

115.333 (d)-1 - PSI indicated "Yes" on the PAQ. PSI PREA policy 400.14, section V.1 states that "PSI takes appropriate steps to ensure that residents have an equal opportunity to participate in or benefit from all aspects of PSI's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Such steps include providing access to:

a. interpreters; and

b. written materials provided in formats or through methods that ensure effective communication."

PSI provided links to the comprehensive PREA education in both English and Spanish.

No residents on the current resident roster were identified as being limited English proficient, being deaf, having visually impairment, or being otherwise disabled.

115.333 (d)-2 - In order to educate a resident about PSI's zero tolerance for sexual abuse and sexual harassment, as well as how to report such incidents, a resident who was deaf could still read this document, and other materials that PSI has available. Based on the Robert Ellis document PSI provided, it is unlikely that a resident who was deaf would be selected for placement at PSI.

Staff interview confirmed that no deaf residents have been placed at PSI.

115.333 (d)-3 - PSI indicated "Yes" on the PAQ. In order to educate a resident about PSI's zero tolerance for sexual abuse and sexual harassment, as well as how to report such incidents, a resident who was visually impaired could still have the PREA Zero Tolerance Script, or other education material read to them, or listen to the PREA education video. Based on the Robert Ellis document PSI provided, it is unlikely that a resident with significant visual impairment would be selected for

placement at PSI.

Staff interview confirmed that residents with significant visual impairment have not been placed at PSI.

115.333 (d)-4 - PSI indicated "Yes" on the PAQ, however, based on the Robert Ellis document PSI provided, it is unlikely that a resident who is otherwise disabled would be selected for placement at PSI.

Staff interview confirmed that disabled residents have not been accepted for placement at PSI.

115.333 (d)-5 - PSI indicated "Yes" on the PAQ. Residents with limited reading skills will still have the Zero Tolerance Script read to them by intake staff, as well as be able to watch and listen to the comprehensive PREA education video.

115.333 (e)-1 - PSI indicated "Yes" on the PAQ. PSI provided documentation that all residents have received PREA refresher information. Random file review while on-site located documentation that residents received the comprehensive PREA education within 10 days of intake, in almost every case, on the actual date of intake.

Interviews with intake staff confirmed the routine practice of showing the resident the PREA educational video after reviewing a large amount of orientation information. It is recommended that the comprehensive education be reserved for a time within 10 days of intake, but not actually during intake, as the resident is already being provided with copious information, at a time which may feel overwhelming.

CORRECTIVE ACTION IN THIS AREA

115.333 (f)-1 - PSI indicated YES on the PAQ. PSI provided samples of the PREA Zero Tolerance posters available on-site. During the site review, the posters were noted in every housing unit, education, the cafeteria and administration, in both English and Spanish. On page 10 of the Parent/Child Handbook there is information related to PREA and how to report sexual abuse and sexual harassment, however, it is only in English. With many parents of the residents only able to speak/read in Spanish, at least this portion of the information will also need to be made available in Spanish.

PSI has provided this auditor with a Spanish translation of the Parent-Child Handbook, which it will have available in the unlikely event that PSI accepts a resident who does not speak or read English. PSI will more likely be in a position to use handbook to educate Spanish speaking/reading parents/guardians of the residents right to be free from sexual abuse and sexual harassment, as well as how to report sexual abuse and sexual harassment on behalf of the resident. PSI is now in full compliance with this standard.

115.334	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.334 (a)-1 PSI indicated "Yes" on the PAQ, however, since PSI does not conduct criminal or administrative investigations, this standard is not applicable. This does not preclude PSI from requiring which ever staff it designates to take the training in order to skillfully conducting preliminary inquiries prior to reporting to designated DFPS administrative investigators.</p> <p>115.334 (b) - The specialized PREA Investigation training provided by the National Institute of Corrections includes techniques for interviewing juvenile sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. PSI will only go so far as to complete preliminary inquiry prior to ensuring that a report of alleged sexual abuse or sexual harassment is reported to DFPS and/Caldwell County Sheriff's office for a full investigation.</p> <p>115.334 (c)-1 - PSI indicated "Yes" on the PAQ.</p> <p>115.334 (c)-2 - PSI provided documentation that 2 staff designated to conduct preliminary inquiries only, have taken Specialized PREA investigations training through the National Institute of Corrections. It is still PSI's policy that all allegations of sexual abuse and sexual harassment are reported to DFPS or Caldwell County Sheriffs Office for either administrative or criminal investigations.</p> <p>115.334 (d) - Auditor is not required to audit this provision.</p>

115.335	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.335 (a)-1 - PSI indicated "Yes" on the PAQ. PSI PREA policy 400.14, section VII.3 contains the requirements of this standard.</p> <p>115.335 (a)-2 - PSI indicated on the PAQ that there are 13 medical and mental health practitioners who regularly work at PSI, however, the correct number is 14 when you include the psychiatrist.</p> <p>115.335 (a)-3 - PSI reported that 100% of the medical and mental health care practitioners who work there regularly have received the training required by policy 400.14, section VII.3.</p> <p>115.335 (b)-1 - PSI indicated "No" on the PAQ.</p> <p>Interview with medical staff confirmed that they do not conduct forensic medical exams.</p> <p>115.335 (c)-1 - PSI indicated "Yes" on the PAQ. PSI provided documentation that 12 of the 13 medical and mental health practitioners who work regularly at PSI received the training required by policy 400.14, section VII.3. PSI provided 2 training records for medical and mental health staff who were not identified as medical and mental health staff on the Facility Staff list completed during the pre-audit phase.</p> <p>PSI has not yet provided evidence that the contract psychologist has completed the training referenced in this standard. PSI will need to review it's employee/contractor files to again come up with an accurate number of medical and mental health practitioners who work there.</p> <p>115.335 (d) - PSI will need to provide evidence that any contracted medical and mental health care practitioners have also receive the training mandated for contractors and volunteers, depending upon the practitioner's status at PSI, as per PSI's policy 400.14, section VII.2.</p>

115.341	Obtaining information from residents
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <p data-bbox="280 264 579 300">Auditor Discussion</p> <p data-bbox="280 340 1457 459">115.341 (a)-1 - PSI indicated "Yes" on the PAQ. PSI PREA policy 400.14, section VI, requires a resident be screened for vulnerability to victimization and propensity to victimize others with sexually aggressive behavior immediately upon arrival at PSI.</p> <p data-bbox="280 499 1465 947">Interviews with the staff responsible for screening consistently indicated that it was a well understood role of their position. All screening staff described that they have the resident present in their office during the screening so that the resident has privacy during the screening. All screening staff indicated that the screening occurs as soon as the resident arrives on campus. Screening staff reported that residents arrivals on campus are scheduled in advance, and a resident would not arrive without a screening staff being on campus to conduct the screening. Some screening staff indicated that they have the resident read the screening form itself, others stated that they read it to the resident. Screening staff reported that information related to the questions on the screening form can primarily be obtained from the other admission paperwork.</p> <p data-bbox="280 987 1445 1227">A high percentage of resident interviews revealed that they did not recall having been asked the items required in standard 115.341 (c). It is understandable that a few residents may not recall the specifics of the screening, but the number of residents who did not recall having been screened using the questions required in this standard both initially, and during the periodic screening, does not indicate compliance with this standard.</p> <p data-bbox="280 1267 1437 1341">115.341 (a)-2 - PSI indicated "Yes" on the PAQ. PSI PREA policy 400.14, section VI states that residents will be screened "immediately upon arrival at PSI..."</p> <p data-bbox="280 1382 1406 1456">115.341 (a)-3 - PSI reported on the PAQ that 133 residents have been screened within 72 hours of arrival at PSI within the last 12 months.</p> <p data-bbox="280 1496 1461 1615">115.341 (a)-4 - PSI indicated "Yes" on the PAQ. PSI's PREA policy 400.14, section VI, states that residents will be screened "immediately upon arrival at PSI and periodically during their stay including incident circumstances."</p> <p data-bbox="280 1655 1445 1729">A review of random resident files demonstrated a periodic screening had occurred for every resident at roughly the 6 month mark after the initial screening.</p> <p data-bbox="280 1769 1385 1888">115.341 (b)-1 - PSI indicated "Yes" on the PAQ. PSI provided a document titled "PEGASUS SCREENING TOOL FOR POTENTIAL SEXUAL AGGRESSIVE BEHAVIOR AND/OR SEXUAL VICTIMIZATION"</p> <p data-bbox="280 1928 1465 2083">Some screening staff indicated that they have the resident read the screening form itself, others stated that they read it to the resident. Screening staff reported that information related to the questions on the screening form can primarily be obtained from the other admission paperwork.</p>

CORRECTIVE ACTION IN THIS AREA

115.341 (c) - The screening form provided by PSI, the "PEGASUS SCREENING TOOL FOR POTENTIAL SEXUAL AGGRESSIVE BEHAVIOR AND/OR SEXUAL VICTIMIZATION", lacks the elements required in standard 115.341 (c) 3,5,7,8,9.

UPDATE - PSI has updated the risk screening tool required in standard 115.341(c) to a version that collects information pursuant to items (c) 1-11. PSI provided evidence that all incoming residents for several months were screened using this instrument. PSI also provided evidence that all residents on campus were re-screened for their periodic screening using this instrument. PSI is now in full compliance with this standard.

115.341 (d) - Interview with screening staff indicated that the screening form is completed through a combination of resident interview and review of the residents referral application.

115.341 (e) - PSI PREA policy 400.14, section VI, states that access to sensitive screening information is limited to upper-level staff and the residents treatment team. Interviews with the staff responsible for conducting the risk screening indicated that the sensitive information obtained through the risk screening is only available to the case managers, therapists and placement director. Observation of the resident files themselves revealed that they are in a locked room, in the locked administration office. The information on the screener is not maintained electronically, as the screening staff will walk the screening document to the therapists for review and approval, or possible override.

115.342	Placement of residents
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 580 300">Auditor Discussion</p> <p data-bbox="280 340 1484 501">115.342 (a)-1 - PSI indicated "Yes" on the PAQ. PSI PREA policy 400.14, section VI states that " intake screening will be based on age and specific treatment needs and documented using the PSI Intake Screening Form for living unit assignments that will be made accordingly."</p> <p data-bbox="280 542 1469 703">PSI provided documentation of completed screenings. Completed screenings were also reviewed in the residents files. Residents were assigned to housing units based primarily on age and stature. There is no more than a two year age difference between residents housed in the same dorm.</p> <p data-bbox="280 743 1469 904">Based on residents risk levels, placement within a housing unit can vary in so much as the screening can inform bed placements so that a resident may be assigned a bed in close proximity to the staff desk, 2 residents may not be placed next to one another.</p> <p data-bbox="280 945 1484 1061">Interview with the PREA Compliance Manager and Screening staff also indicated that the screening information helps to determine specific programming for residents placed at PSI.</p> <p data-bbox="280 1102 1461 1173">Interview with mental health staff also confirmed that the screener and the referral application are used to determine programming.</p> <p data-bbox="280 1281 1461 1397">115.342 (b)-1 - PSI indicated "No" on the PAQ. PSI PREA policy 400.14, section VI.4 states that "PSI does not place residents in isolation in any circumstances including self-harming behaviors."</p> <p data-bbox="280 1438 1461 1509">Interview with staff and residents confirmed that isolation is not used at PSI for any reason.</p> <p data-bbox="280 1550 1442 1621">Observation while on-site confirmed that there was no designated area on the PSI campus that is reserved for use of isolation purposes.</p> <p data-bbox="280 1662 1334 1697">115.342 (b)-2 - PSI reported that residents are not isolated for any reason.</p> <p data-bbox="280 1738 1461 1809">Interview with staff and residents confirmed that isolation is not used at PSI for any reason.</p> <p data-bbox="280 1850 1442 1921">Observation while on-site confirmed that there was no designated area on the PSI campus that is reserved for use of isolation purposes.</p> <p data-bbox="280 1962 1469 2033">115.342 (b)-3 - PSI reported that there have been no residents placed in isolation in the past 12 months.</p>

115.342 (b)-4 - PSI reported that there have been no residents placed in isolation in the past 12 months.

Interview with staff and residents confirmed that isolation is not used at PSI for any reason.

Observation while on-site confirmed that there was no designated area on the PSI campus that is reserved for use of isolation purposes.

115.342 (b)-5 - PSI reported that residents are not isolated for any reason.

Interview with staff and residents confirmed that isolation is not used at PSI for any reason.

115.342 (c)-1 - PSI indicated "Yes" on the PAQ. PSI PREA policy 400.14, section VI.4.a states that "Lesbian, gay, bisexual, transgender, or intersex residents are not placed in particular housing, bed, or other assignments solely on the basis of such identification or status."

