

# PREA Facility Audit Report: Final

**Name of Facility:** Bexar County Dually Diagnosed Residential Facility

**Facility Type:** Community Confinement

**Date Interim Report Submitted:** NA

**Date Final Report Submitted:** 07/01/2022

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
<b>Auditor Full Name as Signed:</b> Karen d. Murray	<b>Date of Signature:</b> 07/01/2022

AUDITOR INFORMATION	
<b>Auditor name:</b>	Murray, Karen
<b>Email:</b>	kdmconsults1@gmail.com
<b>Start Date of On-Site Audit:</b>	05/19/2022
<b>End Date of On-Site Audit:</b>	05/20/2022

FACILITY INFORMATION	
<b>Facility name:</b>	Bexar County Dually Diagnosed Residential Facility
<b>Facility physical address:</b>	10975 Applewhite Road, San Antonio, Texas - 78224
<b>Facility mailing address:</b>	

Primary Contact	
<b>Name:</b>	Brandi Garcia
<b>Email Address:</b>	CovarrubiasBrandi@bexar.org
<b>Telephone Number:</b>	2106310303

Facility Director	
<b>Name:</b>	Guadalupe Garza
<b>Email Address:</b>	guadalupe.garza@bexar.org
<b>Telephone Number:</b>	2106310265

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

Facility Characteristics	
Designed facility capacity:	60
Current population of facility:	46
Average daily population for the past 12 months:	58
Has the facility been over capacity at any point in the past 12 months?	Yes
Which population(s) does the facility hold?	Both females and males
Age range of population:	18 and up
Facility security levels/resident custody levels:	1/30
Number of staff currently employed at the facility who may have contact with residents:	69
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	7
Number of volunteers who have contact with residents, currently authorized to enter the facility:	14

AGENCY INFORMATION	
Name of agency:	Bexar County Community Supervision and Corrections Department
Governing authority or parent agency (if applicable):	
Physical Address:	207 North Comal Street, San Antonio, Texas - 78207
Mailing Address:	
Telephone number:	

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

**Agency-Wide PREA Coordinator Information**

<b>Name:</b>	Brandi Garcia	<b>Email Address:</b>	CovarrubiasBrandi@bexar.org
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**SUMMARY OF AUDIT FINDINGS**

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

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

**Number of standards exceeded:**

1	<ul style="list-style-type: none"><li>• 115.253 - Resident access to outside confidential support services</li></ul>
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**Number of standards met:**

40
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**Number of standards not met:**

0
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# POST-AUDIT REPORTING INFORMATION

## GENERAL AUDIT INFORMATION

### On-site Audit Dates

1. Start date of the onsite portion of the audit:	2022-05-19
2. End date of the onsite portion of the audit:	2022-05-20

### 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:	<p>On 4.29.2022 at 3:32 pm, this Auditor phoned 844.252.7273. After four rings, a message stated the following: "To speak to next representative, please press 0, now. You have reached the Rape Center Hotline for anyone who has been raped or needs or advocacy services. We are opens 24 hours a day, seven days a week. Our counselors are taking other calls, please leave your name and number and one of our advocates will call you back, or you can try calling back at another time." This Auditor left a message, explaining the reason for the call and left a voicemail for a call back. On 4.29.2022 at 4:31 this Auditor received a call back from 'Christina'. After asking if the agency provided services to residents in the facility, Christina stated the agency does provide those services, there is nothing special the residents need to. The agency would make a PREA report, get the resident demographics, facility information as well as their unit and or SID number. Christina went on to state the agency would make reports to law enforcement and or depending on the county the call came from; a supervisor may need to make the call to the law enforcement in the proper county.</p> <p>On 4.29.2022 at 5:07 pm, this Auditor contacted the Methodist Specialty &amp; Transplant Hospital at 8026 Floyd Curl Drive, San Antonio, TX 78229, phone number 210.575.8110. After proper introductions and the reason for the call, the operator stated the facility does have a SANE nurse. The call was forwarded to the Forensic Nursing Department. The Nurse stated they have many agreements with residential facilities. The Nurse stated if they were not on staff during the time of the incident, they would be called in to complete an exam on any resident and or perpetrator, whichever had been approved for a forensic exam.</p>

## AUDITED FACILITY INFORMATION

14. Designated facility capacity:	60
15. Average daily population for the past 12 months:	58
16. Number of inmate/resident/detainee housing units:	7

<p>17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)</p>
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**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**

<p>36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:</p>	<p>23</p>
<p>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:</p>	<p>0</p>
<p>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:</p>	<p>1</p>
<p>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:</p>	<p>0</p>
<p>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:</p>	<p>0</p>
<p>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:</p>	<p>0</p>
<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>1</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>0</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>2</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>

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):	Due to programming requirements, the facility is unable to admit residents who are disabled, blind, or deaf.
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**Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit**

49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	69
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:	14
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:	7
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:	No text provided.

**INTERVIEWS**

**Inmate/Resident/Detainee Interviews**

**Random Inmate/Resident/Detainee Interviews**

53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	10
54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	<input type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input checked="" type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None
55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	Upon arrival of the onsite review the facility provided a resident roster by name, age and date of arrival. Every third resident from the roster was chosen for interviews.
56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No

<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>No text provided.</p>
<p><b>Targeted Inmate/Resident/Detainee Interviews</b></p>	
<p>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>4</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 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>After the tour, interviews with staff and residents and file review, residents of this category were not observed at this facility.</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>After the tour, interviews with staff and residents and file review, residents of this category were not observed at this facility.</p>

<p><b>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:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>After the tour, interviews with staff and residents and file review, residents of this category were not observed at this facility.</p>
<p><b>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:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>After the tour, interviews with staff and residents and file review, residents of this category were not observed at this facility.</p>
<p><b>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:</b></p>	<p>1</p>
<p><b>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:</b></p>	<p>1</p>
<p><b>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:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>



<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>After the tour, interviews with staff and residents and file review, residents of this category were not observed at this facility.</p>
<p><b>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:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>After the tour, interviews with staff and residents and file review, residents of this category were not observed at this facility.</p>
<p><b>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:</b></p>	<p>2</p>
<p><b>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:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>The facility did not have enough residents in targeted categories to be interviewed. Five additional random interviews were conducted.</p>
<p><b>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</b></p>	<p>No text provided.</p>
<p><b>Staff, Volunteer, and Contractor Interviews</b></p>	
<p><b>Random Staff Interviews</b></p>	

71. Enter the total number of RANDOM STAFF who were interviewed:	12
72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	<input checked="" type="checkbox"/> Length of tenure in the facility <input checked="" type="checkbox"/> Shift assignment <input checked="" type="checkbox"/> Work assignment <input checked="" type="checkbox"/> Rank (or equivalent) <input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken) <input type="checkbox"/> None
73. Were you able to conduct the minimum number of RANDOM STAFF interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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):	No text provided.
<b>Specialized Staff, Volunteers, and Contractor Interviews</b>	
Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.	
75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	10
76. Were you able to interview the Agency Head?	<input checked="" type="radio"/> Yes <input type="radio"/> No
77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	<input checked="" type="radio"/> Yes <input type="radio"/> No
78. Were you able to interview the PREA Coordinator?	<input checked="" type="radio"/> Yes <input type="radio"/> No
79. Were you able to interview the PREA Compliance Manager?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

<p><b>80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)</b></p>	<p><input type="checkbox"/> Agency contract administrator</p> <p><input type="checkbox"/> Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment</p> <p><input type="checkbox"/> Line staff who supervise youthful inmates (if applicable)</p> <p><input type="checkbox"/> Education and program staff who work with youthful inmates (if applicable)</p> <p><input checked="" type="checkbox"/> Medical staff</p> <p><input type="checkbox"/> Mental health staff</p> <p><input type="checkbox"/> Non-medical staff involved in cross-gender strip or visual searches</p> <p><input checked="" type="checkbox"/> Administrative (human resources) staff</p> <p><input type="checkbox"/> Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff</p> <p><input checked="" type="checkbox"/> Investigative staff responsible for conducting administrative investigations</p> <p><input checked="" type="checkbox"/> Investigative staff responsible for conducting criminal investigations</p> <p><input checked="" type="checkbox"/> Staff who perform screening for risk of victimization and abusiveness</p> <p><input type="checkbox"/> Staff who supervise inmates in segregated housing/residents in isolation</p> <p><input checked="" type="checkbox"/> Staff on the sexual abuse incident review team</p> <p><input checked="" type="checkbox"/> Designated staff member charged with monitoring retaliation</p> <p><input type="checkbox"/> First responders, both security and non-security staff</p> <p><input checked="" type="checkbox"/> Intake staff</p> <p><input type="checkbox"/> Other</p>
<p><b>81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>a. Enter the total number of VOLUNTEERS who were interviewed:</b></p>	<p>1</p>

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

## SITE REVIEW AND DOCUMENTATION SAMPLING

### Site Review

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

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

<p><b>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)?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>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)?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>88. Informal conversations with staff during the site review (encouraged, not required)?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</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).	No text provided.
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**Documentation Sampling**

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

90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).	File review was conducted using the PREA Audit File Review Tools.
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**SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY**

**Sexual Abuse and Sexual Harassment Allegations and Investigations Overview**

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

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

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

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

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

## Sexual Abuse and Sexual Harassment Investigation Outcomes

### Sexual Abuse Investigation Outcomes

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

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

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

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

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

### Sexual Harassment Investigation Outcomes

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

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

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

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

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

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

**Sexual Abuse Investigation Files Selected for Review**

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/sampled:	0
a. Explain why you were unable to review any sexual abuse investigation files:	The facility has not experienced a sexual abuse allegation in the past 36 months.
99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)

**Inmate-on-inmate sexual abuse investigation files**

100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)

Staff-on-inmate sexual abuse investigation files	
103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	0
a. Explain why you were unable to review any sexual harassment investigation files:	The facility has not experienced a sexual harassment investigation in the past 36 months.
107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)
Inmate-on-inmate sexual harassment investigation files	
108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
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 checked="" type="radio"/> No <input 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 checked="" type="radio"/> No <input 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.	No text provided.

## 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.	<input type="radio"/> Yes <input checked="" type="radio"/> No
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## AUDITING ARRANGEMENTS AND COMPENSATION

121. Who paid you to conduct this audit?	<input type="radio"/> The audited facility or its parent agency <input type="radio"/> My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option) <input checked="" type="radio"/> A third-party auditing entity (e.g., accreditation body, consulting firm) <input type="radio"/> Other
Identify the name of the third-party auditing entity	PREA Auditors of America

**Standards****Auditor Overall Determination Definitions**

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

**Auditor Discussion Instructions**

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

115.211	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Document Review:</p> <ol style="list-style-type: none"> <li>1. Bexar County Dually Diagnosed Residential Facility PAQ</li> <li>2. Bexar County CSCD Applewhite Recovery Center, Policy 4.1, PREA, dated 2.12.2019</li> <li>3. Applewhite Recovery Center Flowchart, dated 5.2022</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Random residents</li> <li>2. Targeted residents</li> <li>3. Residential Monitors</li> <li>4. PREA Coordinator / Residential Shift Coordinator</li> </ol> <p>Through interviews with residents and staff and review of resident and staff files, it is evident that this facility interweaves requirements for this standard in their daily protocols. Both residents and staff could speak to facility PREA practices and protocols being used as is described in the agency's PREA policy. The PREA Coordinator could attest to having the required time to implement PREA protocols.</p> <p>Site Review Observation:</p> <p>During the tour of the facility, the Auditor witnessed PREA Zero Tolerance No Means No Flyers with Rape Crisis and Chief of Probation contact information, Audit Notices, Third Party, Have You Experienced Sexual Abuse flyers posted throughout the facility. Ample camera placement in the interior and exterior of the buildings, mirror placement, and PREA boxes located in multiple areas throughout the facility.</p> <p>(a) The Bexar County Dually Diagnosed Residential Facility PAQ states the facility mandates zero-tolerance toward all forms of sexual abuse and sexual harassment in the facility it operates and those directly under contract. The facility has a written policy outlining how it will implement the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. The policy includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment. The policy includes sanctions for those found to have participated in prohibited behaviors. The policy includes a description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of residents.</p> <p>Bexar County CSCD Applewhite Recovery Center, Policy 4.1, PREA, page 61, section Policy, states, "The Applewhite Recovery Center ("ARC") has a Zero Tolerance policy relating to any sexual abuse or sexual harassment of a resident by other residents, staff, volunteers, and/or contractors. Moreover, all allegations of sexual abuse and sexual harassment will be fully investigated, sanctioned (if appropriate), and referred for prosecution if the prohibited conduct violates State/Federal criminal laws.</p> <p>It is the responsibility of all ARC employees to take immediate action by reporting to a PREA Coordinator or the Assistant Chief of Residential Facilities any knowledge of a possible violation of the Prison Rape Elimination Act. The first responder protocol identified in ARC SOP 4.40, PREA Outcries and First Responder Responsibilities, shall be followed by employees with any knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment, whether or not the alleged abuser is an employee of the facility. Once the information has been reported to a PREA Coordinator or the Assistant Chief of Residential Facilities, there should be no further discussion regarding the matter unless to an assigned investigator."</p> <p>(b) The Bexar County Dually Diagnosed Residential Facility PAQ states the PREA Coordinator has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its community confinement facilities. The position of the PREA Coordinator in the agency's organizational structure.</p> <p>Bexar County CSCD Applewhite Recovery Center, Policy 4.1, PREA, page 62, section 3.1, states, "A PREA Coordinator will be appointed with responsibilities that include authority to develop, implement, and oversee Bexar County CSCD efforts to comply with the PREA standards at the ARC,"</p> <p>The facility provided an Applewhite Recovery Center Flowchart. This organizational chart demonstrates the Dually Diagnosed Residential Facility Director is also the PREA Coordinator. The PREA Coordinator reports directly to the Assistant Chief Residential Services.</p> <p>Through such reviews, the facility met the standards requirements.</p>

115.212	<b>Contracting with other entities for the confinement of residents</b>
	<p data-bbox="240 147 740 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="240 210 453 237"><b>Auditor Discussion</b></p> <p data-bbox="240 273 437 300">Document Review:</p> <p data-bbox="240 304 839 331">1. Bexar County Dually Diagnosed Residential Facility PAQ</p> <p data-bbox="240 367 352 394">Interviews:</p> <p data-bbox="240 398 456 425">1. PREA Coordinator</p> <p data-bbox="240 430 1302 456">During the pre-audit phase, the PREA Coordinator conveyed the agency did not have privatized contracts.</p> <p data-bbox="240 488 1469 551">(a) The Bexar County Dually Diagnosed Residential Facility PAQ states agency does not contract with private agencies for confinement services of their residents.</p> <p data-bbox="240 577 919 604">Through such reviews, the facility meets the standard requirements.</p>

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

Document Review:

1. Bexar County Dually Diagnosed Residential Facility PAQ
2. Applewhite Recovery Center, Bexar County C.S.C.D. Residential Staffing Plan, dated 2.22.2022

Interviews:

1. Random residents
2. Targeted residents
3. Residential Monitors
4. PREA Coordinator

Staff and residents interviewed could attest to residential monitors and supervisors being available throughout the day. Cross gender announcements through touring staff ensuring residents were all sitting on footlockers before entering. Although the dorm was placed on no talk status, the Auditor was able to informally interview residents with generalized questions regarding available reporting options.

On site Observation:

During the tour, zero tolerance, advocate brochures and audit notices were witnessed throughout the entire facility. Bays had multiple bunkbeds with foot lockers at the end of each bed. Upon entering the dorm every resident was sitting quietly on their foot lockers while the dorm was toured.

(a) The Bexar County Dually Diagnosed Residential Facility PAQ states the facility requires the facility to develop, document and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect residents against abuse. Since August 20, 2012, or last PREA audit, whichever is later, the average daily number of residents is 58. Since August 20, 2012, or last PREA audit, whichever is later, the average daily number of residents on which the staffing plan was predicated is 60.

The facility provided an Applewhite Recovery Center, Bexar County C.S.C.D. Residential Staffing Plan. The staffing plan consists of the following elements.

- Positions, Major Functions, status (# of positions filled)
- Staff to Resident Ratios – 1:16 during waking hours and 1:32 during sleeping hours
- Staff Supervision of Residents
- Supervisory Personnel
- Video Monitoring System
- Facility-Specific Factors Related to Sexual Safety
  - o Population census and facility design capacity
- Availability of Education and Programming Opportunities
  - o Dually Diagnosed Residential Facility
  - o Substance Abuse Treatment Facility
  - o Intermediate Sanction Facility
- Access to Medical and Mental Health Care
- Physical Plant and Line-of-Sight Vulnerabilities
- Privacy Considerations and Limits to Cross-Gender Viewing
- Strip Search Protocol
- Strip Search Procedure
- Prevalence of incidents of sexual abuse
- Applicable laws, regulations, and findings
- Staffing plan development and review
- Documenting deviations to the staffing plan

The staffing plan and review is signed by the Chief Probation Officer, Assistant Chief, Residential Services and the DDRF Director/PREA Coordinator.

(b) The Bexar County Dually Diagnosed Residential Facility PAQ states the facility documents each time the staffing plan is not complied with, the facility documents and justifies deviations. The facility had zero deviations from the required ratios of their staffing plan.

(c) The Bexar County Dually Diagnosed Residential Facility PAQ states at least once every year the facility, reviews the staffing plan to see whether adjustments are needed in (1) the staffing plan, (2) prevailing staffing patterns, (3) the deployment of video monitoring systems and other monitoring technologies, or (4) the allocation of facility/agency resources to commit to the staffing plan to ensure compliance with the staffing plan. The facility recently added more cameras and

updated the monitoring system. By facility standards, they are currently short staffed; however, the facility continues to add staff.

The facility completes an entire staffing plan each year. The annual staffing plan serves as the annual review.

Through such reviews, the facility met the standards requirements.

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

Document Review:

1. Bexar County Dually Diagnosed Residential Facility PAQ
2. Bexar County CSCD Applewhite Recovery Center, Policy 4.27, Resident Strip/Pat Searches, dated 2.12.2019
3. Bexar County CSCD Applewhite Recovery Center, Policy 4.7, Showers, dated 7.1.2021

Interviews:

1. Random residents
2. Targeted residents
3. Residential Monitors
4. Intake staff
5. PREA Coordinator

Residents interviewed stated they had never been searched by an opposite gender staff and searches were done respectfully.

Interviews with staff demonstrated cross-gender searches had been trained; however, staff interviewed stated cross-gender searches were not completed as the facility always has both gender staff on duty at all times.