Interview with the PREA Coordinator and PREA Compliance Manager indicated that PSI does not have particular housing, bed, or other assignments solely for residents who identify as lesbian, gay, bisexual, transgender, or intersex.

Observation while on site confirmed that all housing decisions appear to be based on a residents age and stature, not sexual orientation or gender identity.

Observation of resident treatment groups indicated that all residents appear to be mixed groups of similarly aged biological males.

115.342 (c)-2 - PSI indicated "Yes" on the PAQ. PSI PREA policy 400.14, section VI.4.a "states that PSI does not consider such identification or status as an indicator of likelihood of being sexually abusive."

Interview with staff indicated an assumed likelihood that all residents, regardless of their identification or status as lesbian, gay, bisexual, transgender, or intersex, are equally at risk of being sexually abusive just by nature of their treatment need for having been placed at PSI.

Interview with a resident who reported identifying as transgender indicated that she was not asked about her safety when she first went to PSI, and was not placed in a housing area for only transgender or intersex residents.

115.342 (d)-1 - PSI indicated "Yes" on the PAQ. PSI PREA policy 400.14, section VI.4.b states that for transgender or intersex residents PSI will make a case-by-case determination when making housing and programming assignments, considering the resident's health and safety and any management or security concerns.

Interview with the PREA Compliance Manager revealed a belief that the selecting

process for determining residents that are appropriate for placement at PSI considers several factors related to their ability to keep all residents safe, and mitigate management and security problems, including cognitive functioning, physical disabilities, levels of aggression, etc..

Interview with a resident who reported identifying as transgender indicated that she was not asked about her safety when she first went to PSI, and was not placed in a housing area for only transgender or intersex residents.

115.342 (e) - PSI PREA policy 400.14, section VI.4.b states that for transgender or intersex residents, PSI will reassesses the placement and programming assignments at least twice a year to review any threats to safety experienced by the resident.

Interview with screening staff indicated that they determined this question was not applicable, as they believed that there were no transgender or intersex residents on campus.

115.342 (f) - PSI PREA policy 400.14 states that for transgender or intersex residents, PSI will reassesses the placement and programming assignments at least twice a year to review any threats to safety experienced by the resident.

Interview with screening staff indicated that they determined this standard was not applicable, as they believed that there were no transgender or intersex residents on campus. Interview with the PREA compliance Manager also revealed that he thought this standard was not applicable, as PSI had no transgender residents.

Interview with a resident later determined to identify as transgender indicated that the resident denied that she had ever been asked about her safety when she first arrived at PSI.

115.342 (g) - PSI PREA policy 400.14, section VI.4.b states that transgender or intersex residents will be provided the opportunity to shower separately from other residents. Observation of the shower facilities as each housing unit indicated that every resident showers separately.

Interview with the PREA Compliance Manager and screening staff determined that this was an area of the standards that they did not believe applied, because they believed that there were no transgender or intersex residents at PSI.

Interview with the resident who identified as transgendered indicated that she is able to shower separately from other residents, as all residents shower separately.

115.342 (h)-1 - PSI PREA policy 400.14, section VI. 4 states that PSI does not place residents in isolation in any circumstances including self-harming behaviors. Interviews with staff and residents confirmed that use of isolation does not occur at PSI.

Observation while on-site confirmed that there is not a designated area where residents are held in isolation, for behavioral reason for for protection.

115.342 (i)-1 - PSI PREA policy 400.14, section VI. 4 states that PSI does not place residents in isolation in any circumstances including self-harming behaviors. Interviews with staff and residents confirmed that use of isolation does not occur at PSI.

Observation while on-site confirmed that there is not a designated area where residents are held in isolation, for behavioral reasons or for protection.

115.351	Resident reporting
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <p data-bbox="280 264 580 300">Auditor Discussion</p> <p data-bbox="280 340 1474 582">115.351 (a)-1 - PSI indicated "Yes" on the PAQ. PSI PREA policy 400.14, section VIII.6 states that "Residents may report sexual abuse, sexual harassment, retaliation by others for reporting sexual abuse or harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents by telling any staff member, volunteer, or contract employee, who must then call 800-252-5400 (DFPS hotline)."</p> <p data-bbox="280 622 1474 739">It also states that "PSI accepts verbal and written reports made anonymously or by third parties and immediately documents verbal reports. Anonymous and third-party reports may be submitted to PSI by calling 800-252-5400(DFPS hotline)."</p> <p data-bbox="280 779 1474 855">PSI also provided the script that the staff reads to the resident at the time of intake, which includes the following "You can:</p> <ul data-bbox="280 864 1474 1187" style="list-style-type: none"> • File a grievance. • Tell any staff at the facility (i.e. staff, nurse, chaplain, volunteer, PREA Coordinator, etc.). • Tell anyone on your authorized phone/mail list (guardian, probation officer, juvenile counselor, OHS worker, lawyer, mentor etc.). • Call DFPS' sexual abuse hotline number that is posted throughout the facility (1-800-252-5400). • Tell your dorm therapist and/or write a disclosure" <p data-bbox="280 1227 1474 1384">Interviews with random staff consistently revealed they had solid awareness of several different avenues for residents to make a report of sexual abuse or sexual harassment. The most commonly reported method was to have the resident call the hotline number listed on the PREA-Zero Tolerance posters.</p> <p data-bbox="280 1424 1410 1460">Resident interviews indicated awareness of multiple different reporting options.</p> <p data-bbox="280 1500 1474 1657">115.351 (b)-1 - PSI indicated "Yes" on the PAQ. PSI policy 400.14, section VI.(a) and (b) states that "Residents may report sexual abuse, sexual harassment, retaliation by others for reporting sexual abuse or harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents by:</p> <ol data-bbox="280 1697 1474 1926" style="list-style-type: none"> a. telling any staff member, volunteer, or contract employee, who must then call 800-252-5400 (DFPS hotline). b. PSI accepts verbal and written reports made anonymously or by third parties and immediately documents verbal reports. Anonymous and third-party reports may be submitted to PSI by calling 800-252-5400 (DFPS hotline). <p data-bbox="280 1966 1474 2083">Interview with the PREA Compliance Manager indicated that residents may report abuse to the DFPS by calling the hotline number on the PREA posters. He stated that allegations reported to DFPS result in a notification from licensing that an</p>

investigator will respond on-site.

Resident interviews consistently indicated general knowledge of the hotline number located on the PREA posters.

115.351 (b)-2 - PSI indicated "No" on the PAQ.

Interview with the PREA Compliance Manager determined that all residents accepted into, and placed at PSI, are there for treatment purposes, not civil immigration purposes.

115.351 (c)-1 - PSI indicated "Yes" on the PAQ. PSI policy 400.14, section VIII.1 states that "All PSI employees and contractors, including medical and mental health practitioners are required to report knowledge (written, verbal, anonymous, and third party reports) of any alleged, threatened or actual violations of this policy to their supervisor, any on-duty employee above them in the chain of command, the Administrator or the facility/program director."

Resident interviews confirmed that there were some residents who made verbal reports of alleged sexual abuse or sexual harassment directly to staff, primarily their therapists.

115.351 (c)-2 - PSI indicated "Yes" on the PAQ. PSI policy 400.14, section VIII.1 states that "Upon receiving any allegation of sexual abuse, the facility head or designee shall immediately report the allegation to the Caldwell County Sheriff's Office, the appropriate State investigative agency (Department of Family & Protective Services (DFPS); Texas Juvenile Justice Department (TJJD), and to the alleged victim's guardian.

PSI provided documentation of several examples of verbal reports that were documented on the "Outcry" form.

Interview with staff indicated that if they were to receive a verbal report from a resident, anonymously, or from a 3rd party, of an alleged instance of sexual abuse or sexual harassment, they would immediately notify their supervisor and document what they were told on an "Process" form.

115.351 (d)-1 - PSI indicated "Yes" on the PAQ. PSI provided the template of the disclosure form that residents may use to report sexual abuse or sexual harassment.

During the site review I confirmed that there were PREA posters, outcry forms, writing implements, and phones for resident use. The grievance box is located in the cafeteria and it is locked.

Interview with the PREA Compliance Manager confirmed that residents may call the PREA Hotline # listed on the PREA posters, tell a staff, tell their family or probation officer, write an outcry or a note to staff.

Interview with residents who reported a sexual abuse incident determined that they had reported the incident (which did not meet the definition of sexual abuse) to their direct care staff and therapists verbally.

115.351 (e)-1 - PSI indicated "Yes" on the PAQ. PSI PREA policy 400.14, section VIII. 2 states that staff "also have the ability to privately report abuse and sexual harassment of residents to the TJJJ, DFPS, and law enforcement. Failure to report may result in administrative, criminal or disciplinary sanctions appropriate to individual status."

Staff interview consistently indicated that staff were aware that they could call this number to report privately, even from their home and while not at work.

115.351 (e)-2 - PSI provided policy 100.01, titled "Establishing the Facility and Delineating its Mission." At the bottom of Section I it states "By Texas Law, it is the responsibility of ALL PSI employees to report suspected child abuse or neglect to the Texas Department of Family Protective Services or law enforcement. " Staff interviews confirmed that they were aware that they could privately report sexual abuse and sexual harassment of residents if they wanted to by calling the hotline number on the PREA posters.

115.352	Exhaustion of administrative remedies
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <p data-bbox="280 264 579 300">Auditor Discussion</p> <p data-bbox="280 340 1449 622">115.352 (a)-1 - PSI indicated "Yes" on the PAQ. Despite PSI pronouncing that it has no role in conducting administrative investigations into alleged sexual abuse, PSI still has a process for distributing grievances to make them available to all residents, collecting grievances from a designated secure lockbox, and processing grievances accordingly. For any grievance that alleged sexual abuse, PSI has a process for making the required notifications to ensure the allegation gets investigated.</p> <p data-bbox="280 636 1477 707">Interview with the PREA Compliance Manager indicated that the residents would not use this method to report alleged sexual abuse.</p> <p data-bbox="280 748 1426 864">Interviews with other staff reported that grievances were in fact a method that residents would use to report sexual abuse. Residents themselves identified that they could use the grievance system to report alleged sexual abuse.</p> <p data-bbox="280 904 1465 1021">According to the administrative staff responsible for collecting grievances, he could only recall the grievance system having been used to report an alleged PREA incident twice in several years.</p> <p data-bbox="280 1061 1477 1424">While on-site I completed a grievance and placed in the designated grievance box without staff awareness. The following morning I was alerted that my grievance had been received. It is recommended that PSI consider allowing and perhaps promoting the use of grievances as a means of reporting sexual abuse/sexual harassment alleged to have occurred at PSI to enhance the reporting options available to a resident, including the ability to report anonymously. The Outcry form is significantly more complicated, and often requires the assistance of a therapist to complete it. The Outcry form could perhaps be utilized to document and report incidents of undisclosed prior sexual abuse, or sexual perpetration.</p> <p data-bbox="280 1536 1477 1693">115.352 (b)-1 - PSI indicated "Yes" on the PAQ. PSI Grievance policy 400.11 does not indicate a resident will be allowed to submit a grievance regarding an allegation of sexual abuse at any time regardless of when the incident is alleged to have occurred.</p> <p data-bbox="280 1733 1477 2065">115.352 (b)-2 - PSI indicated "Yes" on the PAQ. PSI Grievance policy 400.11, Section II. C states that "After completing the grievance, the resident is encouraged to process with the staff on which the grievance is written. This processing will include the "why sandwich" problem solving technique between the resident and the staff member. If the resident feels that the grievance has been solved between himself and the staff member, then the resident may choose to not turn in the grievance to administration. If the resident still feels that the grievance needs the attention of an administrator after processing with the staff member, then he may turn it in to</p>

administration.

Although it does not state that a resident is required to process their grievance with a staff, it does appear as though the resident is "encouraged" to process it with a staff. That line between encouraged and forced is something that will need to be clarified in policy as it relates to a grievance filed against a staff member alleged to have committed sexual abuse or sexual harassment.

115.352 (c)-1 - PSI indicated "Yes" on the PAQ. PSI Grievance policy 400.11, section II.E. states "Absolutely no written grievances should be turned in to any staff member. All written grievances should be placed in the locked grievance box."

Interview with residents consistently indicated that they were aware that they would place a completed grievance in the grievance box located in the cafeteria.