Site Review Observation:

During the tour of the facility the Auditor observed the Intake area, ISF Dorm, being used for quarantine. Intakes are processed in this area where one bathroom is used for conducting searches. There is one sleeping area with a camera and privacy screen for changing. This area was not entered due to being used for quarantining new intakes. Staff attested to proper zero tolerance and audit notices being posted throughout the area. The female intake area has six beds with restrooms similar to the dorm restrooms. The female intake area is also used for quarantine purposes.

(a) Bexar County Dually Diagnosed Residential Facility PAQ states the facility does not conduct cross-gender strip or cross-gender visual body cavity searches of their Residents. In the past 12 months the facility has conducted zero cross-gender strip or cross-gender visual body cavity searches of residents. In the past 12 months, the number of cross-gender strip or cross-gender visual body cavity searches of residents were zero. In the past 12 months, the number 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 was zero.

Bexar County CSCD Applewhite Recovery Center, Policy 4.27, Resident Strip/Pat Searches, page 110, Section Strip Search Protocol, first paragraph states, "All strip searches will be conducted by a Senior Shift Leader /Shift Leader (SSL/SL) or Person in Charge (PIC) and a Security Monitor of the same sex."

(b) Bexar County Dually Diagnosed Residential Facility PAQ states the facility does not permit cross-gender pat-down searches of female residents, absent exigent circumstances. The facility does not restrict female residents' access to regularly available programming or other outside opportunities in order to comply with this provision. The number of pat-down searches of female residents that were conducted by male staff was zero. The number of pat-down searches of female residents conducted by male staff that did not involve exigent circumstance(s) was zero.

(c) Bexar County Dually Diagnosed Residential Facility PAQ states the facility policy does require that all cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat-down searches be documented and justified as cross-gender strip searches and body cavity searches are not allowed.

Bexar County CSCD Applewhite Recovery Center, Policy 4.27, Resident Strip/Pat Searches, page 110, section Strip Search Protocol, second paragraph states, "All strip searches will be documented in the End of Shift Report. The documentation will include the names of the residents who were searched, the reason they were searched and the names of the Security Staff who conducted the search."

(d) Bexar County Dually Diagnosed Residential Facility PAQ states the facility has implemented policies and procedures that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks (this includes viewing via video camera). Policies and procedures 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.

Bexar County CSCD Applewhite Recovery Center, Policy 4.7, Showers, page 1, first paragraph, states, "Residents will be afforded the opportunity to shower at least one time every day which will not exceed five minutes. Security Monitors are

required to patrol the shower area in order to prevent any inappropriate behavior. Security Monitors should only glance at the general shower area and not stare, make any unnecessary noises, comments, or any gestures not required of their duties.”

Bexar County CSCD Applewhite Recovery Center, Policy 4.7, Showers, page 1, section PREA Protocol, states, “Staff of opposite gender will announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing. All residents are informed at intake process and during their stay that removal of any clothing must be done in the restroom area only.”

(e) The Bexar County Dually Diagnosed Residential Facility PAQ states the facility has a policy prohibiting staff from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status. Such searches (described in 115.215(e)-1) occurred in the past 12 months was zero.

(f) The Bexar County Dually Diagnosed Residential Facility PAQ states zero of all security staff who received training on conducting cross-gender pat-down searches and searches of transgender and intersex residents in a professional and respectful manner, consistent with security needs.

Facility policy prohibits cross gender searches of any kind; therefore, they do not train their staff in cross gender searches.

Through such reviews, the facility meets the standards requirements.



115.216	<b>Residents with disabilities and residents who are limited English proficient</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>Document Review:</p> <ol style="list-style-type: none"> <li>1. Bexar County Dually Diagnosed Residential Facility PAQ</li> <li>2. Bexar County CSCD Applewhite Recovery Center, Policy 4.40, PREA Outcries and First Responder Responsibilities, dated 2.12.2019</li> <li>3. Bexar County Community Supervision &amp; Corrections Department Applewhite Recovery Center, Policy 4.1, PREA, dated 4.25.2022</li> <li>4. What is PREA, Spanish version, not dated</li> <li>5. LanguageLine Personal Account Information, dated 5.13.2022</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Targeted residents</li> <li>2. Residential Monitors</li> <li>3. PREA Coordinator</li> <li>4. Assistant Chief Residential Services</li> </ol> <p>During interviews with staff, each stated residents were not used for translation services as a large percentage of staff are bilingual. Barriers were not apparent during interviews and or on the facility tour.</p> <p>Interviews with the PREA Coordinator and the Assistant Chief demonstrated these staff complete comprehensive education with residents, within 30 days of intake.</p> <p>Site Observation:</p> <p>Zero Tolerance No Means No posters and advocate flyers were posted in both English and Spanish, throughout the facility.</p> <p>(a) The Bexar County Dually Diagnosed Residential Facility PAQ states the agency has established procedures to provide disabled residents 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>Bexar County Community Supervision &amp; Corrections Department Applewhite Recovery Center, Policy 4.1, PREA, page 3, section 4., states, "All complaints, concerns and reports of sexual abuse or sexual harassment will be promptly reviewed and investigated as provided by ARC SOP 4.40. The facility has established procedure through the service, LanguageLine.com 888-808-9008, to provide residents with limited English proficiency 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>(b) The Bexar County Dually Diagnosed Residential Facility PAQ states the agency has established procedures to provide residents with limited English proficiency 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>Bexar County CSCD Applewhite Recovery Center, Policy 4.40, PREA Outcries and First Responder Responsibilities, page 127, section d., states, "Residents may make complaints either verbally or in writing, or with assistance of a third party, except as prohibited herein, when a disability or limited English proficiency may require an accommodation for communication purposes."</p> <p>The facility provided a 'What is PREA Pamphlet' in Spanish. The pamphlet defines:</p> <ul style="list-style-type: none"> <li>• What is PREA</li> <li>• What dose Zero Tolerance mean?</li> <li>• What can I report?</li> <li>• What is Sexual Abuse</li> <li>• What is Sexual Harassment</li> <li>• What are my rights?</li> <li>• What happens when the investigation is done?</li> <li>• How can I report Sexual Abuse or Sexual Harassment and get Help?</li> </ul> <p>(c) The Bexar County Dually Diagnosed Residential Facility PAQ states the agency policy prohibits use of resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations. If YES, the agency or facility documents the limited circumstances in individual cases where resident interpreters, readers, or other types of resident assistants are used. In the past 12 months, the number of instances where resident interpreters, readers, or other types of resident assistants have been used and it was not the case that an extended delay in obtaining another interpreter could compromise the resident's safety, the performance</p>

of first-response duties under § 115.264, or the investigation of the resident's allegations was zero.

Bexar County CSCD Applewhite Recovery Center, Policy 4.40, PREA Outcries and First Responder Responsibilities, page 24, section PREA Allegation E., states, "The ARC prohibits the use of resident interpreters, resident readers or any resident assistance, except when an extended delay could compromise the complaining resident's safety."

The facility provided a LanguageLine Personal Account Information document. This document provides the phone number, pin number and directions on accessing an interpreter.

Through such reviews, the facility meets the standard requirements.

115.217	<b>Hiring and promotion decisions</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>Document Review:</p> <ol style="list-style-type: none"> <li>1. Bexar County Dually Diagnosed Residential Facility PAQ</li> <li>2. Bexar County Community Supervision &amp; Corrections Department Applewhite Recovery Center, Policy 7.1, Hiring/Promotion Procedures, dated 5.6.2022</li> <li>3. Bexar County Community Supervision and Corrections Department PREA Required Questionnaire, not dated</li> <li>4. Post Audit: Bexar County CSCD Memorandum, from Director, Human Resources, RE: PREA Standard 115.217, Hiring and Promotion Decisions, dated 6.17.2022</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Human Resource Technician</li> <li>2. PREA Coordinator</li> <li>3. Assistant Chief Residential Services</li> </ol> <p>Interviews with facility and agency administration demonstrated many practices in consideration for PREA standards were not currently in place.</p> <p>Observation:</p> <ol style="list-style-type: none"> <li>1. Review of employee files demonstrated a current practice is not in place to have promoted staff complete administrative adjudication questions.</li> <li>2. Review of employee files demonstrated a current practice is not in place for the completion of institutional reference checks.</li> <li>3. Review of employee files demonstrated a current practice is not in place for conducting criminal background checks for agency staff who have access to residents.</li> <li>4. Interview with Human Resource Technician demonstrated a practice is not in place to provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee.</li> </ol> <p>Post Audit the facility provided a Bexar County CSCD Memorandum, from the Director, Human Resources, addressed to the PREA Auditor and Applewhite Recovery Center PREA Coordinator, received by the Auditor on 6.17.2022, stating,</p> <p>PREA Standard 115.217 stipulates that the following:</p> <p>(a) The agency shall not hire or promote anyone who may have contact with residents, and shall not enlist the services of any contractor who may have contact with residents, who—</p> <ol style="list-style-type: none"> <li>(1) Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. § 1997);</li> <li>(2) Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or</li> <li>(3) Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section.</li> </ol> <p>(2) 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.</p> <p>(e) The agency shall 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.</p> <p>(f) The agency shall also 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 and in any interviews or written self-evaluations conducted as part of reviews of current employees. The agency shall also impose upon employees a continuing affirmative duty to disclose any such misconduct.</p> <p>(h) Unless prohibited by law, the agency shall 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.</p> <p>The Bexar County Community Supervision and Corrections Department Human Resources Department will put into practice institutional reference checks for any potential new hires when applying to the Applewhite Recovery Center. All applicants will be required to complete a PREA questionnaire answering if they have been investigated for any PREA violations through a current or previous employment. All promoted staff must complete administrative adjudication questions. All facility staff will undergo annual criminal background checks who have access to residents. If an agency contacts this department concerning a previous employee, any and all information pertaining to substantiated allegations of sexual abuse or sexual harassment shall be provided in accordance with standard 115.217."</p>

(a) The Bexar County Dually Diagnosed Residential Facility PAQ states agency policy prohibits hiring or promoting anyone who may have contact with residents and prohibits enlisting the services of any contractor who may have contact with residents who: (1) 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); (2) Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or (3) Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section.

Bexar County Community Supervision & Corrections Department Applewhite Recovery Center, Policy 7.1, Hiring/Promotion Procedures, page 1, first paragraph states, "The Applewhite Recovery Center will take the following into consideration: Agency will prohibit hiring or promoting anyone who may have contact with residents and prohibit enlisting the services of any contractor who may have contact with residents who:

1. 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);
2. Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or
3. Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph 2 of this section."

The facility provided a Bexar County Community Supervision and Corrections Department PREA Required Questionnaire. This questionnaire asks applicants the following questions.

1. "Have you ever engaged in sexual abuse in a prison, jail, holding facility, community confinement facility, juvenile facility, or other institution as defined in 42 U.S.C. 1997? 1
2. Have you ever been convicted of engaging or attempting to engage in sexual activity facilitated by force, overt or implied threats of force, or coercion?
3. Have you ever been convicted of engaging or attempting to engage in sexual activity where the victim did not consent or was unable to consent or refuse?
4. Have you ever had a civil or administrative adjudication against you for engaging in activity described in questions 1 through 3 above?"

(b, f, h) The Bexar County Dually Diagnosed Residential Facility PAQ states agency policy requires the consideration of 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.

Bexar County Community Supervision & Corrections Department Applewhite Recovery Center, Policy 7.1, Hiring/Promotion Procedures, page 1, second paragraph states, "The CSCD Human Resources Department requires that before it hires any new employees who may have contact with residents, it (a) conducts criminal background record check, and (b) consistent with federal, state, and local law, makes its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. The agency requires applicants to fill out a PREA questionnaire regarding information for any current or past incidents/investigations regarding sexual assault and/or sexual harassment allegations or incidents in previous employment."

(c) The Bexar County Dually Diagnosed Residential Facility PAQ states the agency policy requires that before it hires any new employees who may have contact with residents, it (a) conducts criminal background record checks, and (b) consistent with federal, state, and local law, makes its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. In the past 12 months, the number of persons hired who may have contact with residents who have had criminal background record checks is 43. Policy compliance can be found in provision (b) of this standard.

(d) The Bexar County Dually Diagnosed Residential Facility PAQ states the agency policy requires that a criminal background record check be completed before enlisting the services of any contractor who may have contact with residents. In the past 12 months, the number of contracts for services where criminal background record checks were conducted on all staff covered in the contract who might have contact with residents is zero.

Bexar County Community Supervision & Corrections Department Applewhite Recovery Center, Policy 7.1, Hiring/Promotion Procedures, page 1, third paragraph states, "Criminal background record checks will be conducted on an annual basis for current employees and contractors who may have contact with residents."

(e) The Bexar County Dually Diagnosed Residential Facility PAQ states the agency policy requires that either criminal background record checks be conducted at least every five years for current employees and contractors who may have contact with residents or that a system is in place for otherwise capturing such information for current employees.

Bexar County Community Supervision & Corrections Department Applewhite Recovery Center, Policy 7.1, Hiring/Promotion Procedures, page 1, third paragraph states,

(g) The Bexar County Dually Diagnosed Residential Facility PAQ states Agency policy states that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

Bexar County Community Supervision & Corrections Department Applewhite Recovery Center, Policy 7.1, Hiring/Promotion Procedures, page 1, second to the last paragraph states, "Criminal background record checks will be conducted on an annual basis for current employees and contractors who may have contact with residents (115.217 (e)(1)).

Through such reviews, the facility meets the standard requirements.

115.218	<b>Upgrades to facilities and technology</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>Document Review:  1. Bexar County Dually Diagnosed Residential Facility PAQ</p> <p>Interviews:  1. Assistant Chief Residential Services  The Assistant Chief Residential services attested to the facility restrooms being modified due to privacy concerns.</p> <p>Site Review Observation:  Cameras were found to be throughout the interior and exterior of all buildings. Cameras were reviewed in total in the Security Supervisor office. All cameras were in working order.</p> <p>(a) The Bexar County Dually Diagnosed Residential Facility PAQ states the agency has acquired a new facility or made substantial expansions or modifications to existing facilities since the last PREA audit.</p> <p>Modifications were made to the restrooms to address privacy concerns.</p> <p>(b) The agency/facility has 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.</p> <p>The facility added additional cameras and old cameras were replaced. Additionally, mirrors were added across facility grounds to address blind spots.</p> <p>Through such reviews, the facility meets the standard requirements.</p>

115.221	<b>Evidence protocol and forensic medical examinations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>Document Review:</p> <ol style="list-style-type: none"> <li>1. Bexar County Dually Diagnosed Residential Facility PAQ</li> <li>2. Bexar County CSCD Applewhite Recovery Center, Policy 4.40, PREA Outcries and First Responder Responsibilities, dated 2.12.2019</li> <li>3. Memorandum of Understanding Forensic Nurse Examiner Services, dated 3.14.2022</li> <li>4. Proposed Memorandum of Understanding, Rape Crisis Center, not dated</li> <li>5. Bexar County Community Supervision and Corrections Department Request to Bexar County Sheriff's Office Request, not dated</li> <li>6. Bexar County Arrest-Transport Report Form, not dated</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Residents</li> <li>2. Residential Monitors</li> <li>3. Specialized staff</li> <li>4. PREA Coordinator</li> <li>5. Facility Investigator</li> </ol> <p>Interviews with residents interviewed demonstrated all were clearly aware of reporting protocols for sexual harassment and or sexual abuse. Of residents interviewed, each were comfortable reporting by accessing phone number or address information on the flyers posted throughout the facility, placing written allegations on paper and placing in the PREA boxes and understanding allegations can be reported anonymously.</p> <p>Every staff interviewed clearly articulated first responder duties to include protecting, preserving and reporting. When each were asked where this information was located, responses included postings throughout the facility and in the PREA book located at the Control Desk. The investigator clearly articulated protocols for investigation processes and each demonstrated immediate action for sexual harassment and sexual abuse allegations.</p> <p>Site Review Observation:</p> <p>The facility has not experienced an investigation of sexual harassment or sexual abuse in the last 36 months.</p> <p>(a) The Bexar County Dually Diagnosed Residential Facility PAQ states the agency/facility is responsible for conducting administrative sexual abuse investigations (including resident-on-resident sexual abuse or staff sexual misconduct). The agency/facility is not responsible for conducting criminal sexual abuse investigations (including resident-on-resident sexual abuse or staff sexual misconduct). The Bexar County Sheriff's Department is responsible for conducting all facility investigations.</p> <p>Bexar County CSCD Applewhite Recovery Center, Policy 4.40, PREA Outcries and First Responder Responsibilities, page 127, section A. General Investigations Policy, states, "Except for those cases referred for criminal investigation, the ARC shall conduct investigations of all allegations of sexual abuse, sexual harassment and, or retaliation in a prompt, thorough, and objective manner, including third-party and anonymous reports. Complaints of sexual assault (rape) shall not be investigated by the ARC, but immediately reported to the Bexar County Sheriff's Department as provided by First Responder protocol. The PREA Coordinator will monitor and ensure that sexual abuse criminal investigations referred to law enforcement are timely addressed and investigated."</p> <p>(b) The Bexar County Dually Diagnosed Residential Facility PAQ states the protocol being developmentally appropriate is not applicable as the facility does not house youthful offenders.</p> <p>(c) The Bexar County Dually Diagnosed Residential Facility PAQ states the facility offers all residents who experience sexual abuse access to forensic medical examinations. Forensic medical examinations are offered without financial cost to the victim. Where possible, examinations are conducted by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs). When SANEs or SAFEs are not available, a qualified medical practitioner performs forensic medical examinations. The facility documents efforts to provide SANEs or SAFEs. The number of forensic medical exams conducted during the past 12 months is zero. The number of SANEs/SAFEs during the past 12 months was zero. The number of exams performed by a qualified medical practitioner during the past 12 months was zero. Policy compliance can be found in provision (b) of this standard.</p> <p>The facility provided a Memorandum of Understanding Forensic Nurse Examiner Services. Page 1, second paragraph of this memorandum of understanding, states, "MSTH and Agency enter into this MOU to provide medical forensic examinations for persons thirteen (13) years of age or older making an allegation of sexual assault (the "Patients"), and for the collection of physical evidence from any aged person suspected of having committed an act of sexual assault/abuse, with authorization</p>

from the individual/guardian and/or as directed by a warrant signed by a judge.”

On 4.29.2022 at 5:07 pm, this Auditor contacted the Methodist Specialty & Transplant Hospital at 8026 Floyd Curl Drive, San Antonio, TX 78229, phone number 210.575.8110. After proper introductions and the reason for the call, the operator stated the facility does have a SANE nurse. The call was forwarded to the Forensic Nursing Department. The Nurse stated they have many agreements with residential facilities. The Nurse stated if they were not on staff during the time of the incident, they would be called in to complete an exam on any resident and or perpetrator, whichever had been approved for a forensic exam.