115.352 (c)-2 - C. PSI indicated "Yes" on the PAQ. PSI Grievance policy 400.11, section II.E. states that "After completing the grievance, the resident is encouraged to process with the staff on which the grievance is written. This processing will include the "why sandwich" problem solving technique between the resident and the staff member. If the resident feels that the grievance has been solved between himself and the staff member, then the resident may choose to not turn in the grievance to administration. If the resident still feels that the grievance needs the attention of an administrator after processing with the staff member, then he may turn it in to administration.

Under no circumstances will a resident be forced to process with any staff or be given any type of consequence for writing a grievance on any staff. In addition, no resident shall be forced to turn in a grievance if he chooses not to.

Interviews with the case managers on the dorms indicated that if a resident had alleged that a staff member had committed sexual abuse or sexual harassment against them, that resident would never be forced to process or address that allegation with the staff. They reported that depending on the nature of the allegation, that staff would likely be placed on leave, or moved to another dorm while it was being investigated.

115.352 (d)-1 - PSI indicated "Yes" on the PAQ.

PSI policy 400.11 does not indicate time frames in which a decision on the merits of grievance alleging sexual abuse will be made. PSI reports that this is because such merits are made by the external investigative entity and not PSI.

PSI provided the Youth Complaint and Grievance Guide brochure which is given to all residents at intake. This brochure indicates that TJJD will provide a written response to residents who file a grievance alleging sexual abuse within 10 days.

115.352 (d)-2 - PSI indicated that within the last 12 months there have been 5 grievances that were filed alleging sexual abuse.

PSI provided these examples, however, they are not actual grievances, they are examples of the Outcry forms/disclosures that residents complete with the assistance of their therapist.

115.352 (d)-3 - PSI provided documentation that all 5 incidents referenced above reached a finding within 90 days of having been reported.

115.352 (d)-4 - PSI reported that none of the 5 incidents required an extension because a final decision was able to be reached within 90 days. PSI reported that if ever a decision has not been reached and it is approaching 90 days, the PREA Compliance Manager will email licensing and prompt an answer on the status of the investigation.

115.352 (d)-5 - PSI indicated on the PAQ that "No" extensions to the finding of a grievance alleging sexual abuse were requested.

115.352 (d)-6 - N/A

115.352 (d)-7 - PSI indicated "Yes" on the PAQ. Since no extensions were requested, PSI did not provide documentation of any such extension requests in which the resident was notified of said request to extend the time it would take to resolve the grievance.

Interview with the residents PSI identified had reported sexual abuse determined that after they had worked with their therapist to complete the Outcry form, they estimated that they were notified of the investigative finding within a few weeks.

115.352 (e)-1 - PSI indicated "Yes" on the PAQ. PSI reported that the element required in this standard is in policy 400.14, section VIII. 6.b, however there is no 6.b, and the requirement of this standard could not be located in any policy PSI provided.

115.352 (e)-2 - PSI indicated "Yes" on the PAQ. PSI reported that the element required in this standard is in policy 400.14, section VIII. 6.b, however there is no 6.b, and the requirement of this standard could not be located in any policy PSI provided.

115.352 (e)-3 - PSI indicated "Yes" on the PAQ. PSI reported that the element required in this standard is in policy 400.14, section VIII. 6.b, however there is no 6.b, and the requirement of this standard could not be located in any policy PSI provided.

115.352 (e)-4 - PSI reported that there have been no grievances alleging sexual abuse filed by residents in the past 12 months in which the resident declined third-party assistance, containing documentation of the resident's decision to decline

115.352 (f)-1 - PSI indicated "Yes" on the PAQ. PSI PREA policy 400.14, section VIII.1 states that "All PSI employees and contractors, including medical and mental health practitioners are required to report knowledge (written, verbal, anonymous, and third party reports) of any alleged, threatened or actual violations of this policy to

their supervisor, any on-duty employee above them in the chain of command, the Administrator or the facility/program director. Upon receiving any allegation of sexual abuse, the facility head or designee shall immediately report the allegation to the Caldwell County Sheriff's Office, the appropriate State investigative agency (Department of Family & Protective Services (DFPS); Texas Juvenile Justice Department (TJJD), and to the alleged victim's guardian."

115.352 (f)-2 - PSI indicated "Yes" on the PAQ. PSI PREA policy 400.14, section VIII.1 states that "All PSI employees and contractors, including medical and mental health practitioners are required to report knowledge (written, verbal, anonymous, and third party reports) of any alleged, threatened or actual violations of this policy to their supervisor, any on-duty employee above them in the chain of command, the Administrator or the facility/program director. Upon receiving any allegation of sexual abuse, the facility head or designee shall immediately report the allegation to the Caldwell County Sheriff's Office, the appropriate State investigative agency (Department of Family & Protective Services (DFPS); Texas Juvenile Justice Department (TJJD), and to the alleged victim's guardian."

PSI's PREA Compliance Manager reported that at PSI the use of the Outcry form as a means of documenting disclosures by residents, is acted upon immediately.

115.352 (f)-3 - PSI indicated that there have been two emergency grievances alleging substantial risk of imminent sexual abuse that were filed in the past 12 months. PSI's PREA Compliance Manager reported that PSI is referring to them as Outcry's, not grievances, but that they are processed the same.

115.352 (f)-4 - PSI reported that only 1 of the 2 emergency grievances received in the last 12 months received an initial response within 48 hours.

115.352 (f)-5 - PSI reported "Yes" on the PAQ. PSI reported that the requirements of this standard are in PREA policy 400.14, section VIII.1. Policy states "All PSI employees and contractors, including medical and mental health practitioners are required to report knowledge (written, verbal, anonymous, and third party reports) of any alleged, threatened or actual violations of this policy to their supervisor, any on-duty employee above them in the chain of command, the Administrator or the facility/program director. Upon receiving any allegation of sexual abuse, the facility head or designee shall immediately report the allegation to the Caldwell County Sheriff's Office, the appropriate State investigative agency (Department of Family & Protective Services (DFPS); Texas Juvenile Justice Department (TJJD), and to the alleged victim's guardian."

This section in policy addresses how soon a report will be made to the entity that will investigate the allegation, not how soon a final agency decision be issued. The final agency decision does is not the same thing as the investigative finding.

115.352 (f)-6 - PSI indicated on the PAQ that there have been 5 grievances filed within the last 12 months alleging substantial risk of imminent sexual abuse that reached a final decisions within 5 days. PSI will need to clarify this account with the number reported in 115.352 (f)-3.

115.352 (g)-1 - PSI indicated "Yes" on the PAQ. PSI PREA policy 400.14, section XI.3.g, states that "For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation."

115.352 (g)-2 - PSI reported on the PAQ that no residents have been disciplined for having filed a grievance in bad faith.

115.353	Resident access to outside confidential support services and legal representation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.353 (a)-1 - PSI indicated "Yes" on the PAQ. PAQ provided a copy of an MOU between PSI and the Hays Caldwell Women's Center (HCWC), which addresses the provision of victim advocacy services. PSI provided a copy of a posters advertising the services of HCWC.</p> <p>PSI PREA policy 400.14, section XVI, 3 states "If requested by a resident who experiences sexual abuse, a victim advocate will accompany and support the resident through the forensic medical examination and investigatory interviews. The victim advocate provides emotional support, crisis intervention, information, and referrals. PSIs' residents have reasonable and confidential access to outside victim advocate services through an agreement with the Hays Caldwell Women's Center (HCWC). Residents may have reasonable and confidential access to the HCWC hotline at 512-396-4357. HCWC can report incidents of abuse in accordance with mandatory reporting laws. Residents have reasonable and confidential access to their attorneys or other legal representatives. Residents also have reasonable and confidential access to parents and legal guardians."</p> <p>115.353 (a)-2 - PSI indicated "Yes" on the PAQ. During the site review posters HCWC posters were observed in each housing unit.</p> <p>115.353 (a)-3 - PSI indicated "Yes" on the PAQ. The Hays Caldwell Women's Center posters promptly display the phone number to contact them.</p> <p>115.353 (a)-4 - PSI indicated "Yes" on the PAQ. PSI PREA policy 400.14 states that "Residents may have reasonable and confidential access to the HCWC hotline at 512-396-4357."</p> <p>During the site review I requested staff on how a resident would be provided privacy to call the abuse hotline, or the HCWC. I was advised that a resident would be brought into the staff office and staff would dial the phone, and then keep line of site on the resident, but not necessarily monitor the content of the call.</p> <p>Resident interview indicated that they felt as though they could also have privacy by making the call from their case managers office or therapists office.</p> <p>I called the number advertised on the HCWC posters and was promptly able to talk with a representative.</p> <p>115.353 (b)-1 - PSI indicated "Yes" on the PAQ.</p> <p>PSI PREA policy 400.14, section XVI, number 3 states "Residents may have reasonable and confidential access to the HCWC hotline at 512-396-4357."</p>

115.353 (b)-2 - PSI indicated "Yes" on the PAQ. PSI PREA policy 400.14, section XVI, number 3 states "HCWC can report incidents of abuse in accordance with mandatory reporting laws.". Interviews with residents indicated a general awareness that there are certain things that if shared with an outside entity, the outside entity would be obligated to report. When asked what type of things, residents were able to articulate that matters related to sexual abuse, physical abuse, or murder would have to be reported.

115.353 (c)-1 - PSI indicated "Yes" on the PAQ. PSI provided documentation of their MOU with the Hays Caldwell Women's Center. This MOU details that the HCWC will provide residents with emotional support services related to sexual abuse.

115.353 (c)-2 - PSI indicated "Yes" on the PAQ. I contacted the HCWC and representatives there confirmed that they were aware of the agreement between HCWC and PSI.

115.353 (d)-1 - PSI indicated "Yes" on the PAQ. PSI PREA policy 400.14, section XVI.3 states that "Residents have reasonable and confidential access to their attorneys or other legal representatives."

Interview with the Superintendent or designee indicated that when the weather is nice, residents may meet with their juvenile probation officer, attorneys, or other legal representation on campus outside if they like, or inside a private office at the administration building.

Interview with the PREA Compliance Manager indicated that residents are able to meet with their probation officer, attorneys, or other legal representation at offices all over the campus, but primarily at administration is where he sees them taking place.

Residents consistently reported that they are able to meet privately with representatives of their treatment team, including their probation officer, attorneys or other legal representation. Residents reported that if the meeting is not alone with them in an office, but rather outside on campus, a PSI staff may be observing them, but the staff is not close enough to monitor their conversations.

115.353 (d)-2 - PSI indicated "Yes" on the PAQ. PSI PREA policy 400.14, section XVI.3 states that "Residents also have reasonable and confidential access to parents and legal guardians."

Interview with the Superintendent or designee indicated that when the weather is nice, residents may meet with their parents or legal guardians on campus outside if they like. There are also designated parent/guardian visitation locations inside.

Interview with the PREA Compliance Manager indicated that residents are able to meet with parents or legal guardians once a month.

During interviews with residents they consistently reported that they are able to have visitation with their parents or legal guardians once a month, and phone calls twice a week, one incoming call and one outgoing call. They reported that visitation

	<p>with their parent or legal guardian is always supervised by a PSI staff, but that the PSI staff is not always in such close proximity that they can monitor what is being said.</p>
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115.354	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.354 (a)-1 - PSI indicated "Yes" on the PAQ. PSI PREA policy 400.14, section VIII.1 states "All PSI employees and contractors, including medical and mental health practitioners are required to report knowledge (written, verbal, anonymous, and third party reports) of any alleged, threatened or actual violations of this policy to their supervisor, any on-duty employee above them in the chain of command, the Administrator or the facility/program director."</p> <p>115.354 (a)-2 - PSI indicated "Yes" on the PAQ. PSI's public website states "PROTOCOL TO REPORT SUSPECTED ABUSE OR NEGLECT</p> <p>To report any suspected abuse or neglect, call the DFPS Hotline at 1-800-252-5400. Any criminal investigations of alleged sexual abuse occurring at Pegasus Schools, Inc. will be investigated by the Caldwell County Sheriff's Department, which can be contacted at (512) 398-6777"</p> <p>I contacted the Caldwell County Sheriffs Department and confirmed that it is the entity with legal authority to conduct sexual abuse allegations in the jurisdiction in which PSI is located.</p> <p>The PREA posters located across the PSI campus all display the PREA hotline number, which can be called by any party to make a PREA report.</p>

115.361	Staff and agency reporting duties
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <p data-bbox="280 264 579 300">Auditor Discussion</p> <p data-bbox="280 340 1473 752">115.361 (a)-1 - PSI indicated "Yes" on the PAQ. PSI PREA policy 400.14, section VIII.1 states "All PSI employees and contractors, including medical and mental health practitioners are required to report knowledge (written, verbal, anonymous, and third party reports) of any alleged, threatened or actual violations of this policy to their supervisor, any on-duty employee above them in the chain of command, the Administrator or the facility/program director. Upon receiving any allegation of sexual abuse, the facility head or designee shall immediately report the allegation to the Caldwell County Sheriff's Office, the appropriate State investigative agency (Department of Family & Protective Services (DFPS); Texas Juvenile Justice Department (TJJD), and to the alleged victim's guardian.</p> <p data-bbox="280 792 1473 949">Section 5. "PSI requires all staff to comply with any applicable mandatory child abuse reporting laws." Therefore, any knowledge (written, verbal, anonymous, and third party reports) of alleged sexual abuse, whether or not it is part of PSI, must be reported.</p> <p data-bbox="280 990 1406 1106">Interviews with staff consistently indicated that regardless of the source, or the location where the alleged abuse occurred, they would immediately report the information to their supervisor or administration.</p> <p data-bbox="280 1146 1473 1218">PSI's Coordinated Response Plan also details that an allegation of sexual abuse must be reported immediately.</p> <p data-bbox="280 1258 1449 1415">PSI's policy 100.01 - Establishing the Facility and Delineating its Mission states "By Texas Law, it is the responsibility of ALL PSI employees to report suspected child abuse or neglect to the Texas Department of Family Protective Services or law enforcement.</p> <p data-bbox="280 1456 1473 1612">Section XVIII. REPORTING TO OTHER CONFINEMENT FACILITIES. states "Any staff member must immediately notify the Core Staff if he/she receives an allegation that a resident was sexually abused while confined at a juvenile facility not operated by PSI and not operated under contract with PSI."</p> <p data-bbox="280 1653 778 1688">CORRECTIVE ACTION IN THIS AREA</p> <p data-bbox="280 1693 1461 1850">115.361 (a)-2 - PSI indicated "Yes" on the PAQ, however, PSI's PREA policy 400.14, section XXI does not indicate this. Please identify where it states in policy that staff are required report retaliation against residents or staff who reported such an incident.</p> <p data-bbox="280 1890 778 1926">CORRECTIVE ACTION IN THIS AREA</p> <p data-bbox="280 1930 1445 2087">115.361 (a)-3 - PSI indicated "Yes" on the PAQ, however, PSI's PREA policy 400.14, section XXI does not indicate this. Please identify where in policy that staff are required to report any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.</p>

Staff interview indicated that staff were aware of the requirement to report both retaliation against a resident or staff for reporting an alleged incident of sexual abuse or sexual harassments, as well as any staff neglect of responsibilities that could have contributed to such an incident, however, this must be codified in policy.

115.361 (b)-1 - PSI indicated "Yes" on the PAQ. PSI PREA policy 400.14, section VIII.5 states the requirements of this standard.

All staff interviewed were very clear that they are mandatory reporters, and able to articulate the notifications they would make to ensure applicable information was reported.

PSI PREA training curriculum includes material advising staff of this information.

115.361 (c)-1 - PSI indicated "Yes" on the PAQ. PSI PREA policy 400.14, section VIII.3 states the requirements of this standard.

Staff interview indicated that as a part of the notifications they would make to report an alleged instance of sexual abuse, they would only notify Administration, medical and mental health, the case manager and the placement director so that treatment, investigation, and other security and management decisions could be made.

115.361 (d) - Interviews with medical staff indicated that they were aware that they are required to report any alleged sexual abuse to designated administrative staff so that administration can report it to the proper investigative entity.

Interview with the mental health staff indicated that they do advise the residents at the beginning of services of their limited confidentiality and obligation to report abuse.

Resident interviews confirmed that residents had a general awareness that certain things they said would have to be reported.

115.361 (e) - Interview with the Superintendent or designee, as well as the PREA Compliance Manager, indicated that if they receive an allegation of sexual abuse, they would immediately notify the PREA Hotline, the entity responsible for placing the resident at PSI, and the parent or legal guardian. Both reported that the notification would be made in less than 24 hours, more likely within 12 hours.

115.361 (f) - Interview with the Superintendent or designee indicated that all allegations are reported to the on-site investigators, and that the residents therapist notifies the Texas Department of Family Protection Services, who is responsible for conducting the investigation. He reported that on a case by case basis DFPS may contact the Caldwell County Sheriffs Department, or if the allegation were to be egregious enough then PSI would contact Caldwell County Sheriffs Department directly as well as DFPS. He reported that the on-site investigators may do some preliminary fact finding, but that it is very surface level and just to ensure immediate safety strategies can be effectively implemented.

115.362	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.362 (a)-1 - PSI indicated "Yes" on the PAQ. PSI PREA policy 400.14, section XVII states "Upon receipt of a report that alleges a resident is subject to a substantial risk or imminent sexual abuse, PSI takes immediate action to protect the resident."</p> <p>Interview with random staff consistently indicated that staff would respond immediately to take action to protect a resident at imminent risk of sexual abuse.</p> <p>115.362 (a)-2 - PSI reported that there have been 12 times in the past 12 months where PSI determined that a resident was subject to a substantial risk of imminent sexual abuse.</p> <p>Action taken does not have to equal resident was moved to a different dorm.</p> <p>115.362 (a)-3 - PSI reported that action was taken to protect a resident at imminent risk of sexual abuse in less than 24 hours.</p> <p>115.362 (a)-4 - Need a response in terms of what is being asked here.</p>

115.363	Reporting to other confinement facilities
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <p data-bbox="280 264 580 300">Auditor Discussion</p> <p data-bbox="280 340 1417 501">115.363 (a)-1 - PSI indicated "Yes" on the PAQ. PSI's PREA policy 400.14, section XVIII states "Any staff member must immediately notify the Core Staff if he/s e receives an allegation that a resident was sexually abused while confined at a juvenile facility not operated by PSI and not operated under contract with PSI."</p> <p data-bbox="280 577 1422 779">115.363 (a)-2 - The core staff must notify the administrator and the placement office so a PREA Compliance Manager can notify the appropriate office of the organization where the abuse is alleged to have occurred and the appropriate investigative agency as soon as possible, but within 72 hours after receiving the allegation.</p> <p data-bbox="280 819 1469 936">115.363 (a)-3 - PSI reported that there have been no allegations received within the last 12 months from residents alleging that they were abused while confined in another facility.</p> <p data-bbox="280 976 1461 1178">115.363 (a)-4 - although there have been no examples of this having occurred within the last 12 months, according to PSI's PREA policy 400.14, section XVIII, the PREA Compliance Manager would contact the appropriate office of the organization where the abuse is alleged to have occurred and the appropriate investigative agency as soon as possible, but within 72 hours after receiving the allegation.</p> <p data-bbox="280 1218 1469 1420">115.363 (b)-1 - PSI indicated "Yes" on the PAQ. PSI's PREA policy 400.14, section XVIII states "The core staff must notify the administrator and the placement office so a PREA Compliance Manager can notify the appropriate office of the organization where the abuse is alleged to have occurred and the appropriate investigative agency as soon as possible, but within 72 hours after receiving the allegation."</p> <p data-bbox="280 1460 1417 1576">115.363 (c)-1 - PSI indicated "Yes" on the PAQ. PSI's PREA policy 400.14, section XVIII states "The agency shall document that it has provided such notification. Documentation will be retained in the resident's file."</p> <p data-bbox="280 1684 1469 2092">115.363 (d)-1 - PSI indicated "Yes" on the PAQ. PSI PREA policy 400.13, section VIII.1 requires "All PSI employees and contractors, including medical and mental health practitioners are required to report knowledge (written, verbal, anonymous, and third party reports) of any alleged, threatened or actual violations of this policy to their supervisor, any on-duty employee above them in the chain of command, the Administrator or the facility/program director. Upon receiving any allegation of sexual abuse, the facility head or designee shall immediately report the allegation to the Caldwell County Sheriff's Office, the appropriate State investigative agency (Department of Family & Protective Services (DFPS); Texas Juvenile Justice Department (TJJD), and to the alleged victim's guardian.</p>

115.363 (d)-2 - PSI reported on the PAQ that there have been no examples of allegations received from other agencies or facilities within the last 12 months.

Interview with the Superintendent or Designee indicated that within the last 12 months PSI has not been notified by another facility of a resident who alleged to have been sexually abused while at PSI. He reported that if PSI received an allegation from another facility, PSI would respond the same way as any other allegation, by making notifications to licensing so it could be investigated.

115.364	Staff first responder duties
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <p data-bbox="280 264 579 300">Auditor Discussion</p> <p data-bbox="280 340 1453 416">115.364 (a)-1 - PSI indicated "Yes" on the PAQ. PSI PREA policy 400.14, section XIX includes the first responder requirements.</p> <p data-bbox="280 456 1453 573">115.364 (a)-2 - PSI indicated "Yes" on the PAQ. PSI PREA policy 400.14, section XIX includes "Upon learning of an allegation that a resident was sexually abused, the first staff member or first responder to respond to the report must:</p> <ol data-bbox="280 613 1007 649" style="list-style-type: none"> 1. separate the alleged victim and alleged abuser;" <p data-bbox="280 689 1453 806">115.364 (a)-3 - PSI indicated "Yes" on the PAQ. PSI PREA policy 400.14, section XIX includes "Upon learning of an allegation that a resident was sexually abused, the first staff member or first responder to respond to the report must:</p> <ol data-bbox="280 846 1414 922" style="list-style-type: none"> 2. preserve and protect any crime scene until appropriate steps can be taken to collect any evidence" <p data-bbox="280 963 1453 1079">115.364 (a)-4 - PSI indicated "Yes" on the PAQ. PSI PREA policy 400.14, section XIX includes "Upon learning of an allegation that a resident was sexually abused, the first staff member or first responder to respond to the report must:</p> <ol data-bbox="280 1120 1453 1236" style="list-style-type: none"> "4. request that the alleged victim not take any actions that could destroy physical evidence, including as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; " <p data-bbox="280 1276 1453 1393">115.364 (a)-5 - PSI indicated "Yes" on the PAQ. PSI PREA policy 400.14, section XIX includes "Upon learning of an allegation that a resident was sexually abused, the first staff member or first responder to respond to the report must:</p> <ol data-bbox="280 1433 1414 1509" style="list-style-type: none"> "5. ensure that the alleged abuser does not take any actions that could destroy physical evidence." <p data-bbox="280 1550 1453 1626">115.364 (a)-6 - PSI indicated on the PAQ that within the past 12 months there have been 5 allegations of sexual abuse.</p> <p data-bbox="280 1666 1453 1783">115.364 (a)-7 - PSI indicated on the PAQ that within the last 12 months there have been two times when the first security staff member to respond to the report separated the alleged victim and abuser.</p> <p data-bbox="280 1823 1453 1939">115.364 (a)-8 - PSI indicated on the PAQ that within the last 12 months there have been two times when staff was notified within a time period that still allowed for the collection of physical evidence.</p> <p data-bbox="280 1980 1453 2096">115.364 (a)-9 - PSI indicated on the PAQ that within the last 12 months there have been no instances when the first security staff member to respond to the report preserved and protected any crime scene until appropriate steps could be taken to</p>

collect any evidence.

115.364 (a)-10 - PSI indicated on the PAQ that within the last 12 months there have been no instances where the first security staff member to respond to the report requested that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.

115.364 (a)-11 - PSI indicated on the PAQ that within the last 12 months there have been no instances where the first security staff member to respond to the report requested that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.

A review of the these reported incidents indicated that due to the nature of the alleged incidents, collection of physical evidence was not necessary.

Interview with staff indicated a solid awareness of their first responder duties.

Interview with residents who had reported a sexual abuse indicated that the nature of what they had reported did not lend itself to a need for evidence collection.

115.364 (b)-1 - PSI indicated "Yes" on the PAQ. PSI PREA policy 400.14, section XIX.4 states "Upon learning of an allegation that a resident was sexually abused, the first staff member or first responder to respond to the report must:

"4. 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".

115.364 (b)-2 - PSI indicated "Yes" on the PAQ. PSI PREA policy, section VIII.1 states "All PSI employees and contractors, including medical and mental health practitioners are required to report knowledge (written, verbal, anonymous, and third party reports) of any alleged, threatened or actual violations of this policy to their supervisor, any on-duty employee above them in the chain of command, the Administrator or the facility/program director. "

115.364 (b)-3 - PSI indicated on the PAQ that in the last 12 months, there have been 4 allegations made where a non-security staff member was the first responder. Further clarification with the PCM determined that PSI should have reported that there have been 5 allegations made where a non-security staff member was the first responder.