Page 1, section, Process, states, “Upon notice of an allegation of sexual assault/abuse and where medically appropriate, Agency will contact MSTH Emergency Department at 210.575.8168, and speak with the Forensic Nurse Examiner on duty to give (a) authorization for Sexual Assault Forensic Examination (SAFE) and (b) the estimated time of transport to MSTH at 8026 Floyd Curl, San Antonio, Texas 78229.”

Page 1, section Billing, states, “All services provided by MSTH under this MOU shall be provided at no cost to Patients.”

The facility provided a Bexar County Arrest-Transport Report Form. This form documents the following and would be used to document SANE/SAFE incidents.

- Name/Date
- Reason for Transport
- Cause
- Program
- Time called/time arrived/time departed
- Counselor

(d) The Bexar County Dually Diagnosed Residential Facility PAQ states the facility attempts to make available to the victim a victim advocate from a rape crisis center, either in person or by other means. The efforts are documented. If and when a rape crisis center is not available to provide victim advocate services, the facility provides a qualified staff member from a community-based organization or a qualified agency staff member.

(e) The Bexar County Dually Diagnosed Residential Facility PAQ states a qualified staff or community member accompanies and supports the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information and referrals. The facility states staff member (name purposely withheld) LPC Associate #85003 is the qualified staff member.

The facility provided a proposed Memorandum of Understanding, Rape Crisis Center and Bexar County Community Supervision and Corrections Department. Page 1, section 2 Purpose of the Memorandum of Understanding (MOU), states, “The purpose of the MOU is to describe the responsibilities of the parties as they relate to the crisis intervention services provided by the PREA Support Hotline, a program of the RCC. The parties will work together to ensure that confidential support is available to Applewhite Recovery Center residents who have been impacted by sexual violence, herein after referred to as Clients.”

Page 1, section Process, third paragraph, states, “If the Patient is designated a survivor and chooses to exercise his/her right to have a victim’s advocate present during the examination, then one will be requested by MSTH through an appropriate agency.”

(f) The facility provided Bexar County Community Supervision and Corrections Department Request to Bexar County Sheriff’s Office Request. This request to the Bexar County Sheriff’s Office, written by the Assistant Chief Residential Services, requests the office consider compliance with PREA standards 115.221 and 115.273.

Through such reviews, the facility meets the standard requirements.



115.222	<b>Policies to ensure referrals of allegations for investigations</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Document Review:</p> <ol style="list-style-type: none"> <li>1. Bexar County Dually Diagnosed Residential Facility PAQ</li> <li>2. Bexar County CSCD Applewhite Recovery Center, Policy 4.40, PREA Outcries and First Responder Responsibilities, dated 2.12.2019</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Residential Monitors</li> <li>2. Facility Investigator</li> </ol> <p>Residential Monitors reported they would ask limited questions regarding allegations. The agency Investigator interviewed described investigation protocols and addressing investigations as soon as possible, if not immediately.</p> <p>Site Review Observation:</p> <p>The facility has not experienced an investigation of sexual harassment or sexual abuse in the last 36 months.</p> <p>(a) The Bexar County Dually Diagnosed Residential Facility PAQ states the agency ensures that an administrative or criminal investigations are completed for all allegations of sexual abuse and sexual harassment. In the past 12 months the facility has had zero allegations of sexual abuse and sexual harassment that were received. In the past 12 months, the number of allegations referred for criminal investigations was one.</p> <p>Bexar County CSCD Applewhite Recovery Center, Policy 4.40, PREA Outcries and First Responder Responsibilities, page 128, section 2. a., states, "Administrative or criminal investigations shall be completed for all allegations of sexual abuse, sexual harassment, retaliation and, or allegations of staff neglect or violation of responsibilities that may have contributed to incidents of sexual abuse, sexual harassment and, or retaliation."</p> <p>(b) The Bexar County Dually Diagnosed Residential Facility PAQ states the agency has a policy that requires that allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, including the agency if it conducts its own investigations, unless the allegation does not involve potentially criminal behavior.</p> <p>Bexar County CSCD Applewhite Recovery Center, Policy 4.40, PREA Outcries and First Responder Responsibilities, page 128, section 2. b., states, "Allegations of sexual abuse involving allegations of sexual assault (rape) shall be referred to the Bexar County Sheriff's Department for investigation."</p> <p>The facility PREA policy to include the investigation process is posted on the agency website at <a href="https://www.bexar.org/2969/Prison-Rape-Elimination-Act-PREA">https://www.bexar.org/2969/Prison-Rape-Elimination-Act-PREA</a></p> <p>(c) The Bexar County Dually Diagnosed Residential Facility PAQ states the local police department follows their own individual protocols.</p> <p>Through such reviews, the facility meets the standard requirements.</p>

115.231	<b>Employee training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>Document Review:</p> <ol style="list-style-type: none"> <li>1. Bexar County Dually Diagnosed Residential Facility PAQ</li> <li>2. Bexar County CSCD Applewhite Recovery Center, Policy 4.1, Prison Rape Elimination Act, dated 2.12.2019</li> <li>3. National PREA Resource Center: The Prison Rape Elimination Act: Overview of the Law and Your Role PowerPoint training, not dated</li> <li>4. Applewhite Recovery Center Employee Acknowledgement of Sexual Abuse/Harassment Information Prison Rape Elimination Act Training, not dated.</li> <li>5. Post Audit: Bexar County CSCD Memorandum, from Assistant Chief Residential Services, dated 6.17.2022</li> <li>6. Post Audit: Bexar County Community Supervision &amp; Corrections Department Training/Presentation Sign in Sheet, dated 6.7.2022</li> <li>7. Post Audit: Applewhite Recovery Center Employee Acknowledgment of Sexual Abuse/Harassment Information Prison Rape Elimination Act Training</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Residential Monitors</li> <li>2. Specialized staff</li> <li>3. Human Resource Administrative Assistant</li> <li>4. PREA Coordinator</li> </ol> <p>Interviews with Residential Monitors demonstrated each were aware of and received initial and annual PREA training. Interviews with specialized staff demonstrated each had received training mandated for all employees.</p> <p>Site Observation:</p> <p>Employee file review demonstrated employee training is not occurring each year. File review demonstrated training is not documented through employee signature stating that the employees understand the training they have received.</p> <p>Post Audit the facility provided a Bexar County CSCD Memorandum, from Assistant Chief Residential Services, addressed to the PREA Auditor and Applewhite Recovery Center PREA Coordinator, received by the Auditor on 6.17.2022, stating,</p> <p>“Standard 115.231 stipulates that the following:</p> <p>(c) All current employees who have not received such training shall be trained within one year of the effective date of the PREA standards, and the agency shall 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. In years in which an employee does not receive refresher training, the agency shall provide refresher information on current sexual abuse and sexual harassment policies.</p> <p>(d) The agency shall document, through employee signature or electronic verification that employees understand the training they have received.</p> <p>In coordination with the Bexar County Community Supervision and Corrections Department Training Manager, annual staff training must occur every other year and refresher training must occur on years when annual training is not provided. All staff trainings for each employee will be documented through an acknowledgement stating that they understood the training they received.</p> <p>PREA training for all current employees will occur in June 2020 and all requested documentation will be uploaded to supplemental audit files, titled by said standard number, provision and document title.”</p> <p>Post Audit the facility provided Bexar County Community Supervision &amp; Corrections Department Training/Presentation Sign in Sheets. Sign in sheets demonstrate 61 facility staff have been trained on PREA Initial Training and PREA Training.</p> <p>Post Audit: The facility provided 61 Applewhite Recovery Center Employee Acknowledgment of Sexual Abuse/Harassment Information Prison Rape Elimination Act Training</p> <p>(a) The Bexar County Dually Diagnosed Residential Facility PAQ states the agency trains all employees who may have contact with residents on the agency’s zero-tolerance policy for sexual abuse and sexual harassment.</p> <p>Bexar County CSCD Applewhite Recovery Center, Policy 4.1, Prison Rape Elimination Act, page 63, section 3., states, “All employees will attend a PREA Training within 6 months of employment. Training will also be conducted on an annual basis for all employees, volunteers and contractors.”</p> <p>The facility provided a National PREA Resource Center: The Prison Rape Elimination Act: Overview of the Law and Your</p>

Role PowerPoint. This PowerPoint includes the following:

- Over of the Law and Your Role
- Inmates' Rights to Be Free from Sexual Abuse and Sexual Harassment and Staff and Inmate's Rights to Be Free from Retaliation for Reporting
- Prevention and Detection of Sexual Abuse and Sexual Harassment
- PREA and Organizational Culture, What Role You Can Play?
- The Role of the Initial Responder
- Responding to Abuse
- Professionalism Compromised
- Dynamics and Detection
- Environmental Considerations
- Examples of Gender Differences Related to Vulnerable Populations
- PREA and Boundaries
- Mandatory Reporting Laws

(b) The Bexar County Dually Diagnosed Residential Facility PAQ states training is tailored to the gender of the residents at the facility. Employees who are reassigned from facilities housing the opposite gender are given additional training.

(c) The Bexar County Dually Diagnosed Residential Facility PAQ states between trainings the agency provides employees who may have contact with residents with refresher information about current policies regarding sexual abuse and harassment. The frequency with which employees who may have contact with residents receive refresher training on PREA requirements every two years. Post audit the facility provided a sustainable action plan to ensure training is completed every year through annual and or refresher training.

(d) The Bexar County Dually Diagnosed Residential Facility PAQ states the agency documents that employees who may have contact with residents understand the training they have received through employee signature or electronic verification.

The facility provided an Applewhite Recovery Center Employee Acknowledgement of Sexual Abuse/Harassment Information Prison Rape Elimination Act Training. This document requires employees to attest to the following: "I acknowledge receiving information and training on the prevention of sexual abuse/harassment and the Bexar County Applewhite Recovery Center's policy on Zero Tolerance of sexual abuse/harassment, in accordance with PREA Standard 115.211 and 115.231. I further acknowledge that I understand the information received in accordance with PREA Standard 115.231."

Through such reviews, the facility meets the standard requirements.

115.232	<b>Volunteer and contractor training</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>Document Review:</p> <ol style="list-style-type: none"> <li>1. Bexar County Dually Diagnosed Residential Facility PAQ</li> <li>2. Bexar County CSCD Applewhite Recovery Center, Policy 4.40, PREA Outcries and First Responder Responsibilities, dated 2.12.2019</li> <li>3. National PREA Resource Center: The Prison Rape Elimination Act: Overview of the Law and Your Role PowerPoint training, not dated</li> <li>4. Applewhite Recovery Center Contractor/Vendor Acknowledgement of Sexual Abuse/Harassment Information Prison Rape Elimination Act Training, not dated.</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Volunteer</li> </ol> <p>Interview with the volunteer demonstrated she was aware of being trained on PREA. The volunteer was aware of reporting procedures and stated she could report to any Resident Monitor or the Security Resident Supervisor.</p> <p>(a) The Bexar County Dually Diagnosed Residential Facility PAQ states all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response. The number of volunteers and contractors, who may have contact with residents, who have been trained in agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response is 20.</p> <p>The facility provided a National PREA Resource Center: The Prison Rape Elimination Act: Overview of the Law and Your Role PowerPoint. This PowerPoint includes the following:</p> <ul style="list-style-type: none"> <li>• Over of the Law and Your Role</li> <li>• Inmates' Rights to Be Free from Sexual Abuse and Sexual Harassment and Staff and Inmate's Rights to Be Free from Retaliation for Reporting</li> <li>• Prevention and Detection of Sexual Abuse and Sexual Harassment</li> <li>• PREA and Organizational Culture, What Role You Can Play?</li> <li>• The Role of the Initial Responder</li> <li>• Responding to Abuse</li> <li>• Professionalism Compromised</li> <li>• Dynamics and Detection</li> <li>• Environmental Considerations</li> <li>• Examples of Gender Differences Related to Vulnerable Populations</li> <li>• PREA and Boundaries</li> <li>• Mandatory Reporting Laws</li> </ul> <p>(b) The Bexar County Dually Diagnosed Residential Facility PAQ states the level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with residents. All volunteers and contractors who have contact with residents have been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.</p> <p>(c) The Bexar County Dually Diagnosed Residential Facility PAQ states the agency maintains documentation confirming that volunteers and contractors who have contact with residents understand the training they have received.</p> <p>The facility provided an Applewhite Recovery Center Employee Acknowledgement of Sexual Abuse/Harassment Information Prison Rape Elimination Act Training. This document requires employees to attest to the following: "I acknowledge receiving information and training on the prevention of sexual abuse/harassment and the Bexar County Applewhite Recovery Center's policy on Zero Tolerance of sexual abuse/harassment, in accordance with PREA Standard 115.211 and 115.232. I further acknowledge that I understand the information received in accordance with PREA Standard 115.232"</p> <p>Through such reviews, the facility meets the standard requirements.</p>

115.233	<b>Resident education</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>Document Review:</p> <ol style="list-style-type: none"> <li>1. Bexar County Dually Diagnosed Residential Facility PAQ</li> <li>2. Bexar County CSCD Applewhite Recovery Center, Policy 4.4, Intake Process for New Residents, dated 2.12.2019</li> <li>3. What is PREA Pamphlet, English and Spanish, not dated</li> <li>4. The Applewhite Recovery Center Zero Tolerance Posting, not dated</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Random Residents</li> <li>2. Targeted Residents</li> <li>3. Residential Monitors</li> </ol> <p>Interviews with residents demonstrated their knowledge of PREA, reporting options to staff, their knowledge of third-party reporting and or phone numbers posted on Zero-Tolerance posters throughout the facility.</p> <p>The Intake staff, who are also residential monitors, interviewed stated he reviews the agency PREA policy, resident rights, reporting options and has each of them watch a PREA video and asks each resident if they have any questions and makes sure they understand. The Residential Monitor stated the Chief and the PREA Coordinator will also train residents once again, explaining PREA, reporting, what is and is not allowed, read the policy to them again, explain definitions, rights and ensure they understand and or have any questions they can answer.</p> <p>Site Observation:</p> <p>Resident files reviewed, each demonstrated evidence of PREA education within 72 hours of intake.</p> <p>(a) The Bexar County Dually Diagnosed Residential Facility PAQ states residents receive information at time of intake about the zero-tolerance policy, how to report incidents or suspicions of sexual abuse or harassment, their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents. The number of residents admitted during past 12 months who were given this information at intake was 163.</p> <p>Bexar County CSCD Applewhite Recovery Center, Policy 4.4, Intake Process for New Residents, page 71, section C., states, "The Senior Shift Leader/Shift Leader will read and explain the Facility Rule and Regulations to include the PREA Acknowledgement form indicating that they understand the information received. They will also be shown the PREA video "PREA- What You Need to Know". In addition, male residents will be shown the " Male Inmate PREA Education video and female residents will be shown the " Female Inmate PREA Education video. Senior Shift Leaders /Shift Leaders will also have the resident acknowledge that they have seen the video, by signing the top half of the Acknowledgement of Prevention of Sexual Abuse/ Harassment Information form. The Senior Shift Leader /Shift Leader and resident will sign all required documents. Intake documents are to be completely filled out by each resident. Residents will not be allowed in the dorms until all documents have been signed."</p> <p>The facility provided a What is PREA Pamphlet in both English and Spanish. This pamphlet speaks to the following topics:</p> <ul style="list-style-type: none"> <li>• What is PREA</li> <li>• What dose Zero Tolerance mean?</li> <li>• What can I report?</li> <li>• What is Sexual Abuse</li> <li>• What is Sexual Harassment</li> <li>• What are my rights?</li> <li>• What happens when the investigation is done?</li> <li>• How can I report Sexual Abuse or Sexual Harassment and get Help?</li> </ul> <p>(b) The Bexar County Dually Diagnosed Residential Facility PAQ states the facility provides residents who are transferred from a different community confinement facility with refresher information referenced in 115.233(a)-1. The number of residents transferred from a different community confinement facility during the past 12 months was zero. The number of residents transferred from a different community confinement facility, during the past 12 months, who received refresher information was zero. The agency states residents from other counties are admitted through probation departments and each intake receives PREA training.</p> <p>(c) The Bexar County Dually Diagnosed Residential Facility PAQ states Resident PREA education is available in formats accessible to all residents. Residents who are deaf, visually impaired otherwise disabled are not eligible for the program. All residents view the video, and the pamphlet was created in elementary grade level format.</p>

(d) The Bexar County Dually Diagnosed Residential Facility PAQ states the agency maintains documentation of resident participation in PREA education sessions. Documentation compliance can be found in provision (a) of this standard.

(e) The Bexar County Dually Diagnosed Residential Facility PAQ states the agency ensures that key information about the agency's PREA policies is continuously and readily available or visible through posters, resident handbooks, or other written formats.

The facility provided an Applewhite Recovery Center Zero Tolerance Posting. The posting speaks to:

- zero tolerance for all forms of sexual conduct,
- information on reporting,
- grievance procedures
- third party reporting
- PREA Coordinator name and contact information
- Rape Crisis Center name, address and telephone contact information

Through such reviews, the facility meets the standard requirements.