115.364 (b)-4 - PSI indicated on the PAQ that in the last 12 months, of the 4 times an allegation of sexual abuse was made to a non-security staff member who was also the first responder, that staff member requested that the alleged victim not take any actions that could destroy physical evidence zero times.

115.364 (b)-5 PSI reported on the PAQ that there have been 5 times within the last 12 months where allegations that were responded to first by a non-security staff

member who then notified security staff.

All interviews with staff indicated an awareness that allegations of sexual abuse must be reported to administration so that it could be reported for investigation to licensing (DFPS) and or Caldwell County Sheriffs Department.

115.365	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.365 (a)-1 - PSI indicated "Yes" on the PAQ. PSI's PREA policy 400.14, section XX states "PSI maintains a written plan (Policy 400.16) to coordinate the actions taken among staff first responders, medical and mental health practitioners, investigators, and facility leadership in response to an incident of sexual abuse."</p> <p>PSI provided a copy of their Coordinated Response, policy 400.16.</p> <p>Interview with the Superintendent or Designee indicated that the Coordinated Response plan is effective, and that most staff there have the contact numbers of administrative staff, medical and mental health staff, and other required contacts programmed into their phones so that rapid group texts can be sent out in the event of an incident and need for a coordinated response.</p> <p>During the site review I had staff show me where the Coordinated Response Plan was in the housing units. Staff was able to show me in a binder where it was located in a binder in the staff office.</p>

115.366	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.366 (a)-1 - PSI indicated "No" on the PAQ. Interview with the Superintendent or Designee indicated that the state of Texas is a "Right to Work" state.</p> <p>115.366 (b) - Sec. 617.002. COLLECTIVE BARGAINING AND STRIKES applies to public employees, however, as a private employer, PSI does not enter into collective bargaining agreement or other agreement that limit its 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.</p>

115.367	Agency protection against retaliation
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <p data-bbox="280 264 580 300">Auditor Discussion</p> <p data-bbox="280 340 1474 542">115.367 (a)-1 - PSI indicated "Yes" on the PAQ. PSI PREA policy 400.14, section XXI states "Retaliation by a resident or staff member against a resident or staff member who reports sexual abuse or sexual harassment or who cooperates with an investigation is strictly to help prevent retaliation". This statement will need to be corrected.</p> <p data-bbox="280 577 1474 734">115.367 (a)-2 - PSI indicated "Yes" on the PAQ. PSI PREA policy 400.14, section XXI states that PSI "designates certain staff members (dorm therapists and case managers) to monitor the person who reported the allegation and the alleged victim to determine whether retaliation is occurring"</p> <p data-bbox="280 775 1474 1061">Interview with case managers confirmed that they were designated with monitoring for retaliation. Exploring what the monitoring entailed determined that they understood well the need for periodic check-ins, reviewing behavioral logs and disciplinary records. Most indicated that the check-ins they performed would be discreet and residents may not know the exact nature or purpose of the visit, since they already visit with youth fairly often. All were familiar with the form on which retaliation monitoring is documented.</p> <p data-bbox="280 1097 1474 1720">115.367 (b) - Interview with the Superintendent or designee determined that the staff who are responsible for monitoring for retaliation check in with the resident at least once a week, as well as maintain a heightened awareness of the perpetrating youth. Interactions between that youth and others. Interview with the staff members responsible for monitoring for retaliation indicated that the perpetrator in allegations of sexual abuse are almost always transferred to a different housing unit. They also reported that short of a transfer, they can change bed assignments to have either the alleged victim or the alleged perpetrator placed closer to the staff desk, or increase separation between residents. They reported that residents have access to their therapists for emotional support. When questioned about monitoring for retaliation against a resident or staff member, by a staff member, they reported that any detection of retaliation by a staff member would immediately be reported to administration. The staff monitoring for retaliation believed that this would likely result in immediate termination of that staff member, or leave without pay while it was being investigated.</p> <p data-bbox="280 1827 1474 1984">115.367 (c)-1 - PSI indicated "Yes" on the PAQ. PSI PREA policy 400.14, section XXI.4 states that PSI "monitors the reporter and the alleged victim for signs of retaliation including items such as disciplinary reports, housing or program changes, staff reassignments, and negative performance reviews".</p> <p data-bbox="280 2024 1406 2060">Interview with the staff responsible for monitoring for retaliation by monitoring</p>

confirmed that they understood the responsibilities of this role.

115.367 (c)-2 - PSI indicated on the PAQ that they monitor the reporter and the alleged victim for at least 90 days.

PSI PREA policy 400.14, section 21.3 states that monitoring will occur "for at least 90 days (except when the allegation is determined to be unfounded)".

Interviews with the staff responsible for monitoring for retaliation indicated an awareness that monitoring would occur for no less than 90 days.

115.367 (c)-3 - PSI indicated "Yes" on the PAQ. PSI PREA policy 400.14, section XXI.6 states that PSI "acts immediately to remedy any retaliation".

During interviews with the staff responsible for monitoring for retaliation they reported that any retaliation detected would result in immediate steps to correct the retaliatory behavior.

115.367 (c)-4 - PSI indicated "Yes" on the PAQ. PSI PREA policy 400.14, section XXI.5 states that PSI "conducts periodic status checks on the alleged victim; PSI dorm therapists will conduct daily status checks on alleged victims and document the results of those checks on the Close Observation Evaluation Form throughout the extent of the resident's status on Close Observation. PSI dorm case managers will conduct weekly status checks on alleged victims and document those checks through the PSIs' Protection Against Retaliation Monitoring Form (PREA 115.367) for at least 90 days or more if monitoring indicates a continuing need (except when the allegation is determined to be unfounded).

Interview with the staff responsible for monitoring for retaliation indicated an awareness of their responsibility to continue monitoring indefinitely if initial monitoring continued to detect retaliation.

115.367 (c)-5 - PSI reported on the PAQ that in the last 12 months there has been no incidence of retaliation.

Interviews with staff indicated a very strong staff response to problem behavior. PSI's high staff to resident ratio and supervision practices make it difficult for resident on resident retaliation to go undetected. Staff interviews also indicated a strong willingness to report staff for unprofessional behavior that would be harmful to residents, including retaliation against a resident or a staff who reported a PREA incident, or cooperated with a PREA investigation.

115.367 (d) - PSI's PREA policy 400.14, section XXI.5 states that "PSI dorm case managers will conduct weekly status checks on alleged victims and document those checks through the PSIs' Protection Against Retaliation Monitoring Form (PREA 115.367) for at least 90 days or more if monitoring indicates a continuing need (except when the allegation is determined to be unfounded)." PSI provided PSI's Protection Against Retaliation Monitoring Form (PREA 115.367)

Interview with the staff responsible for monitoring for retaliation made it apparent

that they understood that periodic check-ins with the resident victim, or the reporter of the incident, were required activities of the monitoring effort.

115.367 (e) - 7. - PSI's PREA policy 400.14, section XXI.7 states that PSI "takes appropriate measures to protect any other individual who cooperates with the investigation who expresses a fear of retaliation." Interview with the Superintendent or designee indicated that the dorm case manager will check in once a week to monitor for retaliation.

Interview with the staff responsible for monitoring for retaliation stated that if any staff is suspected of retaliating, it would be reported to administration immediately and the staff would either be terminated, placed on leave without pay, or transferred to a different dorm while it was being investigated.

115.367 (f) - PSI policy 400.14, section XXI.5 states "PSI dorm case managers will conduct weekly status checks on alleged victims and document those checks through the PSIs' Protection Against Retaliation Monitoring Form (PREA 115.367) for at least 90 days or more if monitoring indicates a continuing need (except when the allegation is determined to be unfounded).

115.368	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.368 (a)-1 - PSI indicated "No" on the PAQ. PSI PREA policy 400.14, section VI.4 states that "PSI does not place residents in isolation in any circumstances including self-harming behaviors."</p> <p>115.368 (a)-2 - PSI indicated "No" on the PAQ. PSI PREA policy 400.14, section VI.4 states that "PSI does not place residents in isolation in any circumstances including self-harming behaviors."</p> <p>115.368 (a)-3 - PSI reported that within the last 12 months no residents who allege to have suffered sexual abuse were placed in isolation.</p> <p>115.368 (a)-4 - PSI reported that within the last 12 months no residents who alleged to have suffered sexual abuse were placed in isolation or denied daily access to large muscle exercise, and/or legally required education or special education services.</p> <p>115.368 (a)-5 - PSI reported on the PAQ that no isolation of a resident is possible at PSI, so there is no average period of time residents who allege to have suffered sexual abuse who were held in isolation to protect them from sexual victimization in the past 12 months</p> <p>115.368 (a)-6 - PSI had zero residents placed in isolation in the last 12 months, so no case files for residents of sexual victimization who were held in isolation were reviewed.</p> <p>115.368 (a)-7 - PSI reported that no use of isolation occurs at PSI.</p> <p>Observations while on-site, and staff and resident interviews confirmed that use of isolation for any reason does not occur at PSI.</p>

115.371	Criminal and administrative agency investigations
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <p data-bbox="280 264 580 300">Auditor Discussion</p> <p data-bbox="280 340 1453 459">PSI indicated "Yes" on the PAQ. PSI policy 100.01, section 1, stated that By Texas law, it is the responsibility of ALL PSI employees to report suspected child abuse or neglect to the Texas Department of Family Protective Services or law enforcement.</p> <p data-bbox="280 499 1469 618">PSI reported that CPS conducts the investigations. While on-site, I confirmed with multiple staff that interviews into sexual abuse or sexual harassment are conducted by external, either CPS or law enforcement investigators.</p> <p data-bbox="280 658 1477 896">115.371 (b) - PSI has 2 internal investigators who have completed Specialized PREA investigations training through the National Institute of Corrections. PSI reports that on a case by case basis these staff may be used only to conduct preliminary inquiry, but not a full, comprehensive investigation. PSI reported that investigators from the Department of Family Protective Services (DFPS) either investigate it, or DFPS will ask Caldwell County Sheriffs Department to investigate.</p> <p data-bbox="280 936 1477 1133">115.371 (c) - In the case of a criminal allegation of sexual abuse, PSI reported that if the allegation is egregious they Caldwell County Sheriffs Department to investigate it, otherwise PSI will contact DFPS to investigate it. PSI reported that DFPS investigators conduct the majority of the investigations, but may still choose to contact the Caldwell County Sheriffs Department to request the investigation.</p> <p data-bbox="280 1173 1430 1292">115.371 (d)-1 - PSI reported that all allegations are sent to CPS at a minimum for outside investigations. Because PSI does not conduct investigations, the requirements of this standard are a responsibility of the investigative entity.</p> <p data-bbox="280 1332 1477 1529">115.371 (e) - 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.</p> <p data-bbox="280 1570 1477 1767">115.371 (f) - 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.</p> <p data-bbox="280 1807 1477 2004">115.371 (g) - 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.</p> <p data-bbox="280 2045 1449 2080">115.371 (h) - PSI does not conduct any administrative or criminal investigations of</p>

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. PSI provided copies of the documentation they receive from licensing investigations. PSI will need to provide documentation of the investigation (police reports) pertaining to two (2) incidents that were criminally investigated within the last 12 months.

115.371 (i)-1 - PSI indicated "Yes" on the PAQ. Interview with the Superintendent or designee determined that actual referral for prosecution is the responsibility of the Caldwell County Sheriff's Office.

115.371 (i)-2 - PSI reported that there have been 2 substantiated allegations of conduct that appeared to be criminal that were referred for prosecution since the last PREA audit.

CORRECTIVE ACTION IN THIS AREA

115.371 (j)-1 - PSI indicated "Yes" on the PAQ. PSI policy 100.22, section III.b states that "PSI maintains employee records under all appropriate safety measure, for seven years after employee departure".

This policy statement only addresses retention of records involving an employee, not records involving resident on resident sexual abuse or sexual harassment. If the abuse was committed by a resident and there are applicable laws requiring a shorter period of retention, please advise.

UPDATE

PSI has provided an updated policy 400.14-PREA. This policy makes clear that PSI will maintain records involving resident on resident sexual abuse or sexual harassment for at least 10 years.

115.371 (k) - 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 (l) - Auditor is not required to audit this provision.

115.371 (m) - Interview with the Superintendent or designee, PREA Coordinator and PREA compliance Manager determined that PSI would cooperate fully with licensing and/or law enforcement in the event of an investigation. Interview indicated that the PREA Coordinator stays in contact with licensing or law enforcement to remain informed about the progress of the investigation.

Asked for the 2 police reports...this will help determine if PSI is endeavoring to remain informed.