115.234	<b>Specialized training: Investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>Document Review:</p> <ol style="list-style-type: none"> <li>1. Bexar County Dually Diagnosed Residential Facility PAQ</li> <li>2. Bexar County CSCD Applewhite Recovery Center, Policy 4.4, Intake Process for New Residents, dated 2.12.2019</li> <li>3. Certificates of Completion, PREA: Investigating Sexual Abuse in a Confinement Setting</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Training and PREA Coordinator</li> <li>2. Agency Investigator</li> </ol> <p>Interviews with administrative staff demonstrated facility investigators have completed specialized investigator training course. Certificates were uploaded during the pre-audit phase.</p> <p>(a) The Bexar County Dually Diagnosed Residential Facility PAQ states agency policy does not require that investigators are trained in conducting sexual abuse investigations in confinement settings. This provision is not applicable.</p> <p>(c) The Bexar County Dually Diagnosed Residential Facility PAQ states the agency maintain documentation showing that investigators have completed the required training. The number of investigators currently employed who have completed the required training is one.</p> <ol style="list-style-type: none"> <li>4. The facility provided two Certificates of Completion, PREA: Investigating Sexual Abuse in a Confinement Setting. These certificates demonstrate trainings were completed through the National Institute of Corrections. Certificates are dated 2.6.2019 and 9.11.2020.</li> </ol> <p>Through such reviews the facility meets the standard requirements.</p>

115.235	<p><b>Specialized training: Medical and mental health care</b></p> <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Document Review:</p> <ol style="list-style-type: none"> <li>1. Bexar County Dually Diagnosed Residential Facility PAQ</li> <li>2. Bexar County CSCD Applewhite Recovery Center, Policy 4.1, Prison Rape Elimination Act, dated 2.12.2019</li> <li>3. Nine Certificates of Completion: PREA 201 for Medical and Mental Health Practitioners</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. LVN (Nurse) Supervisor</li> <li>2. Training and PREA Coordinator</li> </ol> <p>Interviews with the LVN Supervisor and Training Coordinator demonstrated medical staff have completed specialized training for medical and mental health staff through PREA 201 for Medical and Mental Health Practitioners.</p> <p>Site Observation:</p> <p>File review demonstrated the training certificates medical staff as well as training mandated by standard 115.331.</p> <p>(a) The Bexar County Dually Diagnosed Residential Facility PAQ states the agency has a policy related to the training of medical and mental health practitioners who work regularly in its facilities. The number of all medical and mental health care practitioners who work regularly at this facility and have received the training required by agency policy is 14. The percent of all medical and mental health care practitioners who work regularly at this facility and have received the training required by agency policy is 80%.</p> <p>Bexar County CSCD Applewhite Recovery Center, Policy 4.1, Prison Rape Elimination Act, page 62, section Implementation and Enforcement 2., states, "Implementation of this policy shall be achieved through appropriate training of volunteers, contractors and staff, including but not limited to security, medical practitioners, mental health counseling staff and PREA investigators; notice to residents at the intake stage regarding the ARC's zero tolerance policy; implementation of a complaint/investigation process; ongoing notice to residents through published policies and literature, dorm meetings and one-on-one counseling sessions."</p> <p>(b) The Bexar County Dually Diagnosed Residential Facility PAQ states the agency medical staff at this facility do not conduct forensic medical exams.</p> <p>(c) The agency maintains documentation showing that medical and mental health practitioners have completed the required training.</p> <p>The facility provided nine Certificates of Completion: PREA 201 for Medical and Mental Health Practitioners. This training was completed through the National Institute of Corrections.</p> <p>Bexar County CSCD Applewhite Recovery Center, Policy 4.1, Prison Rape Elimination Act, page 63, section Implementation and Enforcement 3., states, "All employees will attend a PREA Training within 6 months of employment. Training will also be conducted on an annual basis for all employees, volunteers and contractors."</p> <p>Through such reviews the facility meets the standard requirements.</p>
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115.241	<b>Screening for risk of victimization and abusiveness</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>Document Review:</p> <ol style="list-style-type: none"> <li>1. Bexar County Dually Diagnosed Residential Facility PAQ</li> <li>2. Bexar County CSCD Applewhite Recovery Center, Policy 4.4, Intake Process of New Intakes, dated 7.1.2022</li> <li>3. Applewhite Recovery Center PREA Risk Screening Instrument, not dated</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Random residents</li> <li>2. Targeted residents</li> <li>3. Residential Supervision Manager</li> </ol> <p>Interviews with residents demonstrated each were asked risk assessment questions at intake and most remembered being asked similar questions by their probation officers.</p> <p>Interviews with the Residential Supervision Manager demonstrated that risk assessments are on the first day and or within 72 hours of arrival. 30-day assessments are completed within 30 days of intake.</p> <p>Site Observation:</p> <p>During review resident files, this Auditor noted each resident had received information on PREA at intake, screening occurred within 72 hours of admission, primarily on the day of admission. Each file reviewed demonstrated residents were reassessed within 30 days of admission.</p> <p>(a) The Bexar County Dually Diagnosed Residential Facility PAQ states the agency has a policy that requires screening (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness toward other residents.</p> <p>Bexar County CSCD Applewhite Recovery Center, Policy 4.4, Intake Process of New Intakes, page 72, section I., states, "Within 72 hours of intake, RCSOs will complete with the resident, the PREA Risk Assessment form.</p> <p>All completed Risk Assessment forms will be submitted for review to the ARC PREA Coordinator</p> <p>Residents identified as potential victims will be coded on the All in One roster as PW.</p> <p>Residents identified as potential abusers will be coded on the All in One roster as HR.</p> <p>The PREA Coordinator or designee will notify security of the coding to be updated on the All in One roster."</p> <p>(b) The Bexar County Dually Diagnosed Residential Facility PAQ states the agency policy requires that residents be screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their intake. The number of residents entering the facility (either through intake or transfer) within the past 12 months (whose length of stay in the facility was for 72 hours or more) who were screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their entry into the facility was 163.</p> <p>(c-e) The Bexar County Dually Diagnosed Residential Facility PAQ states the risk assessment is conducted using an objective screening instrument.</p> <p>The facility provided an Applewhite Recovery Center PREA Risk Screening Instrument. The instrument includes the following.</p> <p>Resident name, Cause Number, date</p> <p>Initial PREA Risk Screen:</p> <ul style="list-style-type: none"> <li>• All residents newly admitted to the ARC will have an Initial PREA Risk Screen completed by trained facility Unit staff within 72 hours of their arrival at the facility.</li> </ul> <p>Admissions Risk Screen:</p> <ul style="list-style-type: none"> <li>• All Resident newly admitted to the ARC will have an Admissions PREA Risk Screen completed by trained A&amp;O Case Manager within 30 days of their arrival at the facility.</li> </ul> <p>PREA Risk Screen Review:</p> <ul style="list-style-type: none"> <li>• Reassess warranted due to a facility transfer, incident of sexual abuse, or receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness.</li> </ul>

Potential Aggressor:

1. Institutional Incidents of sexually abusing other offenders
2. Offender has prior acts of violent sexual abuse (non-institutional)
3. Offender has prior convictions for violent offenses
4. Offender has prior violence within institutional setting or jails

\*SCORING: If question 1 is marked "YES" than score AP, IF any 3 or more are "YES" than score AP.

Potential Victim:

1. Presents or Identifies a mental, physical, or developmental disability
2. History of prior sexual victimization (Institutional)
3. History of prior sexual victimization (non-Institutional)
4. Resident is less than 21 years old or over 55 years old
5. Offender is of slight physical stature: Male: less than 5'6 and/or less than 140 lbs. Female: less than 5' and/or less than 100 lbs.
6. Offenders first time incarcerated
7. Criminal History is exclusively nonviolent
8. Resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming
9. Offender has current or prior convictions for sexual offenses against a child or adult
10. Offender believes he/she is vulnerable to being sexually victimized in the institution

\*SCORING: If question 1 OR 2 is marked "YES" than score VP, IF any 3 or more are "YES" than score VP.

\*SCORING: If resident scores both as a AP and a VP then the residents Initial PREA Score is MX \*SCORING: If neither area scores, then resident Initial PREA Score is NS

(f) The Bexar County Dually Diagnosed Residential Facility PAQ states the number of residents entering the facility (either through intake or transfer) within the past 12 months whose length of stay in the facility was for 30 days or more who were reassessed for their risk of sexual victimization or of being sexually abusive within 30 days after their arrival at the facility based upon any additional, relevant information received since intake was 163.

Bexar County CSCD Applewhite Recovery Center, Policy 4.4, Intake Process of New Intakes, page 72, section I., states, "A PREA risk reassessment will be completed 30 days after the initial assessment. If there any status changes from the initial assessment, the reassessment will be sent to the PREA coordinator for review. The PREA Coordinator or designee will notify security of the coding to be updated on the All in One roster.

Residents coded as PW will be monitored closely with emphasis placed on blind spots within the dorm.

Residents coded as HR will be bunked closest to the monitor's desk and behaviors closely monitored."

(g) Bexar County CSCD Applewhite Recovery Center, Policy 4.4, Intake Process of New Intakes, page 2, section I., ninth paragraph, states, "The policy requires that a resident's risk level be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness."

(h) Bexar County CSCD Applewhite Recovery Center, Policy 4.4, Intake Process of New Intakes, page 2, section I., tenth paragraph, states, "A resident will not be disciplined for refusing to answer (or for not disclosing complete information related to) the questions regarding: (a) whether or not the resident has a mental, physical, or developmental disability; (b) whether or not the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming; (c) Whether or not the resident has previously experienced sexual victimization; and (d) the resident's own perception of vulnerability."

(i) The agency implements appropriate controls on the dissemination within the facility by coding resident rosters by risk level as opposed to the reason for risk.

Through such reviews, the facility meets the standard requirements.

115.242	<p><b>Use of screening information</b></p> <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Document Review:</p> <ol style="list-style-type: none"> <li>1. Bexar County Dually Diagnosed Residential Facility PAQ</li> <li>2. Bexar County CSCD Applewhite Recovery Center, Policy 4.4, Intake Process of New Intakes, dated 7.1.2022</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Targeted residents</li> <li>2. Random residents</li> <li>3. Residential Supervision Manager</li> </ol> <p>Interviews with the Resident Supervision Manager demonstrated once resident risks are completed the residents are added to the program roster and if applicable a code is added to indicate possible risk of victimization or abuse.</p> <p>Site Observation:</p> <p>The Auditor was provided resident rosters, by dorm, for residents describing the bunk, risk code, name, court, age, date of arrival, cause code, state identification number, term of sentence, and assigned supervision officer.</p> <p>This roster was used to choose resident interviews.</p> <p>(a) The Bexar County Dually Diagnosed Residential Facility PAQ states the agency/facility uses information from the risk screening required by §115.241 to inform housing, bed, work, education, and program assignments with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive.</p> <p>Bexar County CSCD Applewhite Recovery Center, Policy 4.4, Intake Process of New Intakes, page 2, section I., fourth paragraph, states, "The facility will use information from the risk screening required by §115.241 to inform housing, bed, work, education, and program assignments with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive. The facility will make individualized determinations about how to ensure the safety of each resident. The facility will make housing and program assignments for transgender or intersex residents in the facility on a case-by-case basis. Transgender/Intersex residents will be afforded the opportunity to shower first or last and placed closer to the security monitor to ensure safety and security."</p> <p>(b) The Bexar County Dually Diagnosed Residential Facility PAQ states the agency/facility makes individualized determinations about how to ensure the safety of each resident. Policy compliance can be found in provision (a) of this standard.</p> <p>(c-f) The Bexar County Dually Diagnosed Residential Facility PAQ states the agency/facility makes housing and program assignments for transgender or intersex residents in the facility on a case-by-case basis. Policy compliance can be found in provision (a) of this standard.</p> <p>Through such reviews, the facility meets the standard requirements.</p>
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115.251	<b>Resident reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>Document Review:</p> <ol style="list-style-type: none"> <li>1. Bexar County Dually Diagnosed Residential Facility PAQ</li> <li>2. Bexar County CSCD Applewhite Recovery Center, Policy 4.40, PREA Outcries and First Responder Responsibilities, dated 2.12.2019</li> <li>3. What is PREA Brochure, not dated</li> <li>4. Have you experienced sexual violence flyer, not dated</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Random residents</li> <li>2. Targeted residents</li> <li>3. Residential Monitors</li> <li>4. Program Director</li> </ol> <p>Staff and residents were comfortable reporting verbally to any staff. Each resident interviewed stated reporting options to family members, accessing information provided on flyers posted throughout the facility, or by reporting directly to staff.</p> <p>Site Observations:</p> <p>During the tour a multitude of PREA Zero Tolerance No Means No posters with agency reporting and advocacy contact information were witnessed. Residents do not have access to phones other than through the facility staff at this facility.</p> <p>(a) The Bexar County Dually Diagnosed Residential Facility PAQ states the agency has established procedures allowing for multiple internal ways for residents to report privately to agency officials about: (a) sexual abuse or sexual harassment; (b) retaliation by other residents or staff for reporting sexual abuse and sexual harassment; and (c) staff neglect or violation of responsibilities that may have contributed to such incidents.</p> <p>Bexar County CSCD Applewhite Recovery Center, Policy 4.40, PREA Outcries and First Responder Responsibilities, page 127, section B. 1. a., states, "Residents, staff and third parties may bring complaints regarding an allegation of sexual abuse, sexual harassment and, or retaliation at any time, regardless of when the incident is alleged to have occurred. Residents, staff and third parties may also bring complaints regarding staff neglect or violation of responsibilities that may have contributed to incidents of sexual abuse, sexual harassment and, or retaliation."</p> <p>Bexar County CSCD Applewhite Recovery Center, Policy 4.40, PREA Outcries and First Responder Responsibilities, page 127, section B. 1. d., states, "Residents may make complaints either verbally or in writing, or with assistance of a third party, except as prohibited herein, when a disability or limited English proficiency may require an accommodation for communication purposes."</p> <p>The facility provided a What is PREA Brochure. The section 'How can I report sexual abuse or sexual harassment and get help, states, "You can put non-emergency written reports in the "Locked Box" as a formal grievance procedure to report sexual assault or harassment. You can also call a dedicated Rape Crisis Center phone line for support. You can also call to file a third party report on behalf of someone else."</p> <p>(b) The Bexar County Dually Diagnosed Residential Facility PAQ states the agency provides at least one way for residents to report abuse or harassment to a public or private entity or office that is not part of the agency.</p> <p>The facility provided a "Have you experienced sexual violence" posting. This posting provides the following advocate information:</p> <p>PREA Support Hotline – 210.349.7273  The Rape Crisis Center  Attn: PREA Support Services  4606 Centerview Drive, Suite 200  San Antonio, TX 78226</p> <p>(c) The Bexar County Dually Diagnosed Residential Facility PAQ states the agency has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties.</p> <p>Bexar County CSCD Applewhite Recovery Center, Policy 4.40, PREA Outcries and First Responder Responsibilities, page 124, section PREA Allegations A., states, "The ARC requires all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; retaliation against residents or staff who reported such an incident; and any</p>

staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.”

(d) The Bexar County Dually Diagnosed Residential Facility PAQ states the agency has established procedures for staff to privately report sexual abuse and sexual harassment of residents. Staff are informed through training. Policy compliance can be found in provision (c) of this standard.

Through such reviews, the facility meets the standard requirements.

115.252	<b>Exhaustion of administrative remedies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>Document Review:</p> <ol style="list-style-type: none"> <li>1. Bexar County Dually Diagnosed Residential Facility PAQ</li> <li>2. Bexar County CSCD Applewhite Recovery Center, Policy 4.14, Resident Grievance Procedure, dated 5.5.2017</li> <li>3. Bexar County CSCD Applewhite Recovery Center, Policy 4.40, PREA Outcries and First Responder Responsibilities, dated 2.12.2019</li> <li>4. Post Audit: Closed Grievances</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Random Residents</li> <li>2. Targeted Residents</li> <li>3. PREA Coordinator</li> </ol> <p>Residents interviewed were aware of the grievance procedures and understood they could complete a grievance. Of the residents interviewed, three stated they had filed grievances and had received word that the grievance was under investigation; however, each had not received an outcome of those investigations.</p> <p>Site Observation:</p> <p>PREA/Grievance boxes are located throughout the facility.</p> <p>Post Audit: the facility completed grievance reports, discussed those grievances with residents and provided residents with outcomes of each grievance.</p> <p>(a) The Bexar County Dually Diagnosed Residential Facility PAQ states the agency has an administrative procedure for dealing with resident grievances regarding sexual abuse.</p> <p>Bexar County CSCD Applewhite Recovery Center, Policy 4.14, Resident Grievance Procedure, page 1, section General Information, states, "The Resident Grievance Procedure is designed to address resident complaints related to any aspect of institutional life or condition of confinement which directly and personally affects the resident grievant including Sexual Assault or Sexual Harassment, Facility Orders, Technical Manuals, and written instructions, procedures and the actions of staff."</p> <p>(b) The Bexar County Dually Diagnosed Residential Facility PAQ states the agency policy or procedure allows a resident 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>Bexar County CSCD Applewhite Recovery Center, Policy 4.40, PREA Outcries and First Responder Responsibilities, page 127, section B. 1., states, "Residents, staff and third parties may bring complaints regarding an allegation of sexual abuse, sexual harassment and, or retaliation at any time, regardless of when the incident is alleged to have occurred. Residents, staff and third parties may also bring complaints regarding staff neglect or violation of responsibilities that may have contributed to incidents of sexual abuse, sexual harassment and, or retaliation."</p> <p>(c) The Bexar County Dually Diagnosed Residential Facility PAQ states the agency's policy and procedure allows a resident to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint. The agency's policy and procedure require that a resident grievance alleging sexual abuse not be referred to the staff member who is the subject of the complaint.</p> <p>Bexar County CSCD Applewhite Recovery Center, Policy 4.40, PREA Outcries and First Responder Responsibilities, page 128, section 1. i., states, "Under no circumstance shall a resident be referred to or required to submit a complaint of sexual abuse, sexual harassment or retaliation to the staff member who is the subject of the complaint."</p> <p>(d) The Bexar County Dually Diagnosed Residential Facility PAQ states the agency policy and procedure requires that a decision on the merits of any grievance or portion of a grievance alleging sexual abuse be made within 90 days of the filing of the grievance. In the past 12 months, the number of grievances filed that alleged sexual abuse was one. In the past 12 months, the number of grievances alleging sexual abuse that reached final decision within 90 days after being filed was zero.</p> <p>Bexar County CSCD Applewhite Recovery Center, Policy 4.40, PREA Outcries and First Responder Responsibilities, page 128, section B. 2. h., states, "All investigations shall be completed within 90 days of initiation of the complaint process by the resident." This facility uses the words grievance and complaints synonymously.</p> <p>(e) The Bexar County Dually Diagnosed Residential Facility PAQ states agency policy and procedure permit third parties,</p>

including fellow residents, staff members, family members, attorneys, and outside advocates, to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse and to file such requests on behalf of residents. Agency policy and procedure requires that if a resident decline to have third-party assistance in filing a grievance alleging sexual abuse, the agency documents the resident's decision to decline. The number of 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 was zero.

Bexar County CSCD Applewhite Recovery Center, Policy 4.40, PREA Outcries and First Responder Responsibilities, page 127, section B. 1. f., states, "Residents may utilize third parties, including fellow residents, staff members, attorneys and outside advocates, to assist in filing requests for administrative remedies relating to allegations of sexual abuse and, or sexual harassment and to file such requests on behalf of the resident. In cases where a resident declines third-party assistance in filing a complaint of sexual abuse or sexual harassment, the PREA Coordinator shall document the resident's decision to decline."

(f) The Bexar County Dually Diagnosed Residential Facility PAQ states the agency has a policy and established procedures for filing an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse. Agency policy and procedure for emergency grievances alleging substantial risk of imminent sexual abuse requires an initial response within 48 hours. The number of emergency grievances alleging substantial risk of imminent sexual abuse that were filed in the past 12 months was zero. The agency's policy and procedure for emergency grievances alleging substantial risk of imminent sexual abuse requires that a final agency decision be issued within 5 days. The number of grievances alleging substantial risk of imminent sexual abuse filed in the past 12 months that reached final decisions within 5 days was zero.

Bexar County CSCD Applewhite Recovery Center, Policy 4.40, PREA Outcries and First Responder Responsibilities, page 127, section B. 1. g, states, "Upon receipt of a complaint in which it is evident that the resident is subject to a substantial risk of imminent sexual abuse, the PREA Coordinator shall provide an initial response within 48 hours and shall issue an agency decision within 5 calendar days after investigation as provided here on an expedited schedule. Consistent with First Responder protocol, immediate action shall be taken to protect the resident."

(g) The Bexar County Dually Diagnosed Residential Facility PAQ states the agency has a written policy that limits its ability to discipline a resident for filing a grievance alleging sexual abuse to occasions where the agency demonstrates that the resident filed the grievance in bad faith. In the past 12 months, the number of resident grievances alleging sexual abuse that resulted in disciplinary action by the agency against the resident for having filed the grievance in bad faith was zero.

Bexar County CSCD Applewhite Recovery Center, Policy 4.40, PREA Outcries and First Responder Responsibilities, page 126, section J., states, "Disciplinary action is strictly prohibited for a report of sexual abuse or sexual harassment made in good faith and based upon a reasonable belief that the alleged conduct occurred, even if the investigation does not establish evidence to substantiate the allegation. Residents found to have filed a grievance in bad faith may not be disciplined except in cases where it can be established, by a preponderance of the evidence, which the contemplated disciplinary action will not chill or interfere with the filing of future complaints by residents or staff."

Through such reviews, the facility meets the standard requirements.

115.253	<b>Resident access to outside confidential support services</b>
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion



Document Review:

1. Bexar County Dually Diagnosed Residential Facility PAQ
2. Bexar County CSCD Applewhite Recovery Center, Policy 4.40, PREA Outcries and First Responder Responsibilities, dated 2.12.2019
3. Bexar County C.S.C.D. Prevention of Sexual Abuse of Residents Brochure, not dated
4. Proposed Memorandum of Understanding, Rape Crisis Center, not dated

Interviews:

1. Random residents
2. Targeted residents
3. Residential Monitors

Staff and residents interviewed informally and formally were aware of the Rape Crisis Center Hotline. Residents stated they were told about the advocate agency during their PREA training, in their PREA handouts and through the postings throughout the facility.

Site Observation:

During the tour Advocate brochures and contact information was witnessed on posted No Means No Zero Tolerance posters. The facility does have a private room for reporting to the victim advocate. This room has a phone that can be removed from the receiver and automatically rings into the advocate. The Auditor accessed this phone and was automatically connected with the advocacy agency.

(a) The Bexar County Dually Diagnosed Residential Facility PAQ states the facility provides residents with access to outside victim advocates for emotional support services related to sexual abuse. The facility provides residents with access to such services by giving residents mailing addresses and telephone numbers (including toll-free hotline numbers where available) for local, state, or national victim advocacy or rape crisis organizations. The facility provides residents with access to such services by enabling reasonable communication between residents and these organizations in as confidential a manner as possible.

Bexar County CSCD Applewhite Recovery Center, Policy 4.40, PREA Outcries and First Responder Responsibilities, page 128, section B. 1. h., states, "A victims' advocate through the Rape Crisis Center will be made available to residents bringing complaints of sexual abuse and, or sexual harassment. Residents will be provided with the mailing address and telephone numbers of the Rape Crisis Center, as well as a confidential environment in which to make contact."

The facility provided a Bexar County C.S.C.D. Prevention of Sexual Abuse of Residents Brochure. This brochure provides the Rape Crisis Center address and PREA Support Hotline phone number.

(b) The Bexar County Dually Diagnosed Residential Facility PAQ states the facility informs residents, prior to giving them access to outside support services, of the extent to which such communications will be monitored. PAQ states "If a resident utilizes the Rape Crisis Center Hotline, they are advised it will be confidential."

(c) The Bexar County Dually Diagnosed Residential Facility PAQ states the agency or facility maintains memorandum of understanding (MOUs) or other agreements with community service providers that are able to provide residents with emotional support services related to sexual abuse.

The facility provided a proposed Memorandum of Understanding, Rape Crisis Center and Bexar County Community Supervision and Corrections Department. Page 1, section 2 Purpose of the Memorandum of Understanding (MOU), states, "The purpose of the MOU is to describe the responsibilities of the parties as they relate to the crisis intervention services provided by the PREA Support Hotline, a program of the RCC. The parties will work together to ensure that confidential support is available to Applewhite Recovery Center residents who have been impacted by sexual violence, herein after referred to as Clients."

On 4.29.2022 at 3:32 pm, this Auditor phoned 844.252.7273. After four rings, a message stated the following: "To speak to next representative, please press 0, now. You have reached the Rape Center Hotline for anyone who has been raped or needs or advocacy services. We are opens 24 hours a day, seven days a week. Our counselors are taking other calls, please leave your name and number and one of our advocates will call you back, or you can try calling back at another time." This Auditor left a message, explaining the reason for the call and left a voicemail for a call back. On 4.29.2022 at 4:31 this Auditor received a call back from 'Christina'. After asking if the agency provided services to residents in the facility, Christina stated the agency does provide those services, there is nothing special the residents need to. The agency would make a PREA report, get the resident demographics, facility information as well as their unit and or SID number. Christina went on to state the agency would make reports to law enforcement and or depending on the county the call came from; a supervisor may need to make the call to the law enforcement in the proper county.

Through such reviews of the private advocate room, the facility exceeds the standard requirements.

115.254	<b>Third party reporting</b>
	<p data-bbox="242 145 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="242 210 451 239"><b>Auditor Discussion</b></p> <p data-bbox="242 271 435 300">Document Review:</p> <p data-bbox="242 304 836 333">1. Bexar County Dually Diagnosed Residential Facility PAQ</p> <p data-bbox="242 362 352 392">Interviews:</p> <p data-bbox="242 396 453 425">1. Random residents</p> <p data-bbox="242 430 459 459">2. Targeted residents</p> <p data-bbox="242 463 475 492">3. Residential Monitors</p> <p data-bbox="242 497 440 526">4. Supervisory staff</p> <p data-bbox="242 530 1458 591">Residents and staff interviewed demonstrated their reporting knowledge of third-party reporting stating that resident family members, friends and or probation officer could report sexual harassment or sexual abuse allegations for them.</p> <p data-bbox="242 620 419 649">Site Observation:</p> <p data-bbox="242 654 1481 714">During tours of visitation areas PREA Zero-tolerance flyers were present. Flyers included contact information and instruction for third party reporting.</p> <p data-bbox="242 743 1465 840">(a) The Bexar County Dually Diagnosed Residential Facility PAQ states the agency or facility provides a method to receive third-party reports of resident sexual abuse or sexual harassment. The agency or facility publicly distributes information on how to report resident sexual abuse or sexual harassment on behalf of residents.</p> <p data-bbox="242 869 1434 898">The facility provides third party reporting information at: <a href="https://www.bexar.org/2969/Prison-Rape-Elimination-Act-PREA">https://www.bexar.org/2969/Prison-Rape-Elimination-Act-PREA</a></p> <p data-bbox="242 927 507 956">The facility website states,</p> <p data-bbox="242 960 756 990"><b>HOW TO REPORT SEXUAL ABUSE AT THE ARC</b></p> <p data-bbox="242 994 1334 1023">Residents are encouraged to report all allegations of sexual abuse and/or sexual harassment immediately by:</p> <ul data-bbox="242 1028 1458 1155" style="list-style-type: none"> <li data-bbox="242 1028 1458 1057">o Completing a grievance and placing it in one of the secure dedicated PREA locked boxes located throughout the facility.</li> <li data-bbox="242 1061 1430 1122">o Complaints can be made verbally to the PREA Coordinator, any security staff member, residential supervision officer, counselor and/or a medical staff member.</li> <li data-bbox="242 1126 1481 1155">o A formal complaint can be made through the Bexar County Sheriff's Office at 200 North Comal St. San Antonio, TX 78207.</li> </ul> <p data-bbox="242 1160 1490 1220">To make a confidential report of suspected allegation, concern, or fear of sexual abuse/sexual assault, or sexual harassment, we can be contacted by:</p> <p data-bbox="242 1225 673 1254">Phone: 210-631-0303 – PREA Coordinator</p> <p data-bbox="242 1283 699 1312">Fax: 210-631-0319 – Attn: PREA Coordinator</p> <p data-bbox="242 1317 536 1346">Mail: Attn: PREA Coordinator</p> <p data-bbox="242 1350 531 1379">Applewhite Recovery Center</p> <p data-bbox="242 1384 464 1413">10975 Applewhite Rd.</p> <p data-bbox="242 1417 478 1447">San Antonio, TX 78224</p> <p data-bbox="242 1451 1449 1512">Third party reporting for alleged sexual assault/sexual abuse can be made directly to the Bexar County Sheriff's Office by phone - 911 for emergencies and 210-335-6000 for non-emergencies.</p> <p data-bbox="242 1541 919 1570">Through such reviews, the facility meets the standard requirements.</p>

115.261	<b>Staff and agency reporting duties</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Document Review:</p> <ol style="list-style-type: none"> <li>1. Bexar County Dually Diagnosed Residential Facility PAQ</li> <li>2. Bexar County CSCD Applewhite Recovery Center, Policy 4.40, PREA Outcries and First Responder Responsibilities, dated 2.12.2019</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Random residents</li> <li>2. Targeted residents</li> <li>3. Residential Monitors</li> <li>4. Specialized staff</li> <li>5. Agency Investigator</li> <li>6. PREA Coordinator</li> </ol> <p>Interviews with each staff and residents interviewed demonstrated each actively practices and understood the importance of immediately reporting all allegations of sexual abuse and sexual harassment. Staff stated they would take reports from rumors, suspicions, hearsay, grievances, written notes; all reports were taken seriously.</p> <p>Site Observations:</p> <p>The facility has not experienced a sexual harassment or sexual abuse report in the past 36 months.</p> <p>(a) The Bexar County Dually Diagnosed Residential Facility PAQ states the agency requires 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. The agency requires all staff to report immediately and according to agency policy retaliation against residents or staff who reported such an incident. The agency requires all staff to report immediately and according to agency policy any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.</p> <p>Bexar County CSCD Applewhite Recovery Center, Policy 4.40, PREA Outcries and First Responder Responsibilities, page 124, section A., states, "The ARC requires all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation."</p> <p>(b) The Bexar County Dually Diagnosed Residential Facility PAQ states, apart from reporting to designated supervisors or officials and designated state or local services agencies, agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions.</p> <p>Bexar County CSCD Applewhite Recovery Center, Policy 4.40, PREA Outcries and First Responder Responsibilities, page 124, section B., states, "Apart from reporting to designated supervisors or officials, staff shall not reveal any information related to a sexual abuse or sexual harassment report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions."</p> <p>(c) Bexar County CSCD Applewhite Recovery Center, Policy 4.40, PREA Outcries and First Responder Responsibilities, page 124, section C., states, "Unless otherwise precluded by Federal, State, or local law, medical and mental health practitioners shall be required to report sexual abuse and to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services."</p> <p>(d) Bexar County CSCD Applewhite Recovery Center, Policy 4.40, PREA Outcries and First Responder Responsibilities, page 124, section D., states, "The facility staff shall report all allegations of sexual abuse and sexual harassment, including third- party and anonymous reports, to the facility's designated PREA Coordinators or the Assistant Chief for Residential Services."</p> <p>Through such reviews, the facility meets the standard requirements.</p>

115.262	<b>Agency protection duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>Document Review:</p> <ol style="list-style-type: none"> <li>1. Bexar County Dually Diagnosed Residential Facility PAQ</li> <li>3. Bexar County CSCD Applewhite Recovery Center, Policy 4.40, PREA Outcries and First Responder Responsibilities, dated 2.12.2019</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Agency Investigator</li> <li>2. PREA Coordinator</li> </ol> <p>Interviews with the PREA Coordinator and agency investigator demonstrated the facility staff would act promptly and responds properly at the discovery of an incident.</p> <p>(a) The Bexar County Dually Diagnosed Residential Facility PAQ states when the agency or facility learns that a resident is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the resident. In the past 12 months, the number of times the agency or facility determined that a resident was subject to a substantial risk of imminent sexual abuse was zero.</p> <p>Bexar County CSCD Applewhite Recovery Center, Policy 4.40, PREA Outcries and First Responder Responsibilities, page 124, section Agency Reporting Duties, A., states, "When a staff member learns that a resident is subject to a substantial risk of imminent sexual abuse, he/she shall take immediate action to protect the resident. Similarly, upon receipt of allegations of sexual harassment, the staff member shall take immediate action to protect the resident(s) at risk for harassment."</p> <p>Through such reviews the facility meets the standard requirements.</p>

115.263	<b>Reporting to other confinement facilities</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Document Review:</p> <ol style="list-style-type: none"> <li>1. Bexar County Dually Diagnosed Residential Facility PAQ</li> <li>2. Bexar County CSCD Applewhite Recovery Center, Policy 4.40, PREA Outcries and First Responder Responsibilities, dated 2.12.2019</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Assistant Chief Residential Services</li> </ol> <p>The interview with the Assistant Chief Residential Services demonstrated that he was aware that upon receiving an allegation that a resident was sexually abused while confined at another facility, and that he had the responsibility to notify the head of the facility where the allegation occurred.</p> <p>(a-b) The Bexar County Dually Diagnosed Residential Facility PAQ states the agency has a policy requiring that, upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred. During the past 12 months, the number of allegations the facility received that a resident was abused while confined at another facility was zero.</p> <p>Bexar County CSCD Applewhite Recovery Center, Policy 4.40, PREA Outcries and First Responder Responsibilities, page 124, section Reporting to Confinement Facilities, A., states, "Upon receiving an allegation that a resident was sexually abused while confined at another facility, the PREA Coordinator or Assistant Chief of Residential Services shall notify the head of the other facility or appropriate office of the agency where the alleged abuse occurred as soon as possible, but no later than 72 hours after receiving the allegation. Where criminal conduct is alleged, the Bexar County Sheriff's Department shall be notified."</p> <p>(b) The Bexar County Dually Diagnosed Residential Facility PAQ states the agency policy requires the facility head to provide such notification as soon as possible, but no later than 72 hours after receiving the allegation.</p> <p>Bexar County CSCD Applewhite Recovery Center, Policy 4.40, PREA Outcries and First Responder Responsibilities, page 124, section Reporting to Confinement Facilities, B., states, "Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation."</p> <p>(c) The Bexar County Dually Diagnosed Residential Facility PAQ states the agency or facility documents that it has provided such notification within 72 hours of receiving the allegation.</p> <p>Bexar County CSCD Applewhite Recovery Center, Policy 4.40, PREA Outcries and First Responder Responsibilities, page 125, section Reporting to Confinement Facilities, C., states, "The agency shall document that it has provided such notification."</p> <p>(d) The Bexar County Dually Diagnosed Residential Facility PAQ states the agency or facility policy requires that allegations received from other facilities and agencies are investigated in accordance with the PREA standards. In the past 12 months, the number of allegations of sexual abuse the facility received from other facilities was zero.</p> <p>Bexar County CSCD Applewhite Recovery Center, Policy 4.40, PREA Outcries and First Responder Responsibilities, page 125, section Reporting to Confinement Facilities, D., states, "The PREA Coordinator shall ensure that the allegation is investigated in accordance with these standards."</p> <p>Through such reviews the facility meets the standard requirements.</p>

115.264	<b>Staff first responder duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>Document Review:</p> <ol style="list-style-type: none"> <li>1. Bexar County Dually Diagnosed Residential Facility PAQ</li> <li>2. Bexar County CSCD Applewhite Recovery Center, Policy 4.40, PREA Outcries and First Responder Responsibilities, dated 2.12.2019</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Residential Monitors</li> <li>2. Specialized staff</li> <li>3. Agency Investigator</li> </ol> <p>Interviews with each staff interviewed demonstrated they were aware of their first responder responsibilities. Staff stated reporting information can be found in the PREA book at the Control Desk. Staff interviewed stated they would separate the victim and the abuser, ensure neither ate, drank or urinated; would seal off the scene where incident occurred until a PREA person arrived, and they would document the incident through a report to their supervisor. The agency Investigator concurred staff and residents alike report allegations of abuse and each would respond as is designed through facility protocol.</p> <p>Site Observation:</p> <p>The facility has not experienced an allegation of sexual abuse in the past 36 months.</p> <p>(a) The Bexar County Dually Diagnosed Residential Facility PAQ states the agency has a first responder policy for allegations of sexual abuse. The policy requires that, upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report shall be required to separate the alleged victim and abuser. The policy requires that, upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report shall be required to preserve and protect any crime scene until appropriate steps can be taken to collect any evidence. The policy requires that, upon learning of an allegation that a resident was sexually abused and the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report shall be 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. The policy requires that, upon learning of an allegation that a resident was sexually abused and the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report shall be required to ensure that the alleged abuser not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.</p> <p>In the past 12 months, zero allegations occurred where a resident was sexually abused. Of these allegations, the number of times the first security staff member to respond to the report separated the alleged victim and abuser was zero. In the past 12 months, there were zero allegations where staff were notified within a time period that still allowed or the collection of evidence. Of these allegations the number of times the first security staff member to respond to the report was zero.</p> <p>Bexar County CSCD Applewhite Recovery Center, Policy 4.40, PREA Outcries and First Responder Responsibilities, page 125, section Staff First Responder Duties for Sexual Harassment, A. 1-7., states, "All ARC staff is considered First Responders and is responsible for reporting and taking immediate action upon receiving a complaint or information of an alleged violation of PREA Standards. Upon learning of an allegation that a resident was sexually harassed, the staff member responding to the report shall be required to:</p> <ol style="list-style-type: none"> <li>1. Take only basic information utilizing the following script; <ol style="list-style-type: none"> <li>a. I must notify the facility administration immediately so you do not have to give me specific details other than some basic information I need to obtain.</li> <li>b. Do you need medical attention?</li> <li>c. Who was involved?</li> <li>d. When did this happen?</li> </ol> </li> <li>2. Separate the victim and perpetrator, rendering aid if needed. The alleged perpetrator shall be subject to heightened monitoring to ensure that the alleged perpetrator and victim do not have any contact;</li> <li>3. Notify a PREA Coordinator or Assistant Chief of Residential Services.</li> <li>4. Preserve any apparent evidence. In all cases the First Responder should document the location, time and date of where the incident allegedly occurred to ensure the correct video surveillance can be secured by a PREA Coordinator.</li> <li>5. The Staff will document their actions and basic information obtained immediately following the aforementioned steps and before the end of their shift.</li> <li>6. The Staff will not start their own investigation or ask for statements.</li> <li>7. The Staff will not discuss the matter with any other employee other than the initial report to the PREA Coordinator or Assistant Chief of Residential Services, and the assigned investigator to the case.</li> </ol>

Bexar County CSCD Applewhite Recovery Center, Policy 4.40, PREA Outcries and First Responder Responsibilities, page 125-126, section Staff First Responder Duties for Sexual Abuse, A. 8-14., states, "Upon learning of an allegation that a resident was sexually abuse, the staff member responding to the report shall be required to:

8. Take only basic information utilizing the following script;

e. I must notify the facility administration immediately so you do not have to give me specific details other than some basic information I need to obtain.

f. Do you need medical attention?

g. Who abused you?

h. When did this happen?

i. Where did the abuse happen?

j. I'm going to place you in a separate room for your safety.