115.372	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>PSI PREA policy 400.14, section XXIII states "In administrative investigations into allegations of sexual abuse or sexual harassment, the investigator's findings must be based on a preponderance of the evidence."</p> <p>PSI reported on the PAQ that all allegations of sexual abuse or sexual harassment are called into the PREA Hotline or law enforcement.</p> <p>Interview with the PREA Compliance Manager determined that based on the investigative results, PSI is informed by the investigative entity if the abuse or harassment occurred.</p>

115.373	Reporting to residents
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <p data-bbox="280 264 579 300">Auditor Discussion</p> <p data-bbox="280 340 1469 501">115.373 (a)-1 - PSI indicated "Yes" on the PAQ. PREA policy 400.14, section XII.1 states "Following an investigation into a youth's allegation of sexual abuse suffered in an agency facility, the agency shall inform the youth as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded."</p> <p data-bbox="280 542 1481 734">115.373 (a)-2 - PSI reported on the PAQ that there have been 5 criminal and/or administrative investigations of alleged resident sexual abuse that were completed by the in the past 12 months. PSI reported that they were all completed by DFPS. PSI provided documentation of 3 resident notifications. Please provide the remaining 2.</p> <p data-bbox="280 775 1458 1016">115.373 (a)-3 - PSI reported that there were 10 resident notifications made of the investigative findings. When asked about why there were more resident notifications made than there were actual criminal and/or administrative investigations, PSI's PREA Compliance manager reported that this was because PSI makes notifications to the resident victim and perpetrator. I clarified for the PREA Compliance Manager that the standards only require the alleged victim be notified.</p> <p data-bbox="280 1128 1465 1370">115.373 (b)-1 - PSI indicated "Yes" on the PAQ. PSI PREA policy 400.14, section VII.5 states that "PSI's management will request information from the investigating agency, following an investigation, so that the resident may be informed whether the allegation is substantiated, unsubstantiated, or unfounded. Please provide evidence that PSI requested the investigative reports from Caldwell County Sheriffs Department related to the 2 substantiated incidents involving the female staff.</p> <p data-bbox="280 1411 1449 1523">115.373 (b)-2 - PSI reported on the PAQ that there were 5 investigations of alleged resident sexual abuse that were completed by an outside agency in the past 12 months.</p> <p data-bbox="280 1563 1453 1805">115.373 (b)-3 - PSI reported on the PAQ that there were 10 resident notifications made to residents alleging sexual abuse who were notified verbally or in writing of the results of the investigation. Seeking clarification with the PREA Compliance Manager on this number, it was determined that twice toe required notifications were made because PSI was also notifying the alleged perpetrator. The requirements of the standard were clarified.</p> <p data-bbox="280 1917 1449 2078">115.373 (c)-1 - PSI indicated "Yes" on the PAQ and reports that there was one incident of staff on resident sexual abuse, however, 2 resident notifications were provided. Seeking clarification. PSI PREA policy 400.14, section VII.2 states the requirements of this standard. The</p>

example(s) provided also contain the requirements of this standard.

115.373 (c)-2 - PSI stated that there have been no substantiated or unsubstantiated complaint (i.e., not unfounded) of sexual abuse committed by a staff member against a resident in an agency facility in the past 12 months, however, PSI also provided documentation of the investigation completed by licensing in which it states that by a preponderance of the evidence inappropriate contact between the staff and the resident occurred. The 2 resident notifications of substantiated findings of sexual abuse by a staff member also indicate that there has been a substantiated complaint in the last 12 months. Please clarify.

115.373 (c)-3 - PSI indicated "Yes" on the PAQ. Documentation provided indicates that policy was followed and notifications pursuant to the requirements of this standard were made.

115.373 (d)-1 - PSI indicated "Yes" on the PAQ. PSI provided documentation that residents were notified as per this standard.

When the residents who were identified as having previously reported abuse were interviewed it became apparent that one of them had reported something that did not meet the definition of sexual abuse. The other resident did not recollect having been told if the resident he participated in inappropriate contact with was indicted or convicted.

115.373 (e)-1 - PSI indicated "Yes" on the PAQ. PSI PREA policy 400.14, section VII.4, states "All such notifications or attempted notifications shall be documented."

115.373 (e)-2 - PSI reported on the PAQ that in the past 12 months, there have been 13 notifications made to residents pursuant to this standard:

115.373 (e)-3 - PSI reported on the PAQ that all 13 notifications were documented. Please provide evidence that all 13 notifications were documented. Or, just the notifications to the resident victims, not abusers.

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

115.376	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.376 (a)-1 - PSI indicated "Yes" on the PAQ. PSI policy 400.14, section 1.a states "Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies."</p> <p>Interviews with staff, and by way of an example within the last 12 months, indicated that PSI has zero tolerance for out of boundary behaviors from staff.</p> <p>115.376 (b)-1 - PSI indicated that there has been zero staff from the facility who have violated agency sexual abuse or sexual harassment policies in the past 12 months.</p> <p>115.376 (b)-2 - PSI indicated that there has been zero staff from the facility who have violated agency sexual abuse or sexual harassment policies in the past 12 months.</p> <p>115.376 (c)-1 - PSI indicated "Yes" on the PAQ. PSI PREA policy 400.14, section XI.1.c states "Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories."</p> <p>115.376 (c)-2 - PSI indicated on the PAQ that there have been no staff who have been disciplined, short of termination, for violation of PSI sexual abuse or sexual harassment policies (other than actually engaging in sexual abuse).</p> <p>Interview with HR indicated that there were no examples of current staff who have been disciplined for violation of agency sexual abuse or sexual harassment policies. Interview with the PREA Coordinator indicated that with their high staffing ratio, staff receive intense training and shadowing on expectations and boundaries with residents, which helps to prevent policy violations.</p> <p>115.376 (d)-1 - PSI indicated "Yes" on the PAQ. PSI PREA policy 400.14, section XI.1.d states "All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies (unless the activity was clearly not criminal) and to any relevant licensing bodies".</p> <p>115.376 (d)-2 - PSI indicated on the PAQ that there have been no staff who were reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating PSI's sexual abuse or sexual harassment policies.</p> <p>PSI provided documentation of an investigation conducted by licensing which indicates that a staff member was reported to licensing following her termination.</p>

115.377	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.377 (a)-1 - PSI indicated "Yes" on the PAQ. PSI PREA policy 400.14, section XI.2.a states "Any contractor who engages in sexual abuse shall be prohibited from contact with residents and shall be reported to law enforcement agencies (unless the activity was clearly not criminal) and to relevant licensing bodies.</p> <p>115.377 (a)-2 - PSI indicated "Yes" on the PAQ. PSI PREA policy 400.14, section XI.2.b states "The facility shall take appropriate remedial measures and shall prohibit further contact with residents."</p> <p>115.377 (a)-3 - PSI indicated "No" on the PAQ.</p> <p>115.377 (a)-4 - PSI indicated on the PAQ that there have been no contractors or volunteers reported to law enforcement for engaging in sexual abuse of residents in the past 12 months.</p> <p>During interviews with the PREA Coordinator and the PREA Compliance Manager they also confirmed that there have been no instances of a volunteer, intern or contractor engaging in sexual abuse with residents.</p> <p>115.377 (b)-1 - PSI indicated "Yes" on the PAQ. PSI PREA policy 400.14, section XI.2.b states that in regards to corrective action for contractors, "The facility shall take appropriate remedial measures and shall prohibit further contact with residents.</p> <p>Interview with the Superintendent or designee indicated that the contractor or volunteer would be removed from the property and PSI would discontinue their services.</p>

115.378	Interventions and disciplinary sanctions for residents
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>CORRECTIVE ACTION AACTION IN THIS AREA</p> <p>115.378 (a)-1 - PSI indicated "Yes" on the PAQ. PSI PREA policy 400.14, section XI.3.(a) - only contains the requirement of a criminal finding of resident on resident sexual abuse prior to discipline, and not an administrative finding. Since many of the investigations into allegations of resident on resident sexual abuse at PSI are conducted by licensing and not the Caldwell County Sheriff's Department, including the requirement of an administrative finding that the resident engaged in resident-on-resident sexual abuse prior to disciplining the alleged abuser is required for compliance with this standard.</p> <p>UPDATE</p> <p>PSI has provided an updated policy 400.14-PREA. This policy now makes clear that prior to providing formal discipline to a resident for sexual abuse, there must be a criminal finding of guilt, or an administrative finding of resident on resident sexual abuse. This policy now includes the required guidance of the standard, and PSI is now in compliance.</p> <p>115.378 (a)-2 - PSI indicated "Yes" on the PAQ. PSI PREA policy 400.14, section XI.3.a states "A youth may be subject to disciplinary sanctions pursuant to the agency's formal disciplinary procedures or following a criminal finding."</p> <p>115.378 (a)-3 - PSI reported that in the past 12 months there has been 1 administrative findings of resident-on-resident sexual abuse that has occurred at the facility.</p> <p>115.378 (a)-4 - PSI reported that in the past 12 months there have been no criminal findings of resident-on-resident sexual abuse that has occurred at the facility.</p> <p>115.378 (b)-1 - PSI indicated "No" on the PAQ. PSI reports that is does not use isolation for an y reason. PSI PREA policy 400.14, section VI.4 states "PSI does not place residents in isolation in any circumstances including self-harming behaviors."</p> <p>115.378 (b)-2 - PSI indicated "No" on the PAQ. PSI reports that is does not use isolation for an y reason. PSI PREA policy 400.14, section VI.4 states "PSI does not place residents in isolation in any circumstances including self-harming behaviors."</p> <p>115.378 (b)-3 - PSI indicated "No" on the PAQ. PSI reports that is does not use isolation for an y reason. PSI PREA policy 400.14, section VI.4 states "PSI does not place residents in isolation in any circumstances including self-harming behaviors."</p> <p>115.378 (b)-4 - PSI reported on the PAQ that in the past 12 months there have been no residents placed in isolation as a disciplinary sanction for resident-on-resident</p>

sexual abuse.

115.378 (b)-5 - PSI reported on the PAQ that in the past 12 months there have been no residents placed in isolation as a disciplinary sanction for resident-on-resident sexual abuse who were denied daily access to large muscle exercise, and/or legally required educational programming, or special education services.

115.378 (b)-6 - PSI reported on the PAQ that in the past 12 months there have been no residents placed in isolation as a disciplinary sanction for resident-on-resident sexual abuse who were denied access to other programs and work opportunities.

Interview with the Superintendent or designee confirmed that isolation of a resident is not used as a means of protection or sanction. He reported that a resident perpetrator of sexual abuse or sexual harassment would be moved to a different housing unit for the safety of the alleged victim, but that no resident would be isolated.

Observation during the site review conformed that there appears to be no designated area for supervision, and during resident interviews isolation was never reported as an occurrence or behavioral management strategy they had ever seen used.

115.378 (c) - PSI PREA policy 400.14.section XI.3.c states "The disciplinary process shall consider whether a youth's mental condition or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.

Interview with the Superintendent or designee indicated that residents receive highly individualized sanctions which include a "therapy only" status, which limits a residents activities to focusing more intensely on the underlying reasons for the abuse they've committed, as well as limits to the off campus activities the resident can participate in.

115.378 (d)-1 - PSI indicated "Yes" on the PAQ. PSI provided their Mission Statement, which states "Our mission at Pegasus is to break the vicious cycle of child abuse by providing intervention through a comprehensive therapeutic milieu for abused, neglected, emotionally disturbed and adjudicated boys between the ages of ten and seventeen."

115.378 (d)-2 - PSI indicated "No" on the PAQ. PSI reported on the PAQ that residents are there for treatment, and treatment is available regardless of behaviors.

115.378 (d)-3 - PSI indicated "No" on the PAQ, however, I believe that is because of the confusing way in which the question is presented on the PAQ. Based on observation of PSI residents and interview with PSI Medical and Mental Health staff, it is apparent that access to general programming or education is not conditional based on a residents participation in therapy, counseling, or other interventions. Residents who may refuse to participate in therapy, counseling, or the treatment PSI

provides, may be pulled out of PSI by the placing entity, but PSI will continue to offer residents access to all aspects of programming that can safely be accessed.

115.378 (e)-1 - PSI indicated "Yes" on the PAQ. PSI PREA policy 400.14, section XI.3.f states "The facility may only discipline a youth for sexual contact with staff upon a finding that the staff member did not consent to such contact."

115.378 (f)-1 - PSI indicated "Yes" on the PAQ. PSI PREA policy 400.14, section XI.3.g states "For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation."

Residents are strongly warned not to make a false PREA allegation, and receive frequent PREA refresher training to educate them on what constitutes sexual abuse and sexual harassment for reporting purposes.

115.378 (g)-1 - PSI indicated "Yes" on the PAQ. PSI PREA policy 400.14, section XI.3.h states "Sexual activity between residents is prohibited, however for such activity to constitute sexual abuse it must be coerced."

115.378 (g)-2 - PSI indicated "Yes" on the PAQ. PSI PREA policy 400.14, section XI.3.h states "Sexual activity between residents is prohibited, however for such activity to constitute sexual abuse it must be coerced."

115.381	Medical and mental health screenings; history of sexual abuse
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <p data-bbox="280 264 579 300">Auditor Discussion</p> <p data-bbox="280 340 1458 501">115.381 (a)-1 - PSI indicated "Yes" on the PAQ. PSI PREA policy 400.14, section VI.6 states "Regardless of the results of the screening of this section, PSI offers all residents an appointment with a medical and mental health practitioner within 14 days after the intake screening.</p> <p data-bbox="280 542 1430 613">115.381 (a)-2 - PSI provided sample documentation of the meeting residents had with their mental health practitioner within 14 days of admission.</p> <p data-bbox="280 654 1461 815">115.381 (a)-3 - PSI reported on the PAQ that 100% of residents are offered a follow-up meeting with a medical or mental health practitioner, regardless of whether or not they reported prior sexual victimization during the screening because of the treatment focus at PSI.</p> <p data-bbox="280 855 1430 927">115.381 (a)-4 - PSI provided sample documentation of the meeting residents had with their mental health practitioner within 14 days of admission.</p> <p data-bbox="280 967 1430 1164">Interview with the staff responsible for screening reported that immediately following the screening they take the screening instrument to the therapist for review and approval. At that time the therapist is able to determine not only long term treatment planning needs, but also identify residents who have had prior sexual victimization and ensure that a follow up meeting occurs.</p> <p data-bbox="280 1205 1461 1402">Interview with the medical and mental health staff indicated that mental health follow-up services begin almost immediately upon a residents arrival. Routine treatment services led by a mental health professional are scheduled weekly for all residents. Therapists maintain documentation of individual, family and group counseling services, and document the focus of those services.</p> <p data-bbox="280 1442 1458 1603">115.381 (b)-1 - PSI indicated "Yes" on the PAQ. PSI PREA policy 400.14, section VI.6 states "Regardless of the results of the screening of this section, PSI offers all residents an appointment with a medical and mental health practitioner within 14 days after the intake screening.</p> <p data-bbox="280 1644 1461 1760">115.381 (b)-2 - PSI indicated "Yes" on the PAQ. PSI provided sample documentation of the meeting residents had with their mental health practitioner within 14 days of admission.</p> <p data-bbox="280 1800 1461 1962">115.381 (b)-3 - PSI reported on the PAQ that 100% of residents are offered a follow-up meeting with a medical or mental health practitioner, regardless of whether or not they reported prior sexual victimization during the screening because of the treatment focus at PSI.</p> <p data-bbox="280 2002 1430 2074">115.381 (b)-4 - PSI provided sample documentation of the meeting residents had with their mental health practitioner within 14 days of admission.</p>

Interview with the staff responsible for screening reported that immediately following the screening they take the screening instrument to the therapist for review and approval. At that time the therapist is able to determine a residents specific treatment planning needs.

Interview with the medical and mental health staff indicated that mental health follow-up services begin almost immediately upon a residents arrival. Routine treatment services led by a mental health professional are scheduled weekly for all residents. Therapists maintain documentation of individual, family and group counseling services, and document the focus of those services.

115.381 (c)-1 - PSI indicated "No" on the PAQ.

115.381 (c)-2 - PSI indicated "Yes" on the PAQ. PSI PREA policy 400.14, section VI.7 states "Any information obtained related to sexual victimization or abusiveness that occurred in an institutional setting must be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by law."

Interviews with the PREA Coordinator and case managers indicated that PREA related information is limited to those staff with a need to know, for security and management strategies. All staff may have a general awareness that something occurred so that they can help be a part of the solution by successfully implementing prevention strategies, but specific details of an alleged incident will be limited.

Informal discussion with the staff responsible for maintaining the security and organization of the resident files indicated that they are always kept locked in the administration building, and that direct care staff do not access them.

115.381 (d)-1 - PSI indicated "Yes" on the PAQ. PSI PREA policy 400.14, section VI.8 states "Medical and mental health practitioners must obtain informed consent from resident a before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18. Medical and mental health practitioners shall inform residents of their duty to report allegations of sexual assault and their limitations of confidentiality."

All residents placed at PSI are under the age of 18, so all staff must follow mandatory reporting laws.

The medical and mental health staff interviewed reported that they describe the limits of their confidentiality to the resident at the initiation of services.

Resident interview indicated ambiguity in this area and it is recommended that they be reminded of the limits of their confidentiality.

115.382	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.382 (a)-1 and 115.382 (a)-2- PSI indicated "Yes" on the PAQ. PSI PREA policy 400.14, section XXIV states "PSI ensures that 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."</p> <p>115.382 (a)-3 - PSI indicated "Yes" on the PAQ. PSI provided a copy of the Trauma Screening Questionnaire, which is used????</p> <p>Interview with medical staff indicated that all medical services are documented and maintained securely in the clinic.</p> <p>Interview with residents who were identified as having reported a sexual abuse determined that the nature of the incidents they were involved in did not make the provision of medical services necessary.</p> <p>115.382 (b) - PSI PREA policy 400.14., section XXIV states "If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, staff first responders must take preliminary steps to protect the victim and must immediately notify the appropriate medical and mental health practitioners." Interview with medical and mental health staff determined that there is an "on-call" system in place, and a medical or mental health staff would promptly respond to the PSI campus in the event that they were called.</p> <p>Interview with the Superintendent or designee indicated the frequent use of "bulk communication", which he defined as group texts to get ahold of key personnel when needed, and that this would include medical and mental health staff.</p> <p>PSI's Coordinated Response Plan also outlines the role of the on-call medical staff.</p> <p>115.382 (c)-1 - PSI indicated "Yes" on the PAQ. PSI PREA policy 400.14, section states that "PSI ensures that resident victims of sexual abuse while incarcerated are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate."</p> <p>Interview with medical staff indicated that a resident would be offered STI prophylaxis in accordance with professionally accepted standards of care. He reported that if emergency services were needed, a resident would be transported to Christa Rosa hospital in San Marcos, roughly 20 minutes from PSI.</p> <p>115.382 (d) - PSI indicated "Yes" on the PAQ. PSI PREA policy 400.14, section XXIV states "PSI provides treatment services to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising</p>

	from the incident."
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115.383	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.383 (a)-1 - PSI indicated "Yes" on the PAQ. PSI PREA policy 400.14, section 1 states that "PSI offers medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse."</p> <p>PSI indicates that as appropriate the evaluation and treatment of such victims includes follow-up services, treatment plans, and referrals for continued care following their transfer to other facilities or their release from custody.</p> <p>Because treatment for sexual victimization and sexual perpetration is the focus of PSI's core programming, all residents placed there receive the requirements of this standard.</p> <p>115.383 (b)- PSI PREA policy 400.14, section XXV.1 states that "PSI offers medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse."</p> <p>PSI indicates that, as appropriate, the evaluation and treatment of such victims includes follow-up services, treatment plans, and referrals for continued care following their transfer to other facilities or their release from custody.</p> <p>115.383 (c) - 3. PSI PREA policy 400.14, section XXV.3 states that "PSI provides such victims with medical and mental health services consistent with the community level of care."</p> <p>Interview with medical and mental health staff indicated their belief that the quality of medical and mental health services surpassed the level of medical and mental health services a resident would receive in the community.</p> <p>115.383 (d)-1 - PSI only serves biological males</p> <p>115.383 (e)-1 - PSI only serves biological males.</p> <p>115.383 (f)-1 - PSI indicated "Yes" on the PAQ. PSI PREA policy 400.14, section XXV.4 states that "PSI ensures that tests for sexually transmitted infections are offered, as medically appropriate, to resident victims of sexual abuse while incarcerated."</p> <p>Interview with medical staff indicated that STI testing would be offered in accordance with this policy statement.</p> <p>115.383 (g)-1 - PSI indicated "Yes" on the PAQ. PSI PREA policy 400.14, section XXV.5 states that "PSI provides treatment services to a victim of sexual abuse while incarcerated without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising from the incident."</p>

115.383 (h)-1 - PSI indicated "Yes" on the PAQ. PSI PREA policy 400.14, section XXV.6 states "PSI attempts to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days after learning of such abuse history and offers treatment when deemed appropriate by mental health practitioners, as directed in Policy 300.01."

Interview with mental health staff indicated that all residents placed at PSI are known abusers, and are placed at PSI specifically for treatment. The therapists interviewed reported that they conduct a mental health evaluation early in a residents treatment as a part of designing that residents treatment plan.

115.383 (h)-1 - PSI indicated "Yes" on the PAQ. PSI PREA policy 400.14, section XXV.6 states "PSI attempts to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days after learning of such abuse history and offers treatment when deemed appropriate by mental health practitioners, as directed in Policy 300.01."

Interview with mental health staff indicated that all residents placed at PSI are known abusers, and are placed at PSI specifically for treatment. The therapists interviewed reported that they conduct a mental health evaluation early in a residents treatment as a part of designing that residents treatment plan.

115.386	Sexual abuse incident reviews
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 580 300">Auditor Discussion</p> <p data-bbox="280 340 1477 501">115.386 (a)-1 - PSI indicated "Yes" on the PAQ. PSI Coordinated Response Plan, section E.2 states "The PREA compliance manager and coordinator serve as co-chairs of the SIRB. They must convene the SIRB within 30 days after a substantiated or unsubstantiated finding."</p> <p data-bbox="280 542 1433 824">PSI PREA policy 400.14, section IX states "Within 30 days of the conclusion of the investigation the facility shall conduct a sexual abuse incident review for all allegations (substantiated and unsubstantiated), unless the allegation has been determined to be unfounded. Reviews shall be conducted by a team of administrative staff, and shall include input from direct care staff, investigators, administrators, placement directors, the dorm therapist and the dorm case manager".</p> <p data-bbox="280 864 1477 976">115.386 (a)-2 - PSI reported on the PAQ that there have been 5 criminal and/or administrative investigations of alleged sexual abuse completed at the facility in the last 12 months.</p> <p data-bbox="280 1016 1439 1128">115.386 (b)-1 - PSI indicated "Yes" on the PAQ. PSI provided documentation of the investigation by licensing concluding just days before PSI completed an incident review based on the investigative findings.</p> <p data-bbox="280 1169 1455 1281">115.386 (b)-2 - PSI reported on the PAQ that there have been 5 criminal and/or administrative investigations of alleged sexual abuse completed at the facility that were followed by a sexual abuse incident review within 30 days.</p> <p data-bbox="280 1321 1430 1482">115.386 (c)-1 - PSI indicated "Yes" on the PAQ. PSI PREA policy 400.14, section IX states "Reviews shall be conducted by a team of administrative staff, and shall include input from direct care staff, investigators, administrators, placement directors, the dorm therapist and the dorm case manager. "</p> <p data-bbox="280 1523 1461 1594">PSI Coordinated Response Plan policy 400.16, section II.E states E. "Sexual Incident Review Board Members</p> <ol data-bbox="280 1612 1356 1935" style="list-style-type: none"> 1. The Sexual Incident Review Board (SIRB) must include, at a minimum: <ol style="list-style-type: none"> a. The staff member who was the first responder; b. Medical and mental health professionals at the facility who were involved when the incident was reported; c. The Pegasus investigators assigned to the case; d. The PREA compliance manager; and e. Facility leadership, including the administrator, assistant administrator, a dorm supervisor, and another direct-care staff member. <p data-bbox="280 1975 1449 2047">Interview with the Superintendent or Designee confirmed that the Incident Review team includes the staff roles identified in policy and this standard.</p>

A review of the Incident Review documents PSI provided demonstrates that in attendance at the reviews were staff in the roles identified in policy and this standard.

115.386 (d)-1 - PSI indicated "Yes" on the PAQ. PSI PREA policy 400.14, section IX.1-6, states "The review team shall:

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

The Incident Review documents reviewed contain the requirements of this standard.

Interview with the Superintendent or designee indicated that the information considered during the review of the incident help highlight areas where a better job could be done to prevent future incidents from occurring.

Interview with the PREA Compliance Manager indicated that it would be his role to convene the incident review board, and most likely his role to complete the report. He is new to the position.

Interview with staff on the incident review team indicated that they were aware of items (d)(1)-(d)(5) being reviewed for consideration of contributing factors and improvement planning.

115.386 (e)-1 - PSI indicated "Yes" on the PAQ. PSI PREA policy 400.14, section IX states "The facility shall implement the recommendations for improvement or shall document its reasons for not doing so".

Examples of recommendations for improvement noted on the incident reviews include the addition of cameras, advising staff of the need for closer supervision practices, safety plan creation, and resident housing changes.

115.387	Data collection
	<p data-bbox="280 188 1007 221">Auditor Overall Determination: Meets Standard</p> <p data-bbox="280 264 580 297">Auditor Discussion</p> <p data-bbox="280 340 1469 539">115.387 (a)-1 - PSI indicated "Yes" on the PAQ,. PSI PREA policy 400.14, section XIII states "The PSI PREA Statistical Spreadsheet is the central repository for all information regarding allegations of sexual abuse, sexual assault and retaliation involving youth/youth, staff/youth and youth/staff at its facility. Data will be entered into PSI PREA Statistical</p> <p data-bbox="280 591 1481 707">Spreadsheet using standardized data fields and standardized definitions. Data will be securely retained for 10 years after the date of collection and be readily available to the public at least annually.</p> <p data-bbox="280 745 1458 1030">This database of all reported allegations, threats or actual violations of this policy will be maintained by PSI for reporting compliance with the provisions of the Prison Rape Elimination Act of 2003. Data collected will include the number of alleged sexual abuse incidents (substantiated and unsubstantiated), the number of sexual harassment incidents (substantiated and unsubstantiated) and the number of retaliation incidents (substantiated and unsubstantiated).</p> <p data-bbox="280 1068 1474 1187">Data collected will be used for PSI's annual review to assess and improve any needs for corrective action that includes 1) identifying problem areas; and 2) taking corrective action on an ongoing basis."</p> <p data-bbox="280 1225 1437 1301">115.387 (b)-1 - PSI indicated "Yes" on the PAQ. PSI reports that the Annual Facility PREA Report is where the aggregated data is updated annually.</p> <p data-bbox="280 1339 1442 1415">A review of PSI's public website, PREA page, Annual Facility Report shows that the data is aggregated there annually.</p> <p data-bbox="280 1453 1474 1612">115.387 (c)-1 - PSI indicated "Yes" on the PAQ. PSI provided their PREA Statistical Spreadsheet, which includes the information necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice.</p> <p data-bbox="280 1650 1449 1809">115.387 (d)-1 - PSI indicated "Yes" on the PAQ. PSI PREA policy 400.14, section XIII states "The PSI PREA Statistical Spreadsheet is the central repository for all information regarding allegations of sexual abuse, sexual assault and retaliation involving youth/youth, staff/youth and youth/staff at its facility."</p> <p data-bbox="280 1848 1474 1964">Based on a review of random resident files while on-site, it is apparent that PSI maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.</p> <p data-bbox="280 2002 1318 2036">115.387 (e)-1 - PSI does not contract for the confinement of its residents.</p> <p data-bbox="280 2074 1409 2107">PSI indicated "Yes" on the PAQ. PSI provided documentation that it provided the</p>

	Department of Justice (DOJ) with data from the previous calendar year.
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115.388	Data review for corrective action
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <p data-bbox="280 264 580 300">Auditor Discussion</p> <p data-bbox="280 340 1449 501">115.388 (a)-1 - PSI indicated "Yes" on the PAQ. PSI PREA policy 400.14, section XIII states "Data collected will be used for PSI's annual review to assess and improve any needs for corrective action that includes 1) identifying problem areas; and 2) taking corrective action on an ongoing basis."</p> <p data-bbox="280 542 1469 739">PSI provided multiple documents indicating the ongoing basis upon which the facility takes corrective action to prevent sexual abuse and sexual harassment. This includes Incident Reviews, The 2022 Staffing Plan, Corrective Action based on investigation documents received, and the PSI Building Diagram-Camera Location document.</p> <p data-bbox="280 779 1465 896">Interview with the PREA Coordinator and the PREA Compliance Manager indicated that although data is reviewed annually, the facility responds swiftly to address any possible PREA related safety concern as soon as there is an awareness of an issue.</p> <p data-bbox="280 936 1453 1093">115.388 (b)-1 - PSI indicated "Yes" on the PAQ. PSI PREA policy 400.14, section XIII states that "Data collected will be used for PSI's annual review to assess and improve any needs for corrective action that includes 1) identifying problem areas; and 2) taking corrective action on an ongoing basis.</p> <p data-bbox="280 1133 1385 1205">A review of this report demonstrates that it makes a comparison between the current year's data and corrective actions with those from prior years.</p> <p data-bbox="280 1245 778 1281">CORRECTIVE ACTION IN THIS AREA</p> <p data-bbox="280 1290 1477 1361">115.388 (b)-2 - PSI indicated "Yes" on the PAQ. The Annual Facility PREA Report does not provide an assessment of PSI's progress in addressing sexual abuse.</p> <p data-bbox="280 1402 395 1438">UPDATE</p> <p data-bbox="280 1469 1458 1630">PSI has provided an updated Annual PREA Report. This report includes the required assessment of progress PSI is making in addressing sexual abuse. This auditor confirmed that the report is available on PSI's public website. PSI is now in compliance with this standard.</p> <p data-bbox="280 1671 1469 1832">115.388 (c)-1 - PSI indicated "Yes" on the PAQ. PSI provided the link to the report on their public website. https://www.pegasusschool.net/wp-content/uploads/2022/07/Annual-PREA-Report-for-2021.pdf</p> <p data-bbox="280 1908 938 1944">115.388 (c)-3 - PSI indicated "Yes" on the PAQ.</p> <p data-bbox="280 1984 1469 2056">Interview with the Superintendent or designee indicated that the report is approved by the agency head or designee before it is posted to their public website.</p>

115.388 (d)-1 - PSI indicated "Yes" on the PAQ. PSI's PREA Compliance Manager reported that no redactions are necessary because the report is not built including any information that would pose a specific threat to the safety and security of the facility.

115.388 (d)-2 - PSI reported that it is not necessary to redact any information from the annual facility PREA report.

115.389	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.389 (a)-1 - PSI indicated "Yes" on the PAQ. PSI PREA policy 400.14 states that "Data will be securely retained for 10 years after the date of collection and be readily available to the public at least annually."</p> <p>Interview with the PREA Coordinator indicated that incident-based and aggregate data are kept in a locked cabinet in the locked office of the PREA Compliance Managers, in the locked Administration building.</p> <p>115.389 (b)-1 PSI indicated "Yes" on the PAQ. PSI PREA policy 400.14, section XIII states "The PSI PREA Statistical Spreadsheet is the central repository for all information regarding allegations of sexual abuse, sexual assault and retaliation involving youth/youth, staff/youth and youth/staff at its facility. Data will be entered into PSI PREA Statistical Spreadsheet using standardized data fields and standardized definitions. Data will be securely retained for 10 years after the date of collection and be readily available to the public at least annually.</p> <p>The Annual Facility PREA Report, available on PSI's public website contains, aggregated sexual abuse data.</p> <p>115.389 (c)-1 - PSI indicated "Yes" on the PAQ. Interview with the Superintendent or Designee and PREA Coordinator indicated that it is unnecessary to remove any personally identifying information because the aggregate sexual abuse data does not include that information.</p> <p>115.389 (d)-1 - PSI indicated "Yes" on the PAQ. PSI PREA policy 400.14, section XIII states that "Data will be securely retained for 10 years after the date of collection and be readily available to the public at least annually."</p>

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.401 (a) - Pegasus Schools, Inc. received its initial PREA compliance letter and certification on September 1, 2016 and received re-certification in 2019. PSI only operates one facility, which has received PREA compliance audits every 3 years since 2016.</p> <p>115.401 (b) - Pegasus Schools, Inc. received its initial PREA compliance letter and certification on September 1, 2016 and received re-certification in 2019. PSI only operates one facility, which has received PREA compliance audits every 3 years since 2016.</p> <p>115.401 (h) - I was provided unfettered access to, and the ability to observe, all areas of the facility.</p> <p>115.401 (i) - I was provided copies of all documentation I requested.</p> <p>115.401 (m) - I was provided private rooms to conduct all staff and resident interviews.</p> <p>115.401 (n) - During the site review the notice of the audit was observed in a prominent location on all housing units. When asked about the written correspondence process I was informed that outgoing mail is typically inspected by staff, however, residents were informed that if an envelope were posted with my contact information, as indicated on the postings, the mail could be sealed by the resident and be sent to me with out staff inspecting it.</p> <p>Random informal conversations with the residents indicated that they were aware of this.</p>

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.403 (f) - We'll see

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

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

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

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

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

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

115.315 (d)	Limits to cross-gender viewing and searches	
	Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit?	yes
	In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units)	na
115.315 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If a resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
115.315 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	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?	no

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

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

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

115.317 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consult any child abuse registry maintained by the State or locality in which the employee would work?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.317 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	no
	Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents?	no
115.317 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	no

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

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

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

115.321 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency is not responsible for investigating allegations of sexual abuse.)	no
115.321 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321(d) above.)	na
115.322 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.322 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes

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

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

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

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

115.333 (c)	Resident education	
	Have all residents received such education?	yes
	Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility?	yes
115.333 (d)	Resident education	
	Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills?	yes
115.333 (e)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.333 (f)	Resident education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes

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

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

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

115.341 (c)	Obtaining information from residents	
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Age?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident's own perception of vulnerability?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents?	yes

115.341 (d)	Obtaining information from residents	
	Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings?	yes
	Is this information ascertained: During classification assessments?	yes
	Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files?	yes
115.341 (e)	Obtaining information from residents	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	yes
115.342 (a)	Placement of residents	
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments?	yes

115.342 (b)	Placement of residents	
	Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged?	yes
	During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise?	yes
	During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services?	yes
	Do residents in isolation receive daily visits from a medical or mental health care clinician?	yes
	Do residents also have access to other programs and work opportunities to the extent possible?	yes
115.342 (c)	Placement of residents	
	Does the agency always refrain from placing: Lesbian, gay, and bisexual residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Transgender residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator or likelihood of being sexually abusive?	yes

115.342 (d)	Placement of residents	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes
115.342 (e)	Placement of residents	
	Are placement and programming assignments for each transgender or intersex resident reassessed at least twice each year to review any threats to safety experienced by the resident?	yes
115.342 (f)	Placement of residents	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
115.342 (g)	Placement of residents	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes

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

115.351 (b)	Resident reporting	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
	Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment?	no
115.351 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.351 (d)	Resident reporting	
	Does the facility provide residents with access to tools necessary to make a written report?	yes
115.351 (e)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes

115.352 (a)	Exhaustion of administrative remedies	
	<p>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.</p>	no
115.352 (b)	Exhaustion of administrative remedies	
	<p>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.)</p>	no
	<p>Does the agency always refrain from requiring an resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)</p>	no
115.352 (c)	Exhaustion of administrative remedies	
	<p>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.)</p>	yes
	<p>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.)</p>	yes

115.352 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	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
	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.)	na

115.352 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	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.)	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.)	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.)	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.)	na

115.352 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	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.)	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.)	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.)	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.)	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.)	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.)	na
115.352 (g)	Exhaustion of administrative remedies	
	If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	na

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

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

115.361 (d)	Staff and agency reporting duties	
	Are medical and mental health practitioners required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section as well as to the designated State or local services agency where required by mandatory reporting laws?	yes
	Are medical and mental health practitioners required to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.361 (e)	Staff and agency reporting duties	
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the appropriate office?	yes
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the alleged victim's parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified?	yes
	If the alleged victim is under the guardianship of the child welfare system, does the facility head or his or her designee promptly report the allegation to the alleged victim's caseworker instead of the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.)	yes
	If a juvenile court retains jurisdiction over the alleged victim, does the facility head or designee also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation?	yes
115.361 (f)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes

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

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

115.366 (a)	Preservation of ability to protect residents from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.367 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.367 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services?	yes

115.367 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes

115.367 (d)	Agency protection against retaliation	
	In the case of residents, does such monitoring also include periodic status checks?	yes
115.367 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.368 (a)	Post-allegation protective custody	
	Is any and all use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342?	yes
115.371 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	na
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	na
115.371 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334?	yes

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

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

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

115.373 (c)	Reporting to residents	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.373 (d)	Reporting to residents	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes

115.373 (e)	Reporting to residents	
	Does the agency document all such notifications or attempted notifications?	yes
115.376 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.376 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.376 (c)	Disciplinary sanctions for staff	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
115.376 (d)	Disciplinary sanctions for staff	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes

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

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

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

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

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

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

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

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

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

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

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