9. Separate the victim and perpetrator, rendering aid if needed. The alleged perpetrator shall be subject to heightened monitoring or isolated depending on the allegation and the imminent threat to the victim or other residents;

10. In cases of alleged sexual assault (rape), call 911. In all cases of alleged sexual abuse notify the PREA Coordinator or Assistant Chief of Residential Services.

11. Secure the scene protecting potential evidence from being tampered with until Law Enforcement or the PREA Coordinator arrives. If the alleged abuse occurred within a time period that still allows for the collection of physical evidence, as determined by the PREA Coordinator, Staff will request that neither the alleged victim nor alleged perpetrator take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating.

12. The Staff will document their actions and basic information obtained immediately following the aforementioned steps and before the end of their shift.

13. The Staff will not start their own investigation or ask for statements.

14. The Staff will not discuss the matter with any other employee other than the initial report to the PREA Coordinator or Assistant Chief of Residential Services and the assigned investigator to the case."

(b) The Bexar County Dually Diagnosed Residential Facility PAQ states the facility's' policy requires that if the first staff responder is not a security staff member, that responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence and notify security staff. Of the allegations that a resident was sexually abused made in the past 12 months, the number of times a non-security staff member was the first responder was zero. Policy compliance can be found in provision (a) of this standard.

Through such reviews, the facility meets the standard requirements.

115.265	<b>Coordinated response</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>Document Review:</p> <ol style="list-style-type: none"> <li>1. Bexar County Dually Diagnosed Residential Facility PAQ</li> <li>2. Sexual Assault Coordinated Response Plan, not dated</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Residential Monitors</li> <li>2. Agency Investigator</li> <li>3. PREA Coordinator</li> </ol> <p>Interviews with the random and specialized staff demonstrated the response to allegations of sexual assault is written to coordinate actions taken in response to sexual abuse and sexual harassment incidents.</p> <p>(a) The Bexar County Dually Diagnosed Residential Facility PAQ states the facility has developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership.</p> <p>The facility provided a Sexual Assault Coordinated Response Plan. This plan includes the following elements.</p> <p>Staff First Responder Duties for Sexual Abuse</p> <p>PREA Coordinator/Investigator/Administration Responsibilities</p> <ul style="list-style-type: none"> <li>• Criminal and Administrative Agency Investigations</li> <li>• General Investigation Policy</li> <li>• Complaints</li> <li>• Investigations</li> <li>• Notification to the Resident</li> <li>• Incident Review</li> <li>• Data Collection</li> <li>• Data Storage, Publication and Destruction</li> </ul> <p>Through such reviews, the facility meets the standard requirements.</p>



115.266	<b>Preservation of ability to protect residents from contact with abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>Document Review:</p> <p>1. Bexar County Dually Diagnosed Residential Facility PAQ</p> <p>(a) The Bexar County Dually Diagnosed Residential Facility PAQ states the agency, facility, or any other governmental entity is not responsible for collective bargaining on the agency's behalf has not entered into or renewed any collective bargaining agreement or other agreement since August 20, 2012, or since the last PREA audit, whichever is later.</p> <p>Through such reviews, the facility meets the standard requirements.</p>

115.267	<b>Agency protection against retaliation</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>Document Review:</p> <ol style="list-style-type: none"> <li>1. Bexar County Dually Diagnosed Residential Facility PAQ</li> <li>2. Bexar County CSCD Applewhite Recovery Center, Policy 4.40, PREA Outcries and First Responder Responsibilities, dated 2.12.2019</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. PREA Coordinator</li> </ol> <p>The interview with the PREA Coordinator demonstrated she would complete retaliation monitoring for the agency. The PREA Coordinator stated she would check in at least once a month for at least 90 days and or as long as was necessary.</p> <p>(a) The Bexar County Dually Diagnosed Residential Facility PAQ states the agency has 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. The agency designates staff member(s) or charges department(s) with monitoring for possible retaliation. Monitoring is completed by the PREA Coordinator.</p> <p>Bexar County CSCD Applewhite Recovery Center, Policy 4.40, PREA Outcries and First Responder Responsibilities, page 126, section, Agency Protection against Retaliation, A., states, "The agency shall 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. The PREA Coordinator is charged with monitoring retaliation."</p> <p>(b) Bexar County CSCD Applewhite Recovery Center, Policy 4.40, PREA Outcries and First Responder Responsibilities, page 126, section, Agency Protection against Retaliation, B., states, "In order to prevent or mitigate the risk of retaliation, various protective measures shall be implemented after a report of sexual harassment or sexual abuse, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment, or for cooperating with investigations."</p> <p>(c) The Bexar County Dually Diagnosed Residential Facility PAQ states the facility monitors the conduct or treatment of Residents or staff who reported sexual abuse and of residents who were reported to have suffered sexual abuse to ascertain if there are any changes that may suggest possible retaliation by Residents or staff. The facility will monitor conduct or treatment until the Resident is discharged. The facility acts promptly to remedy any such retaliation. In the past 12 months, the facility has had zero incidents of retaliation.</p> <p>Bexar County CSCD Applewhite Recovery Center, Policy 4.40, PREA Outcries and First Responder Responsibilities, page 126, section, Agency Protection against Retaliation, C., states, "For at least 90 days following a report of sexual abuse or sexual harassment, the PREA Coordinator shall monitor the conduct and treatment of residents or staff who report sexual abuse or sexual harassment and of residents who were reported to have suffered sexual abuse or sexual harassment. The PREA Coordinator shall monitor changes that may suggest possible retaliation by residents or staff and shall act promptly to remedy any such retaliation. The PREA Coordinator shall monitor possible evidence of retaliation such as resident disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The PREA Coordinator shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need. In the case of residents reporting sexual abuse or sexual harassment, monitoring may continue through the end of the resident's court ordered treatment period."</p> <p>(d) Bexar County CSCD Applewhite Recovery Center, Policy 4.40, PREA Outcries and First Responder Responsibilities, page 126, section, Agency Protection against Retaliation, D., states, "In the case of residents, such monitoring shall also include periodic status checks."</p> <p>(e) Bexar County CSCD Applewhite Recovery Center, Policy 4.40, PREA Outcries and First Responder Responsibilities, page 126, section, Agency Protection against Retaliation, E-F. state,</p> <p>E. "All staff is required to immediately report to either the PREA Coordinator or the Assistant Chief of Residential Facilities any information or complaints pertaining to retaliatory acts taken against staff or residents for having made a complaint or participated in an investigation.</p> <p>F. If any other individual who cooperates with an investigation expresses a fear of retaliation, the agency shall take appropriate measures to protect that individual against retaliation."</p> <p>Through such reviews, the facility meets the standard requirements.</p>

115.271	<b>Criminal and administrative agency investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>Document Review:</p> <ol style="list-style-type: none"> <li>1. Bexar County Dually Diagnosed Residential Facility PAQ</li> <li>2. Bexar County CSCD Applewhite Recovery Center, Policy 4.40, PREA Outcries and First Responder Responsibilities, dated 2.12.2019</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Agency Investigator</li> <li>2. PREA Coordinator</li> </ol> <p>The investigator clearly articulated processes required during an investigation, to include a thorough review and in-depth documentation process.</p> <p>Site Observation:</p> <p>The facility has not had a sexual harassment or sexual abuse in the past 36 months.</p> <p>(a) The Bexar County Dually Diagnosed Residential Facility PAQ states the agency/facility has a policy related to criminal and administrative agency investigations.</p> <p>Bexar County CSCD Applewhite Recovery Center, Policy 4.40, PREA Outcries and First Responder Responsibilities, page 128, section A. General Investigation Policy, states, "Except for those cases referred for criminal investigation, the ARC shall conduct investigations of all allegations of sexual abuse, sexual harassment and, or retaliation in a prompt, thorough, and objective manner, including third-party and anonymous reports. Complaints of sexual assault (rape) shall not be investigated by the ARC, but immediately reported to the Bexar County Sheriff's Department as provided by First Responder protocol. The departure of an alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation. Any State entity of Department of Justice component that conducts such investigations shall do so pursuant to standard. When outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation. The PREA Coordinator will monitor and ensure that sexual abuse criminal investigations referred to law enforcement are timely addressed and investigated. Resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. All communications related to medical services or crisis intervention are documented on Arrest/Transport forms and forwarded to the assigned probation officer and Program Director. Additional documentation received for services from SANE/SAFE/Sheriff's Office will be preserved by the PREA Coordinator pursuant to standards relating to data collection. The nature and scope of such services are determined by medical and mental health practitioners according to their professional judgment.</p> <p>(b) Investigators have completed specialized training through the National Institute of Corrections website. Two training certificates were uploaded in provision 115.234.</p> <p>(c) Bexar County CSCD Applewhite Recovery Center, Policy 4.40, PREA Outcries and First Responder Responsibilities, page 128, section 2. d., Investigations, states, "Investigators shall gather and preserve evidence, including, but not limited to, videotapes, logs, emails and other written documents pertinent to the allegations. Investigators shall interview the complainant, alleged perpetrator and named and potential witnesses, utilizing a tape recorder to document all testimony."</p> <p>(d) Bexar County CSCD Applewhite Recovery Center, Policy 4.40, PREA Outcries and First Responder Responsibilities, page 128, section 2. f., Investigations, states, "Investigators shall utilize Garrity Warnings when interviewing staff alleged to have engaged in acts of sexual abuse (other than sexual assault), sexual harassment or retaliation rising to the level of violations of the State official oppression statute where applicable."</p> <p>(e-g) Bexar County CSCD Applewhite Recovery Center, Policy 4.40, PREA Outcries and First Responder Responsibilities, page 128, section 2. g., Investigations, states, "After a prompt, thorough, and objective investigation of the facts, Investigators shall prepare an investigation report in all cases. A finding shall be made based upon a preponderance of the evidence standard. The report should document the allegations, evidence and testimony, analysis of the evidence gathered, credibility assessments of parties and witnesses, and findings. Findings should be determined to be "unfounded," "unsubstantiated," or "substantiated." Investigators shall also make an effort to determine if staff actions or failures contributed to substantiated findings."</p> <p>(h) The Bexar County Dually Diagnosed Residential Facility PAQ states substantiated allegations of conduct that appear to be criminal are referred for prosecution. The number of substantiated allegations of conduct that appear to be criminal that were referred for prosecution since the last PREA audit, was zero.</p>

Bexar County CSCD Applewhite Recovery Center, Policy 4.40, PREA Outcries and First Responder Responsibilities, page 129, Section 2. i., Investigations, states, "Substantiated allegations shall be addressed through the disciplinary process. Substantiated allegations of conduct that appear to be criminal are referred for prosecution."

(i) Bexar County CSCD Applewhite Recovery Center, Policy 4.40, PREA Outcries and First Responder Responsibilities, page 128, Section 2. b., Investigations, states, "Administrative or criminal investigations shall be completed for all allegations of sexual abuse, sexual harassment, retaliation and, or allegations of staff neglect or violation of responsibilities that may have contributed to incidents of sexual abuse, sexual harassment and, or retaliation. The agency will retain all written reports pertaining to the administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years"

(j) Policy compliance can be found in provision (a) of this standard.

(k) Policy compliance can be found in provision (a) of this standard.

(l) Policy compliance can be found in provision (a) of this standard.

Through such reviews, the facility meets the standard requirements.

115.272	<b>Evidentiary standard for administrative investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>Document Review:</p> <ol style="list-style-type: none"> <li>1. Bexar County Dually Diagnosed Residential Facility PAQ</li> <li>2. Bexar County CSCD Applewhite Recovery Center, Policy 4.40, PREA Outcries and First Responder Responsibilities, dated 2.12.2019</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Agency Investigator</li> </ol> <p>The interview with a facility investigator demonstrated the facility shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p>(a) The Bexar County Dually Diagnosed Residential Facility PAQ Bureau states the agency imposes a standard of a preponderance of the evidence or a lower standard of proof for determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p>Bexar County CSCD Applewhite Recovery Center, Policy 4.40, PREA Outcries and First Responder Responsibilities, page 128, section 2. g., Investigations, states, "After a prompt, thorough, and objective investigation of the facts, Investigators shall prepare an investigation report in all cases. A finding shall be made based upon a preponderance of the evidence standard. The report should document the allegations, evidence and testimony, analysis of the evidence gathered, credibility assessments of parties and witnesses, and findings. Findings should be determined to be "unfounded," "unsubstantiated," or "substantiated." Investigators shall also make an effort to determine if staff actions or failures contributed to substantiated findings."</p> <p>Through such reviews, the facility meets the standard requirements.</p>

115.273	<b>Reporting to residents</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Document Review:</p> <ol style="list-style-type: none"> <li>1. Bexar County Dually Diagnosed Residential Facility PAQ</li> <li>2. Bexar County CSCD Applewhite Recovery Center, Policy 4.40, PREA Outcries and First Responder Responsibilities, dated 2.12.2019</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Agency Investigator</li> <li>2. PREA Coordinator</li> </ol> <p>Interviews with the agency investigator and the PREA Coordinator demonstrated notification requirements to victims would be provided in writing with documentation of each notification. Written notifications are provided to residents by investigation staff.</p> <p>(a) The Bexar County Dually Diagnosed Residential Facility PAQ states the agency has a policy requiring that any resident who makes an allegation that he or she suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency. The number of criminal and/or administrative investigations of alleged resident sexual abuse that were completed by the agency/facility in the past 12 months was one. The complaint was received four months after the resident had exited the program. Bexar County Sheriff's Office was notified; however, the allegation did not provide any identifying information in regard to the parties involved and the allegation was found to be unsubstantiated.</p> <p>Bexar County CSCD Applewhite Recovery Center, Policy 4.40, PREA Outcries and First Responder Responsibilities, page 129, section Notification to Resident, 3. a., states, "Any resident who makes a complaint of sexual abuse shall be informed by the PREA Coordinator, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following investigation of the matter."</p> <p>(b) The Bexar County Dually Diagnosed Residential Facility PAQ states an outside entity conducts such investigations, the agency requests the relevant information from the investigative entity in order to inform the resident of the outcome of the investigation. The number of investigations of alleged resident sexual abuse in the facility that were completed by an outside agency in the past 12 months was zero.</p> <p>(c) The Bexar County Dually Diagnosed Residential Facility PAQ states following a resident's allegation that a staff member has committed sexual abuse against the resident, the agency/facility subsequently informs the resident (unless the agency has determined that the allegation is unfounded) whenever: (a) the staff member is no longer posted within the resident's unit; (b) the staff member is no longer employed at the facility; (c) the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or (d) the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.</p> <p>Bexar County CSCD Applewhite Recovery Center, Policy 4.40, PREA Outcries and First Responder Responsibilities, page 129, section Notification to Resident, 3. b., states, "Following a resident's allegation that a staff member has committed sexual abuse against the resident, the PREA Coordinator shall inform the resident (unless the matter is determined to have been unfounded) whenever:</p> <ol style="list-style-type: none"> <li>1. The staff member is no longer posted within the resident's unit;</li> <li>2. The staff member is no longer employed at the facility;</li> <li>3. The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or,</li> <li>4. The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility."</li> </ol> <p>(d) The Bexar County Dually Diagnosed Residential Facility PAQ states following a resident's allegation that he or she has been sexually abused by another resident in an agency facility, the agency subsequently informs the alleged victim whenever: (a) the agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or (b) the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.</p> <p>Bexar County CSCD Applewhite Recovery Center, Policy 4.40, PREA Outcries and First Responder Responsibilities, page 129, section Notification to Resident, last paragraph, states, "Following a resident's allegation that he or she has been sexually abused by another resident in an agency facility, the PREA Coordinator shall subsequently inform the alleged resident victim whenever: the agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility."</p>

(e) The Bexar County Dually Diagnosed Residential Facility PAQ states the agency has a policy that all notifications to residents described under this standard are documented. In the past 12 months, there has been zero notifications to a resident, pursuant to this standard.

Bexar County CSCD Applewhite Recovery Center, Policy 4.40, PREA Outcries and First Responder Responsibilities, page unknown, section c. a., states, "Any resident who makes a complaint of sexual abuse shall be informed by the PREA Coordinator, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following investigation of the matter. The facility will document all notifications to residents."

Through such reviews, the facility meets the standard requirements.

115.276	<b>Disciplinary sanctions for staff</b>
	<p data-bbox="240 147 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 273 435 300">Document Review:</p> <ol data-bbox="240 304 1409 501" style="list-style-type: none"> <li>1. Bexar County Dually Diagnosed Residential Facility PAQ</li> <li>2. Bexar County CSCD Applewhite Recovery Center, Policy 4.1, Prison Rape Elimination Act, dated 2.12.2019</li> <li>3. Bexar County Community Supervision and Corrections Department Prison Rape Acknowledgement Form, dated 3.16.2022</li> <li>4. Bexar County Community Supervision &amp; Corrections Department Applewhite Recovery Center, Policy 4.40, PREA Outcries and First Responder Responsibilities, dated 4.25.2022</li> </ol> <p data-bbox="240 533 352 560">Interviews:</p> <ol data-bbox="240 564 456 591" style="list-style-type: none"> <li>1. PREA Coordinator</li> </ol> <p data-bbox="240 595 1449 658">Through review of investigations with the PREA Coordinator demonstrated there were zero staff who were disciplined for violation of an agency sexual abuse or sexual harassment policy.</p> <p data-bbox="240 689 1453 752">(a) The Bexar County Dually Diagnosed Residential Facility PAQ states staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.</p> <p data-bbox="240 779 1490 909">Bexar County CSCD Applewhite Recovery Center, Policy 4.1, Prison Rape Elimination Act, page 63, section, Implementation and Enforcement, 5., states, "Employees found to have engaged in sexual abuse, sexual harassment or other violations of PREA Standards will be subject to disciplinary action up to and including termination as provided by Bexar County CSCD Administrative Policy 1.21., and, or criminal prosecution where applicable."</p> <p data-bbox="240 936 1481 1066">(b) The Bexar County Dually Diagnosed Residential Facility PAQ states in the last 12 months, there has been one staff from the facility that had violated agency sexual abuse or sexual harassment policies. Staff member was reassigned to a different dorm and had to watch PREA video and sign an acknowledgement to an inappropriate comment. Policy compliance can be found in provision (a) of this standard.</p> <p data-bbox="240 1093 1362 1155">The facility provided the signed Bexar County Community Supervision and Corrections Department Prison Rape Acknowledgement Form, signed by the staff in question and witness.</p> <p data-bbox="240 1182 1497 1348">(c) The Bexar County Dually Diagnosed Residential Facility PAQ states disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are 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. In the past 12 months there have zero staff requiring discipline for sexual abuse or sexual harassment.</p> <p data-bbox="240 1375 1469 1505">Bexar County CSCD Applewhite Recovery Center, Policy 4.1, Prison Rape Elimination Act, page 3, section 8., states, "The disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are 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 data-bbox="240 1532 1493 1662">(d) The Bexar County Dually Diagnosed Residential Facility PAQ 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, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. In the past 12 months, zero staff have been terminated for sexual abuse or harassment.</p> <p data-bbox="240 1688 1484 1818">Bexar County Community Supervision &amp; Corrections Department Applewhite Recovery Center, Policy 4.40, PREA Outcries and First Responder Responsibilities, page 5, section j., 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, are reported to law enforcement agencies (unless the activity was clearly not criminal) and to any relevant licensing bodies."</p> <p data-bbox="240 1845 919 1872">Through such reviews, the facility meets the standard requirements.</p>



115.277	<b>Corrective action for contractors and volunteers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>Document Review:</p> <ol style="list-style-type: none"> <li>1. Bexar County Dually Diagnosed Residential Facility PAQ</li> <li>2. Bexar County CSCD Applewhite Recovery Center, Policy 4.1, Prison Rape Elimination Act, dated 2.12.2019</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Facility Director</li> </ol> <p>The interview with the Facility Director demonstrated a contractor or volunteer has not been reported for engaging in inappropriate sexual harassment or sexual abusive behaviors.</p> <p>(a) The Bexar County Dually Diagnosed Residential Facility PAQ states agency policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies (unless the activity was clearly not criminal) and to relevant licensing bodies. Agency policy requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with residents. In the past 12 months, contractors or volunteers have not been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of residents. In the past 12 months, the number of contractors or volunteers reported to law enforcement for engaging in sexual abuse of residents was zero.</p> <p>Bexar County CSCD Applewhite Recovery Center, Policy 4.1, Prison Rape Elimination Act, page 63, section Implementation and Enforcement, 6., states, "Volunteers or contractors found to have engaged in sexual abuse or sexual harassment will be barred from the facility, reported to relevant licensing bodies and, or reported to law enforcement where applicable."</p> <p>(b) The Bexar County Dually Diagnosed Residential Facility PAQ the facility takes appropriate remedial measures and considers whether to prohibit further contact with Residents in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. Policy compliance can be found in provision (a) of this standard.</p> <p>Through such reviews, the facility meets the standard requirements.</p>

115.278	<b>Disciplinary sanctions for residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>Document Review:</p> <ol style="list-style-type: none"> <li>1. Bexar County Dually Diagnosed Residential Facility PAQ</li> <li>2. Bexar County CSCD Applewhite Recovery Center, Policy 4.1, Prison Rape Elimination Act, dated 2.12.2019</li> <li>3. Bexar County CSCD Applewhite Recovery Center, Policy 4.40, PREA Outcries and First Responder Responsibilities, dated 2.12.2019</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. PREA Coordinator</li> </ol> <p>An interview with the PREA Coordinator demonstrated residents who falsely reported PREA allegations would typically be moved to another dorm or transferred to another facility.</p> <p>(a) The Bexar County Dually Diagnosed Residential Facility PAQ states residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that a resident engaged in resident-on-resident sexual abuse. Residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following a criminal finding of guilt for resident-on-resident sexual abuse. In the past 12 months, the number of administrative findings of resident-on-resident sexual abuse that have occurred at the facility was zero. In the past 12 months, the number of criminal findings of guilt for resident-on-resident sexual abuse that have occurred at the facility was zero.</p> <p>Bexar County CSCD Applewhite Recovery Center, Policy 4.1, Prison Rape Elimination Act, page 63, section Implementation and Enforcement, 7., states, "Residents found to have engaged in sexual abuse, sexual harassment or other violations of PREA Standards are subject to disciplinary sanctions up to and including submission of a violation report to the supervising court, immediate removal from the facility and, or reported to law enforcement where applicable."</p> <p>(b) Bexar County CSCD Applewhite Recovery Center, Policy 4.1, Prison Rape Elimination Act, page 3, section 8. 1., states, "The disciplinary sanctions for violations of agency policies shall be commensurate with the nature and circumstances of the acts committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories."</p> <p>(c) Bexar County CSCD Applewhite Recovery Center, Policy 4.1, Prison Rape Elimination Act, page 3, section 8. 1. (b) (1), states, "The disciplinary process shall consider whether a resident's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed."</p> <p>(d) This provision is not applicable as the facility does not offer therapy, counseling or other intervention designed to address and correct underlying reasons or motivations for abuse.</p> <p>(e) Bexar County CSCD Applewhite Recovery Center, Policy 4.1, Prison Rape Elimination Act, page 3, section 7 states, "Residents found to have engaged in sexual abuse, sexual harassment or other violations of PREA Standards are subject to disciplinary sanctions up to and including submission of a violation report to the supervising court, immediate removal from the facility and, or reported to law enforcement where applicable. The facility will discipline residents for sexual conduct with staff only upon finding that the staff member did not consent to such contact."</p> <p>(f) The Bexar County Dually Diagnosed Residential Facility PAQ states the agency prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation.</p> <p>Bexar County CSCD Applewhite Recovery Center, Policy 4.40, PREA Outcries and First Responder Responsibilities, page 126, Agency Protection Against Retaliation, J., states, "Disciplinary action is strictly prohibited for a report of sexual abuse or sexual harassment made in good faith and based upon a reasonable belief that the alleged conduct occurred, even if the investigation does not establish evidence to substantiate the allegation. Residents found to have filed a grievance in bad faith may not be disciplined except in cases where it can be established, by a preponderance of the evidence, which the contemplated disciplinary action will not chill or interfere with the filing of future complaints by residents or staff."</p> <p>(g) Bexar County CSCD Applewhite Recovery Center, Policy 4.1, Prison Rape Elimination Act, page 63, section Implementation and Enforcement, 7., states, "Residents found to have engaged in sexual abuse, sexual harassment or other violations of PREA Standards are subject to disciplinary sanctions up to and including submission of a violation report to the supervising court, immediate removal from the facility and, or reported to law enforcement where applicable."</p> <p>Through such reviews, the facility meets the standard requirements.</p>

115.282	<b>Access to emergency medical and mental health services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>Document Review:</p> <ol style="list-style-type: none"> <li>1. Bexar County Dually Diagnosed Residential Facility PAQ</li> <li>2. Bexar County Community Supervision &amp; Corrections Department Applewhite Recovery Center, Policy 4.40, PREA Outcries and First Responder Responsibilities, dated 4.25.2022</li> <li>3. Bexar County CSCD Applewhite Recovery Center, Policy 6.0, Access to Health Care, dated 5.5.2017</li> <li>4. Memorandum of Understanding with Forensic Nurse Examiner Services, dated 3.14.2022</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. LVN (Nurse) Supervisor</li> </ol> <p>Interviews with LVN Supervisor demonstrated at the initiation of services to a resident, each discloses and explains the limitations of confidentiality and their professional duty to report.</p> <p>(a) The Bexar County Dually Diagnosed Residential Facility PAQ states resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The nature and scope of such services are determined by medical and mental health practitioners according to their professional judgment. All services are provided by SANE Nurses who would maintain secondary materials.</p> <p>Bexar County Community Supervision &amp; Corrections Department Applewhite Recovery Center, Policy 4.40, PREA Outcries and First Responder Responsibilities, page 3, section A., states, "General Investigation Policy: Except for those cases referred for criminal investigation, the ARC shall conduct investigations of all allegations of sexual abuse, sexual harassment and, or retaliation in a prompt, thorough, and objective manner, including third-party and anonymous reports. Complaints of sexual assault (rape) shall not be investigated by the ARC, but immediately reported to the Bexar County Sheriff's Department as provided by First Responder protocol. The PREA Coordinator will monitor and ensure that sexual abuse criminal investigations referred to law enforcement are timely addressed and investigated. Resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. All communications related to medical services or crisis intervention are documented on Arrest/Transport forms and forwarded to the assigned probation officer and Program Director. Additional documentation received for services from SANE/SAFE/Sheriff's Office will be preserved by the PREA Coordinator pursuant to standards relating to data collection. The nature and scope of such services are determined by medical and mental health practitioners according to their professional judgment."</p> <p>Bexar County CSCD Applewhite Recovery Center, Policy 6.0, Access to Health Care, page 154, section, Access to Health Care, A., states, "Residents shall have unimpeded access to health care and to a system for processing complaints regarding health care."</p> <p>(b) The facility states staff member (name purposely withheld) LPC Associate #85003 is the qualified staff member.</p> <p>(c) The Bexar County Dually Diagnosed Residential Facility PAQ states, 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. The facility states all services are provided by the SANE Nurse.</p> <p>Bexar County Community Supervision &amp; Corrections Department Applewhite Recovery Center, Policy 4.40, PREA Outcries and First Responder Responsibilities, page 3-4, section b., states, "Allegations of sexual abuse involving allegations of sexual assault (rape) shall be referred to the Bexar County Sheriff's Department for investigation. All medical investigations will be conducted by a Sexual Assault Nurse Examiner (SANE) or a Sexual Assault Forensic Examiner (SAFE) Forensic medical examinations are offered without financial cost to the victim. Once a resident return to the facility, ARC Nursing Staff will follow up to verify that resident victim of sexual abuse was offered timely information about emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate</p> <p>(d) The Bexar County Dually Diagnosed Residential Facility PAQ states, treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.</p> <p>The facility provided a Memorandum of Understanding with Forensic Nurse Examiner Services. Page 1, section Billing, states, "All services provided by MSTH under this MOU shall be provided at no cost to Patients."</p> <p>Through such reviews, the facility meets the standard requirements.</p>

115.283	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Document Review:</p> <ol style="list-style-type: none"> <li>1. Bexar County Dually Diagnosed Residential Facility PAQ</li> <li>2. Bexar County CSCD Applewhite Recovery Center, Policy 6.0, Access to Health Care, dated 5.5.2017</li> <li>3. Bexar County Community Supervision &amp; Corrections Department Applewhite Recovery Center, Policy 4.40, PREA Outcries and First Responder Responsibilities, dated 4.25.2022</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. LVN (Nurse) Supervisor</li> </ol> <p>Interviews with LVN Supervisor demonstrated when a resident becomes a victim of sexual abuse, he or she will be immediately referred and transported to the local emergency room to receive medical treatment, the local police department will be notified, and the resident will be referred to the Rape Crisis Center for advocacy services.</p> <p>(a) The Bexar County Dually Diagnosed Residential Facility PAQ states the facility offers medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.</p> <p>(b) Bexar County CSCD Applewhite Recovery Center, Policy 6.0, Access to Health Care, page 132, section B., states, "Upon discharge from Suicide observation or Crises Management, the resident must be returned to his/her assigned housing area, and follow-up as needed with sporadic observations from the team as needed. Residents who are identified as "at risk" for suicide or self-injury will be evaluated immediately by a mental health or medical clinician. In the event there is no medical or mental health staff at the facility, the ranking security officer will contact the on-call psychiatrist/mid-level practitioner (MLP) for disposition. Suicidal residents will be moved immediately to an environment in which resident safety is ensured and constant and direct observation (CDO) can be maintained."</p> <p>(c) The facility PREA Coordinator states, "If any referral is made and the resident still resides at facility, we will make every effort to ensure they get treatment."</p> <p>(d-e) These provisions are not applicable as the facility does not provide services for female residents.</p> <p>(f) The Bexar County Dually Diagnosed Residential Facility PAQ states resident victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate.</p> <p>Bexar County Community Supervision &amp; Corrections Department Applewhite Recovery Center, Policy 4.40, PREA Outcries and First Responder Responsibilities, page 5-6, section b., states, "Allegations of sexual abuse involving allegations of sexual assault (rape) shall be referred to the Bexar County Sheriff's Department for investigation. All medical investigations will be conducted by a Sexual Assault Nurse Examiner (SANE) or a Sexual Assault Forensic Examiner (SAFE) Forensic medical examinations are offered without financial cost to the victim. Once a resident return to the facility, ARC Nursing Staff will follow up and document to verify that resident victim of sexual abuse was offered timely information about emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. If any additional services (emergency contraception/sexually transmitted infections) are required, resident will be referred to an outside agency."</p> <p>(g) The facility provided a Memorandum of Understanding with Forensic Nurse Examiner Services. Page 1, section Billing, states, "All services provided by MSTH under this MOU shall be provided at no cost to Patients."</p> <p>(h) The Bexar County Dually Diagnosed Residential Facility PAQ states the facility does not attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate by mental health practitioners.</p> <p>Through such reviews, the facility meets the standard requirements.</p>

115.286	<b>Sexual abuse incident reviews</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Document Review:</p> <ol style="list-style-type: none"> <li>1. Bexar County Dually Diagnosed Residential Facility PAQ</li> <li>2. Bexar County Community Supervision &amp; Corrections Department Applewhite Recovery Center, Policy 4.40, PREA Outcries and First Responder Responsibilities, dated 4.25.2022</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. PREA Coordinator</li> <li>2. Assistant Chief Residential Services</li> </ol> <p>The team on-site clearly articulated their review of all incidents reported and investigations of sexual harassment and sexual abuse.</p> <p>(a) The Bexar County Dually Diagnosed Residential Facility PAQ states the facility conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded. In the past 12 months there has been zero criminal and or administrative investigations of alleged sexual abuse completed at the facility,</p> <p>Bexar County Community Supervision &amp; Corrections Department Applewhite Recovery Center, Policy 4.40, PREA Outcries and First Responder Responsibilities, page 7, section 1. Incident Review, a., states, "The facility will conduct a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation within 30 days, unless the allegation has been determined to be unfounded."</p> <p>(b) The Bexar County Dually Diagnosed Residential Facility PAQ states sexual abuse incident reviews are ordinarily conducted within 30 days of concluding the criminal or administrative investigation. In the past 12 months, the number of 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, excluding only "unfounded" incidents were zero.</p> <p>(c) The Bexar County Dually Diagnosed Residential Facility PAQ states the sexual abuse incident review team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners.</p> <p>Bexar County Community Supervision &amp; Corrections Department Applewhite Recovery Center, Policy 4.40, PREA Outcries and First Responder Responsibilities, page 7, section 1. Incident Review, b., states, "The sexual abuse incident review team will include upper-level management officials and will allow for input from line supervisors, investigators, and medical or mental health practitioners."</p> <p>(d) The Bexar County Dually Diagnosed Residential Facility PAQ states the facility prepares a report of its findings from sexual abuse incident reviews, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1) - (d)(5) of this section, and any recommendations for improvement and submits such report to the facility head and PREA Coordinator. Policy compliance can be found in provision (a) of this standard.</p> <p>Bexar County Community Supervision &amp; Corrections Department Applewhite Recovery Center, Policy 4.40, PREA Outcries and First Responder Responsibilities, page 7, section 1. Incident Review, c., states, "The facility will prepare a report of its findings from sexual abuse incident reviews, including any recommendations for improvement, and submit such report to the facility head and PREA Coordinator. The facility will implement the recommendations for improvement or document its reasons for not doing so."</p> <p>(e) The Bexar County Dually Diagnosed Residential Facility PAQ states, the facility implements the recommendations for improvement or documents its reasons for not doing so.</p> <p>Through such reviews, the facility meets the standard requirements.</p>

115.287	<b>Data collection</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Document Review:</p> <ol style="list-style-type: none"> <li>1. Bexar County Dually Diagnosed Residential Facility PAQ</li> <li>2. Bexar County Community Supervision &amp; Corrections Department Applewhite Recovery Center, Policy 4.40, PREA Outcries and First Responder Responsibilities, dated 4.25.2022</li> </ol> <p>(a) The Bexar County Dually Diagnosed Residential Facility PAQ states the agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions.</p> <p>Bexar County Community Supervision &amp; Corrections Department Applewhite Recovery Center, Policy 4.40, PREA Outcries and First Responder Responsibilities, page 7, section 2. Data Collection a., states, "The facility will collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions."</p> <p>(b) The Bexar County Dually Diagnosed Residential Facility PAQ states the agency aggregates the incident-based sexual abuse at least annually.</p> <p>Bexar County Community Supervision &amp; Corrections Department Applewhite Recovery Center, Policy 4.40, PREA Outcries and First Responder Responsibilities, page 7, section 2. Data Collection b., states, "The facility will aggregate the incident-based sexual abuse data at least annually."</p> <p>(c) The Bexar County Dually Diagnosed Residential Facility PAQ states the standardized instrument includes, at a minimum, the data 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>Bexar County Community Supervision &amp; Corrections Department Applewhite Recovery Center, Policy 4.40, PREA Outcries and First Responder Responsibilities, page 7-8, section 2. Data Collection c., states, "The standardized instrument will include, at a minimum, the data 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>(d) The Bexar County Dually Diagnosed Residential Facility PAQ states the agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.</p> <p>Bexar County Community Supervision &amp; Corrections Department Applewhite Recovery Center, Policy 4.40, PREA Outcries and First Responder Responsibilities, page 8, section 2. Data Collection d., states, "The facility will maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews."</p> <p>(e) This provision is not applicable as Bexar County Dually Diagnosed Residential Facility does not have private facilities.</p> <p>(f) This provision is not applicable as Bexar County Dually Diagnosed Residential Facility as DOJ has not requested agency data.</p> <p>Through such reviews, the facility meets the standard requirements.</p>

115.288	<b>Data review for corrective action</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Document Review:</p> <ol style="list-style-type: none"> <li>1. Bexar County Dually Diagnosed Residential Facility PAQ</li> <li>2. Bexar County Community Supervision &amp; Corrections Department Applewhite Recovery Center, Policy 4.40, PREA Outcries and First Responder Responsibilities, dated 4.25.2022</li> <li>3. Bexar County CSCD Applewhite Recovery Center Prison Rape Elimination Act (PREA) Annual Report 2019, 2020 and 2021</li> </ol> <p>(a) The Bexar County Dually Diagnosed Residential Facility PAQ states the agency reviews data collected and aggregated pursuant to §115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, response policies, and training, including: (a) identifying problem areas; (b) taking corrective action on an ongoing basis; and (c) preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole.</p> <p>Bexar County Community Supervision &amp; Corrections Department Applewhite Recovery Center, Policy 4.40, PREA Outcries and First Responder Responsibilities, page 8, section e., states, "The facility will review data collected and aggregated pursuant to §115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, response policies, and training, including: (a) identifying problem areas; (b) taking corrective action on an ongoing basis; and (c) preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole."</p> <p>(b) The Bexar County Dually Diagnosed Residential Facility PAQ states the annual report includes a comparison of the current year's data and corrective actions to those from prior years. The annual report provides an assessment of the agency's progress in addressing sexual abuse.</p> <p>Bexar County Community Supervision &amp; Corrections Department Applewhite Recovery Center, Policy 4.40, PREA Outcries and First Responder Responsibilities, page 8, section f., states, "The annual report includes a comparison of the current year's data and corrective actions with those from prior years, along with an assessment of the facility's progress in addressing sexual abuse, through the facility website."</p> <p>(c) The Bexar County Dually Diagnosed Residential Facility PAQ states the agency makes its annual report readily available to the public, at least annually, through its website. Annual reports are approved by the agency head.</p> <p>The facility provided a Bexar County CSCD Applewhite Recovery Center Prison Rape Elimination Act (PREA) Annual Report 2019, 2020 and 2021. The annual plan consists of the following:</p> <ul style="list-style-type: none"> <li>• Definitions</li> <li>• Facility Overview</li> <li>• Substance Abuse Treatment Facility (SATF)</li> <li>• Mentally Impaired Offender Facility (MIOF)</li> <li>• Intermediate Sanction Facility (ISF-II)</li> <li>• Allegation Outcomes</li> </ul> <p>The facility's annual plan is posted on their website at <a href="https://www.bexar.org/2969/Prison-Rape-Elimination-Act-PREA">https://www.bexar.org/2969/Prison-Rape-Elimination-Act-PREA</a></p> <p>(d) The Bexar County Dually Diagnosed Residential Facility PAQ states when the agency redacts material from an annual report for publication, the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility.</p> <p>Through such reviews, the facility meets the standard requirements.</p>

115.289	<b>Data storage, publication, and destruction</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>Document Review:</p> <ol style="list-style-type: none"> <li>1. Bexar County Dually Diagnosed Residential Facility PAQ</li> <li>2. Bexar County Community Supervision &amp; Corrections Department Applewhite Recovery Center, Policy 4.40, PREA Outcries and First Responder Responsibilities, dated 4.25.2022</li> </ol> <p>(a) The Bexar County Dually Diagnosed Residential Facility PAQ states the agency ensures that incident-based and aggregate data are securely retained.</p> <p>Bexar County Community Supervision &amp; Corrections Department Applewhite Recovery Center, Policy 4.40, PREA Outcries and First Responder Responsibilities, page 8, section 3. Data Storage, Publication and Destruction a., states, "The facility will be make aggregated sexual abuse data readily available to the public at least annually through its website. All incident based information and aggregate data will be securely retained."</p> <p>(b) The Bexar County Dually Diagnosed Residential Facility PAQ states the agency policy requires that aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts be made readily available to the public at least annually through its website.</p> <p>(c-d) The Bexar County Dually Diagnosed Residential Facility PAQ states before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers.</p> <p>Bexar County Community Supervision &amp; Corrections Department Applewhite Recovery Center, Policy 4.40, PREA Outcries and First Responder Responsibilities, page 8, section 3. Data Storage, Publication and Destruction b-c., state,</p> <ol style="list-style-type: none"> <li>a. "Before making aggregated sexual abuse data publicly available, the facility will remove all personal identifiers.</li> <li>b. The agency will maintain sexual abuse data collected pursuant to §115.287 for at least 10 years after the date of initial collection, unless federal, state, or local law requires otherwise."</li> </ol> <p>Through such reviews, the facility meets the standard requirements.</p>



115.401	<b>Frequency and scope of audits</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="231 190 1508 257"><b>Auditor Discussion</b></p> <p data-bbox="231 257 1508 347">(a) During the prior three-year audit period, the agency ensured that each facility operated was audited, once.</p> <p data-bbox="231 347 1508 436">(b) This is the third audit cycle for Bexar County Dually Diagnosed Residential Facility and the third year of the third audit cycle.</p> <p data-bbox="231 436 1508 504">(h) The Auditor was granted complete access to, and the ability to observe, all areas of the facility.</p> <p data-bbox="231 504 1508 593">(i) The Auditor was permitted to request and receive copies of any relevant documents (including electronically stored information).</p> <p data-bbox="231 593 1508 660">(m) The Auditor was permitted to conduct private interviews with residents.</p> <p data-bbox="231 660 1508 750">(n) Residents permitted to send confidential information or correspondence to the Auditor in the same manner as if they were communicating with legal counsel.</p> <p data-bbox="231 750 1508 792">Through such reviews, the facility meets standard requirements.</p>

115.403	<b>Audit contents and findings</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	(b) The agency has posted the current 2019 PREA audit report, on their website.  Through such reviews, the facility meets standard requirements.

<b>Appendix: Provision Findings</b>		
<b>115.211 (a)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
<b>115.211 (b)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its community confinement facilities?	yes
<b>115.212 (a)</b>	<b>Contracting with other entities for the confinement of residents</b>	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities, including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na
<b>115.212 (b)</b>	<b>Contracting with other entities for the confinement of residents</b>	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na
<b>115.212 (c)</b>	<b>Contracting with other entities for the confinement of residents</b>	
	If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	na
	In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	na
<b>115.213 (a)</b>	<b>Supervision and monitoring</b>	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring to protect residents against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The physical layout of each facility?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes

<b>115.213 (b)</b>	<b>Supervision and monitoring</b>	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (NA if no deviations from staffing plan.)	na
<b>115.213 (c)</b>	<b>Supervision and monitoring</b>	
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing staffing patterns?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels?	yes
<b>115.215 (a)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting any cross-gender strip searches or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
<b>115.215 (b)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if the facility does not have female inmates.)	na
	Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)	na
<b>115.215 (c)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female residents?	yes
<b>115.215 (d)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing?	yes

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

115.216 (a)	<b>Residents with disabilities and residents who are limited English proficient</b>	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	no
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	no
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?	yes
	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?	no
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities?	yes
	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?	no
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision?	no
115.216 (b)	<b>Residents with disabilities and residents who are limited English proficient</b>	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes

<b>115.216 (c)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations?	yes
<b>115.217 (a)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
<b>115.217 (b)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with residents?	yes
	Does the agency consider any incidents of sexual harassment in determining to enlist the services of any contractor who may have contact with residents?	yes
<b>115.217 (c)</b>	<b>Hiring and promotion decisions</b>	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
<b>115.217 (d)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
<b>115.217 (e)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes

<b>115.217 (f)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
<b>115.217 (g)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
<b>115.217 (h)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
<b>115.218 (a)</b>	<b>Upgrades to facilities and technology</b>	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012 or since the last PREA audit, whichever is later.)	yes
<b>115.218 (b)</b>	<b>Upgrades to facilities and technology</b>	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated any video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012 or since the last PREA audit, whichever is later.)	yes
<b>115.221 (a)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
<b>115.221 (b)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Is this protocol developmentally appropriate for youth where applicable? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	na
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	na



<b>115.221 (c)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
<b>115.221 (d)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
<b>115.221 (e)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
<b>115.221 (f)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	na
<b>115.221 (h)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above).	yes
<b>115.222 (a)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes

<b>115.222 (b)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
<b>115.222 (c)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).)	na
<b>115.231 (a)</b>	<b>Employee training</b>	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
<b>115.231 (b)</b>	<b>Employee training</b>	
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes

<b>115.231 (c)</b>	<b>Employee training</b>	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
<b>115.231 (d)</b>	<b>Employee training</b>	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
<b>115.232 (a)</b>	<b>Volunteer and contractor training</b>	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
<b>115.232 (b)</b>	<b>Volunteer and contractor training</b>	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes
<b>115.232 (c)</b>	<b>Volunteer and contractor training</b>	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
<b>115.233 (a)</b>	<b>Resident education</b>	
	During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents?	yes
	During intake, do residents receive information regarding agency policies and procedures for responding to such incidents?	yes
<b>115.233 (b)</b>	<b>Resident education</b>	
	Does the agency provide refresher information whenever a resident is transferred to a different facility?	yes

<b>115.233 (c)</b>	<b>Resident education</b>	
	Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf?	no
	Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills?	yes
<b>115.233 (d)</b>	<b>Resident education</b>	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
<b>115.233 (e)</b>	<b>Resident education</b>	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
<b>115.234 (a)</b>	<b>Specialized training: Investigations</b>	
	In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
<b>115.234 (b)</b>	<b>Specialized training: Investigations</b>	
	Does this specialized training include: Techniques for interviewing sexual abuse victims?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Proper use of Miranda and Garrity warnings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Sexual abuse evidence collection in confinement settings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
<b>115.234 (c)</b>	<b>Specialized training: Investigations</b>	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a).)	yes

<b>115.235 (a)</b>	<b>Specialized training: Medical and mental health care</b>	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
<b>115.235 (b)</b>	<b>Specialized training: Medical and mental health care</b>	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency does not employ medical staff or the medical staff employed by the agency do not conduct forensic exams.)	na
<b>115.235 (c)</b>	<b>Specialized training: Medical and mental health care</b>	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
<b>115.235 (d)</b>	<b>Specialized training: Medical and mental health care</b>	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	yes
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	yes
<b>115.241 (a)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
	Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
<b>115.241 (b)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
<b>115.241 (c)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes

<b>115.241 (d)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident's criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has prior convictions for sex offenses against an adult or child?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the resident about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the resident is gender non-conforming or otherwise may be perceived to be LGBTI)?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability?	yes
<b>115.241 (e)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse?	yes
<b>115.241 (f)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Within a set time period not more than 30 days from the resident's arrival at the facility, does the facility reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes
<b>115.241 (g)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Does the facility reassess a resident's risk level when warranted due to a: Referral?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Request?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness?	yes

<b>115.241 (h)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Is it the case that residents are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes
<b>115.241 (i)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
<b>115.242 (a)</b>	<b>Use of screening information</b>	
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
<b>115.242 (b)</b>	<b>Use of screening information</b>	
	Does the agency make individualized determinations about how to ensure the safety of each resident?	yes
<b>115.242 (c)</b>	<b>Use of screening information</b>	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes
<b>115.242 (d)</b>	<b>Use of screening information</b>	
	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
<b>115.242 (e)</b>	<b>Use of screening information</b>	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes

<b>115.242 (f)</b>	<b>Use of screening information</b>	
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: transgender residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
<b>115.251 (a)</b>	<b>Resident reporting</b>	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
<b>115.251 (b)</b>	<b>Resident reporting</b>	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private 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
<b>115.251 (c)</b>	<b>Resident reporting</b>	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
<b>115.251 (d)</b>	<b>Resident reporting</b>	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes



<b>115.252 (a)</b>	<b>Exhaustion of administrative remedies</b>	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes
<b>115.252 (b)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes
<b>115.252 (c)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency ensure that: a resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
<b>115.252 (d)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension is 70 days per 115.252(d)(3)), does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
<b>115.252 (e)</b>	<b>Exhaustion of administrative remedies</b>	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	yes

<b>115.252 (f)</b>	<b>Exhaustion of administrative remedies</b>	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
<b>115.252 (g)</b>	<b>Exhaustion of administrative remedies</b>	
	If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes
<b>115.253 (a)</b>	<b>Resident access to outside confidential support services</b>	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility enable reasonable communication between residents and these organizations, in as confidential a manner as possible?	yes
<b>115.253 (b)</b>	<b>Resident access to outside confidential support services</b>	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
<b>115.253 (c)</b>	<b>Resident access to outside confidential support services</b>	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
<b>115.254 (a)</b>	<b>Third party reporting</b>	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes

<b>115.261 (a)</b>	<b>Staff and agency reporting duties</b>	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
<b>115.261 (b)</b>	<b>Staff and agency reporting duties</b>	
	Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
<b>115.261 (c)</b>	<b>Staff and agency reporting duties</b>	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
<b>115.261 (d)</b>	<b>Staff and agency reporting duties</b>	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
<b>115.261 (e)</b>	<b>Staff and agency reporting duties</b>	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
<b>115.262 (a)</b>	<b>Agency protection duties</b>	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes
<b>115.263 (a)</b>	<b>Reporting to other confinement facilities</b>	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
<b>115.263 (b)</b>	<b>Reporting to other confinement facilities</b>	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
<b>115.263 (c)</b>	<b>Reporting to other confinement facilities</b>	
	Does the agency document that it has provided such notification?	yes
<b>115.263 (d)</b>	<b>Reporting to other confinement facilities</b>	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes

<b>115.264 (a)</b>	<b>Staff first responder duties</b>	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
<b>115.264 (b)</b>	<b>Staff first responder duties</b>	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
<b>115.265 (a)</b>	<b>Coordinated response</b>	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
<b>115.266 (a)</b>	<b>Preservation of ability to protect residents from contact with abusers</b>	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	no
<b>115.267 (a)</b>	<b>Agency protection against retaliation</b>	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
<b>115.267 (b)</b>	<b>Agency protection against retaliation</b>	
	Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes

<b>115.267 (c)</b>	<b>Agency protection against retaliation</b>	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency:4. Monitor resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignment of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
<b>115.267 (d)</b>	<b>Agency protection against retaliation</b>	
	In the case of residents, does such monitoring also include periodic status checks?	yes
<b>115.267 (e)</b>	<b>Agency protection against retaliation</b>	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
<b>115.271 (a)</b>	<b>Criminal and administrative agency investigations</b>	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a). )	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a). )	yes
<b>115.271 (b)</b>	<b>Criminal and administrative agency investigations</b>	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234?	yes

<b>115.271 (c)</b>	<b>Criminal and administrative agency investigations</b>	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
<b>115.271 (d)</b>	<b>Criminal and administrative agency investigations</b>	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
<b>115.271 (e)</b>	<b>Criminal and administrative agency investigations</b>	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
<b>115.271 (f)</b>	<b>Criminal and administrative agency investigations</b>	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
<b>115.271 (g)</b>	<b>Criminal and administrative agency investigations</b>	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
<b>115.271 (h)</b>	<b>Criminal and administrative agency investigations</b>	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
<b>115.271 (i)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
<b>115.271 (j)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes
<b>115.271 (l)</b>	<b>Criminal and administrative agency investigations</b>	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)	yes
<b>115.272 (a)</b>	<b>Evidentiary standard for administrative investigations</b>	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes

<b>115.273 (a)</b>	<b>Reporting to residents</b>	
	Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
<b>115.273 (b)</b>	<b>Reporting to residents</b>	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	na
<b>115.273 (c)</b>	<b>Reporting to residents</b>	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency 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
<b>115.273 (d)</b>	<b>Reporting to residents</b>	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes
<b>115.273 (e)</b>	<b>Reporting to residents</b>	
	Does the agency document all such notifications or attempted notifications?	yes
<b>115.276 (a)</b>	<b>Disciplinary sanctions for staff</b>	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
<b>115.276 (b)</b>	<b>Disciplinary sanctions for staff</b>	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes

<b>115.276 (c)</b>	<b>Disciplinary sanctions for staff</b>	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
<b>115.276 (d)</b>	<b>Disciplinary sanctions for staff</b>	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
<b>115.277 (a)</b>	<b>Corrective action for contractors and volunteers</b>	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
<b>115.277 (b)</b>	<b>Corrective action for contractors and volunteers</b>	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?	yes
<b>115.278 (a)</b>	<b>Disciplinary sanctions for residents</b>	
	Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, are residents subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
<b>115.278 (b)</b>	<b>Disciplinary sanctions for residents</b>	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
<b>115.278 (c)</b>	<b>Disciplinary sanctions for residents</b>	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes
<b>115.278 (d)</b>	<b>Disciplinary sanctions for residents</b>	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending resident to participate in such interventions as a condition of access to programming and other benefits?	no
<b>115.278 (e)</b>	<b>Disciplinary sanctions for residents</b>	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes



<b>115.278 (f)</b>	<b>Disciplinary sanctions for residents</b>	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
<b>115.278 (g)</b>	<b>Disciplinary sanctions for residents</b>	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
<b>115.282 (a)</b>	<b>Access to emergency medical and mental health services</b>	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
<b>115.282 (b)</b>	<b>Access to emergency medical and mental health services</b>	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
<b>115.282 (c)</b>	<b>Access to emergency medical and mental health services</b>	
	Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
<b>115.282 (d)</b>	<b>Access to emergency medical and mental health services</b>	
	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
<b>115.283 (a)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
<b>115.283 (b)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
<b>115.283 (c)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
<b>115.283 (d)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all-male" facility. Note: in "all-male" facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes

<b>115.283 (e)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes
<b>115.283 (f)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
<b>115.283 (g)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
<b>115.283 (h)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	no
<b>115.286 (a)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
<b>115.286 (b)</b>	<b>Sexual abuse incident reviews</b>	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
<b>115.286 (c)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
<b>115.286 (d)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
<b>115.286 (e)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes

<b>115.287 (a)</b>	<b>Data collection</b>	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
<b>115.287 (b)</b>	<b>Data collection</b>	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
<b>115.287 (c)</b>	<b>Data collection</b>	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
<b>115.287 (d)</b>	<b>Data collection</b>	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
<b>115.287 (e)</b>	<b>Data collection</b>	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	na
<b>115.287 (f)</b>	<b>Data collection</b>	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	na
<b>115.288 (a)</b>	<b>Data review for corrective action</b>	
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
<b>115.288 (b)</b>	<b>Data review for corrective action</b>	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
<b>115.288 (c)</b>	<b>Data review for corrective action</b>	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
<b>115.288 (d)</b>	<b>Data review for corrective action</b>	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
<b>115.289 (a)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency ensure that data collected pursuant to § 115.287 are securely retained?	yes

<b>115.289 (b)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
<b>115.289 (c)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
<b>115.289 (d)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
<b>115.401 (a)</b>	<b>Frequency and scope of audits</b>	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
<b>115.401 (b)</b>	<b>Frequency and scope of audits</b>	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	no
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	yes
<b>115.401 (h)</b>	<b>Frequency and scope of audits</b>	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
<b>115.401 (i)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
<b>115.401 (m)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to conduct private interviews with residents?	yes
<b>115.401 (n)</b>	<b>Frequency and scope of audits</b>	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
<b>115.403 (f)</b>	<b>Audit contents and findings</b>	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes