PREA AUDIT REPORT ☐ INTERIM ■ FINAL

COMMUNITY CONFINEMENT FACILITIES

NATIONAL PREA RESOURCE CENTER

BJA Bureau of Justice Assistance U.S. Department of Justice

Auditor Information			
Auditor name: Glynn Maddox			
Address: 11820 Parklawn Dr., Suite 240, Rockville, MD 20852			
Email: Glynn.Maddox@nakamotogroup.com			
Telephone number: 478.278.8022			
Date of facility visit: July 21-22, 2016			
Facility Information			
Facility name: Volunteers of America, Texas, Riverside Treatment Center			
Facility physical address: 4700 S. Riverside Drive, Fort Worth, TX 76119			
Facility mailing address: *(if different from above)*			
Facility telephone number: 972.225.5472			
The facility is:	☐ Federal	☐ State	☐ County
	☐ Military	☐ Municipal	☐ Private for profit
	■ Private not for profit		
Facility type:	☐ Community treatment center ☐ Halfway house ■ Alcohol or drug rehabilitation center	☐ Community-based confinement facility ☐ Mental health facility	☐ Other
Name of facility's Chief Executive Officer: Erica Smith, Interium Director			
Number of staff assigned to the facility in the last 12 months: 15			
Designed facility capacity: 91			
Current population of facility: 80, 33 males and 47 females			
Facility security levels/inmate custody levels: Community			
Age range of the population: 21-76 years old			
Name of PREA Compliance Manager: Yolande Jackson	**Title:**	Compliance	
Email address: yjackson@voatx.org	**Telephone number:**	713.460.0781	
Agency Information			
Name of agency: Volunteers of America, Texas, Inc.			
Governing authority or parent agency: *(if applicable)*			
Physical address: 300 E. Midway Dr., Euless TX 76039			
Mailing address: *(if different from above)*			
Telephone number: 817.529.7300			
Agency Chief Executive Officer			
Name: Angela King	**Title:**	President/CEO	
Email address: aking@voatx.org	**Telephone number:**	817.529.7300	
Agency-Wide PREA Coordinator			
Name: Yolanda Jackson	**Title:**	Compliance	
Email address: yjackson@voatx.org	**Telephone number:**	713.460.0781	

AUDIT FINDINGS

NARRATIVE

The on site visit to conduct a Prison Rape Elimination Act (PREA) compliance audit of the Volunteers of America, Texas (VOATX), Riverside Treatment Center was conducted July 21-22, 2016. The facility serves as a substance abuse treatment center for adult males and females under sentence by a court. The facility is operated under a contract with the Texas Department of Criminal Justice (TDCJ), the Williamson County Adult Probation Department, Tarrant County and the United States District Court Probation and Pretrial Services of the Northern District of Texas to house residents that are in need of substance abuse treatment. The standards used for this audit became effective August 20, 2012. The Agency Director and Agency Wide PREA Coordinator were interviewed during the audit. As part of the audit, a review of all PREA policies and a tour of the facility was completed. At the time of this audit the facility employed 25 staff. The total population was 80 residents, 33 males and 47 females.

An entrance meeting was held with the Interim Facility Director/Chief Program Officer, Agency Wide PREA Coordinator/Compliance Manager and the Clinical Coordinator to discuss the audit and schedule of activities. Following the entrance meeting, the auditor toured the entire facility.

The audit consisted of an entrance meeting, a tour of the facility, review of documentation and interviews with staff and residents. The staff were questioned regarding PREA training, the zero-tolerance policy and first responder responsibilities including victim/perpetrator separation, reporting mechanisms and requirements, available interventions, conducting interviews, evidence collection, follow up and monitoring retaliation.

Ten randomly selected male and female resident interviews were conducted (five male and five female). At the time of the audit, the population did not include residents who self identified as being gay, intersex or bisexual. There were no residents that were considered limited English proficient or who had communication disabilities. No residents refused to be interviewed.

Interviews were conducted with the VOATX President/CEO, the PREA Coordinator, the Human Resources Director, the Interim Facility Director, a mental health staff member, a medical staff member, the Retaliation Monitor, a staff member who performs screening for risk of victimization and abusiveness, an intake staff member, a member of the incident review team, 10 randomly selected staff including staff from the various shifts and a contractor. Through interviews, the auditor found the residents and staff to be very aware of the PREA. Staff were knowledgeable about the facility's zero-tolerance policy and of their first responder responsibilities, reporting responsibilities and reporting/referral mechanisms to ensure a safe environment for residents and staff. Staff were aware of and follow the agency's policy prohibition of cross-gender viewing and cross-gender pat searches. There are no strip searches allowed at this facility. Resident interviews support staff's compliance with the facility's prohibition of cross-gender viewing and pat searches. Staff receive PREA related training as part of their initial orientation and annually as part of refresher training. Residents receive information regarding the PREA during intake. Arriving residents are provided a facility specific PREA information handout. The residents are provided information with reporting mechanisms, to include anonymous third-party sources for reporting. PREA information is also posted in the housing areas and the dining room which is used for visitation.

During the previous 12 months, the facility had one allegation of resident on resident sexual harassment that was substantiated.

DESCRIPTION OF FACILITY CHARACTERISTICS

Volunteers of America Texas, Riverside is Residential Substance Abuse Treatment facility located on the south side of Fort Worth, Texas. There is a bus stop located at the end of driveway to the facility which provides residents easy access to the public transportation system. The facility is a one story building that has a designed capacity of 91 residents, both males and females. There are 54 female beds and 37 male beds. There are administrative offices, group rooms, restrooms and a staff lounge. There is a commercial kitchen as well that prepares meals for the residents. There are 2 wings; females are housed in the east wing and the west wing houses males. The female wing consist of the following rooms: 201(6 beds) 202 (20 beds) 203(2 beds) 204(2 beds) 205 (6beds) 206(6 beds) 207 (2 beds) 208 (8 beds) and 209 (2 beds). The male wing consist of the following: 101(16 beds) 102 (3 beds) 103 (3 beds) and 104 (15 beds).

The facility meets all handicapped accessible regulations with ADA rooms and restrooms. There are security cameras with recording capabilities located in all areas of the facility. The cameras are monitored at the Residential Monitor's station and the Facility Director's office.

The facility provides residents an evidence based practice for treatment of chemically dependent clients. The core curriculum is the "Living in Balance" curriculum. The curriculum provides modules which include addictions education, substance abuse triggers, relapse prevention and dealing with relationships. Riverside is a Therapeutic Community and activities are proved to model health and sober group interactions on a regular basis. Residents are provided group and individual therapy sessions.

The stay for completing treatment is 30 to 90 days.

SUMMARY OF AUDIT FINDINGS

When the on site audit was completed, another meeting was held with the Interim Facility Director and the PREA Coordinator to discuss audit findings. The facility was found to be fully compliant to the PREA. Two standards were not-applicable. The auditor had been provided with extensive and lengthy files prior to the audit for review to support a conclusion of compliance to the PREA. All interviews also supported compliance. The facility staff were found to be extremely courteous, cooperative and professional. Staff morale appeared to be good, and the observed staff/resident relationships were seen as appropriate. All areas of the facility were observed to be clean and well maintained. At the conclusion of the audit, the auditor thanked the Interim Facility Director and staff for their hard work and dedication to the PREA audit process.

Number of standards exceeded: 0

Number of standards met: 37

Number of standards not met: 0

Number of standards not applicable: 2

Standard 115.211 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator

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

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.

The facility policy 100:16 mandates zero-tolerance toward all forms of sexual abuse and sexual harassment. The policy outlines how the facility deals with preventing, detecting and responding to sexual abuse and harassment. The agency has a designated agency wide PREA Coordinator who oversees the agency's compliance with the PREA. Zero tolerance is discussed in the client handbook that is provided to all newly arriving residents upon intake. Zero tolerance postings are located throughout the facility. The review of training records and staff interviews confirmed that staff, volunteers and contractors who have regular or frequent contact with residents receive PREA related training during initial orientation and again, annually. Compliance with this standard was determined through interviews with staff and residents and through policy reviews.

Standard 115.212 Contracting with other entities for the confinement of residents

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

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.

The standard is not applicable. Neither the agency nor the facility contracts with other entities for the confinement of residents.

Standard 115.213 Supervision and monitoring

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

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.

Interviews with the Interim Facility Director and Agency Head confirmed that compliance with the PREA, safety and security procedures are the primary focus when considering staffing patterns and video monitoring. The facility has a video monitoring system for monitoring the facility. The system also includes digital video recorders which are capable of storing data for approximately 30 days. The cameras are monitored at the Residential Monitor's station and in the Facility Director's office. The facility does not deviate from their established staffing plan and when vacancies occur, the facility endeavors to quickly fill the positions with qualified employees. Compliance with this standard was confirmed through interviews with staff and a review of policies.

Standard 115.215 Limits to cross-gender viewing and searches

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

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.

The facility recently developed and implemented a facility specific policy concerning cross-gender viewing and searches. Policy prohibits staff from conducting cross-gender strip searches or cross-gender visual body cavity searches. The policy also prohibits cross-gender pat searches as well. All interviewed staff indicated they received cross-gender pat search training during initial and annual training sessions, but all stated it was against policy to perform cross-gender searches of any kind. Residents and staff indicated that residents are allowed to shower, dress and use the toilet privately without being viewed by the opposite gender. As confirmed by interviews and observation, staff of the opposite gender announce their presence before entering a housing unit. There are notices posted in the housing units indicating opposite gender staff presence. Staff were observed announcing cross-gender presence during the facility tour. Staff interviews confirmed that they were aware of the policy prohibiting searches of transgender or intersex residents for the sole purpose of determining their genital status. Compliance with this standard was confirmed through staff and resident interviews and a review of policy.

Standard 115.216 Residents with disabilities and residents who are limited English proficient

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

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.

The facility policy 100:16 addresses the requirements of this standard. The facility takes appropriate steps to ensure residents with disabilities and residents with limited English proficiency have an opportunity to participate in and benefit from the facilities efforts to prevent, detect and respond to sexual abuse and harassment. PREA handouts, postings and resident handbooks are provided in English and Spanish. Interviews with staff indicated they were aware that under no circumstance are residents permitted to act as interpreters or assistants when dealing with PREA issues. There were no residents at the facility during the audit who were limited English proficient or who had any communication disabilities. Compliance with this standard was confirmed through staff interviews and a review of policy.

Standard 115.217 Hiring and promotion decisions

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

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.

The facility policy 300:06 addresses the requirements of this standard. The agency Human Resources Director was interviewed and confirmed that the agency and the facility conducts criminal background checks using national databases to perform background checks on employees. Policy states that material omissions regarding related misconduct, or the provision of materially false information, is grounds for termination. Background checks are conducted on contractors or volunteers who have frequent or regular contact with residents. Contractors performing infrequent services within the facility are escorted by facility staff during their visit. Background checks are updated every year on every employee. Compliance with this standard was confirmed through staff interviews and a review of policy.

Standard 115.218 Upgrades to facilities and technologies

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

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.

The facility consists of a single story building that houses both male and female residents. The building has two main wings, with males being housed on one wing and females on the other. The facility has a functional video monitoring system to enhance security and the monitoring of residents. The system also includes digital video recorders which are capable or storing data for approximately 30 days. The cameras are viewed at the Residential Monitor's station and the Facility Director's office. The Interim Facility Director stated that they would use any information revealed as a result of the review of any sexual assault or sexual harassment investigation to enhance or upgrade monitoring technology. Compliance with this standard was confirmed through staff interviews and observations of the facility by the auditor.

Standard 115.221 Evidence protocol and forensic medical examinations

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

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.

The facility policy 1200:23 addresses the requirements of this standard. Staff interviewed were knowledgeable of procedures to separate the victim and perpetrator; isolating any witnesses; chain of command notifications; appropriate referrals and securing and obtaining usable physical evidence when sexual abuse is alleged. All allegations of sexual abuse or sexual harassment are forwarded to the agency PREA Coordinator who is also the agency PREA investigator. If the allegation is criminal in nature, the Fort Worth Police Department would also be notified. If needed, residents will be transported to John Peter Smith Hospital for forensic medical examinations by qualified medical staff. All services will be provided at no cost to the resident. Compliance with this standard was confirmed through staff interviews and policy review.

Standard 115.222 Policies to ensure referrals of allegations for investigations

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

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.

The facility policy 100:16 addresses the requirements of this standard. Any allegation of sexual abuse that is criminal in nature is referred to the Fort Worth Police Department for investigation. Administrative investigations are conducted by the Agency PREA investigator/PREA Coordinator. There was one allegation of resident on resident sexual abuse or harassment during the previous 12 months that resulted in an administrative investigation that was substantiated. Compliance with this standard was confirmed through staff interviews and review of policy.

Standard 115.231 Employee training

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

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.

The facility policy 100:16 addresses the requirements of this standard. The facility provides PREA standards training to all new employees during their orientation and again annually. Training is also provided at bi-weekly staff meetings. In addition, all staff interviews and a review of the staff records revealed that staff did receive the training and had a good working knowledge of the standards. Compliance with this standard was confirmed through staff interviews and a review of policy.

Standard 115.232 Volunteer and contractor training

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

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.

The Agency PREA Coordinator was interviewed and stated that all volunteers and contractors, who have contact with residents, are required to participate in PREA standards training provided by facility staff. A contractor that was interviewed during the audit confirmed that he had PREA training provided by facility staff. Compliance with this standard was confirmed through staff interviews, an interview with a contractor, policy review and a review of training files.

Standard 115.233 Resident education

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

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.

The facility policy 1200:23A addresses the requirement of this standard. Residents receive information during the intake process that includes a PREA verbal orientation and the resident handbook which is provided in English and Spanish. The information explains the facility's zero tolerance policy regarding sexual abuse and sexual harassment. Residents are also provided information regarding reporting procedures, their right to be free from retaliation and the availability of advocacy services. There are posters in the common areas throughout the facility including the hotline telephone number to call to report abuse or harassment. Residents sign a form acknowledging they have received the PREA information. Interviews with residents confirmed they had received the required information. Staff and resident interviews, as well as documentation review, support the facility meeting compliance with this standard.

Standard 115.234 Specialized training: Investigations

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

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.

The Agency PREA Coordinator serves as the PREA Investigator. The investigator has received PREA specialized training for investigating sexual abuse and sexual harassment allegations in confinement settings offered by the National Institute of Corrections. The training contains all the requirements of this standard. Compliance with this standard was determined through document reviews and the interview with the PREA Investigator.

Standard 115.235 Specialized training: Medical and mental health care

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

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.

The one on site medical staff and the one on site mental health contract staff were interviewed concerning this standard. Both stated that they had been provided specialized training concerning their duties related to the PREA. All staff are trained as first responders to refer victims to John Peter Smith Hospital for medical treatment and gathering of forensic evidence. Residents are referred to the Women's Center of Fort Worth for outside mental health treatment/advocacy services. The review of this standard included staff interviews.

Standard 115.241 Screening for risk of victimization and abusiveness

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

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.

The facility policy 1200:23A and agency policy 7C-04 address the requirements of this standard. Upon arrival all residents are screened and assessed for their risk of being sexually abused or harassed by other residents or for being sexually abusive towards other residents. Residents are not disciplined for refusing to answer PREA screening questions. The facility uses an objective checklist or template screening form. The screening form addresses the items required by the standard. The case managers review all relevant information from other facilities and continue to reassess when additional information is received within 30 days. Compliance with this standard was confirmed through staff interviews, policy reviews and a review of the intake screening form.

Standard 115.242 Use of screening information

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

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.

The agency policy 7C-04 addresses the requirements of this standard. The facility uses a screening instrument to determine proper housing, bed assignment, education and other program assignments with the goal of keeping residents at high risk of being sexually abused/harassed separate from those residents who are at a high risk of being sexually abusive. Policy requires that the initial screening be conducted within 72 hours of arrival. Housing and program assignments are made on a case by case basis for all residents with continued follow-up and monitoring. The facility does not have dedicated housing for lesbian, gay, bisexual, transgender, or intersex residents. All residents are permitted to shower separately from other residents. A review of policy, screening documentation and interviews with staff and residents, including the one self identified transgender resident, confirmed compliance to the standard.

Standard 115.251 Resident reporting

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

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.

The facility policy 1200:23A addresses the requirements of this standard. Upon arrival, each resident is provided written information concerning the PREA as a part of the orientation process. All written information is provided in both English and Spanish. There are postings throughout the facility that provide residents with a telephone hotline for anonymously reporting sexual abuse or sexual harassment. The handbook provides residents information on how to report sexual abuse or sexual harassment which includes telling a staff member, submitting a grievance and using the hotline. Residents sign a form acknowledging that they received the handbook. Staff are required to document all allegations. Posters and other documents were noted on display in the common areas of the facility which also explain reporting methods. Interviews with staff and residents confirmed awareness of reporting methods. Compliance with this standard was confirmed through staff and resident interviews, a review of the handbook and a review of policy.

Standard 115.252 Exhaustion of administrative remedies

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

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.

The facility policy 1200:01 addresses the requirement of this standard. Residents may file a grievance, however, all allegations of sexual abuse or sexual harassment, when received by staff, would immediately be referred to the Facility Director and would be subject to an administrative or criminal investigation. There are no time limits imposed for submitting a grievance regarding an allegation of sexual abuse. Residents are not required to first use an informal grievance process in order to file a formal grievance. There were no grievances filed involving PREA related issues during the previous 12 months. Interviews with staff and residents confirmed that they were aware of the grievance procedures and how to file and respond to a grievance. Compliance with this standard was determined by staff and resident interviews and policy review.

Standard 115.253 Resident access to outside confidential support services

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

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.

The facility policy 100:16 addresses the requirements of this standard. The facility has an agreement with the Womens Center of Fort Worth, Texas (a local rape crisis and victim services center) to provide outside confidential support services. As confirmed by observation during the facility tour, posters displaying the contact information are in common areas of the facility. Interviews with staff and residents confirmed that they were aware of the access to outside confidential support services and where the telephone numbers are located. Compliance with this standard was determined through staff and resident interviews, observations of postings during the facility tour and a review of policy.

Standard 115.254 Third-party reporting

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

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.

The agency policy 7C-04 addresses the requirement of this standard. Third parties, including other residents, staff members, family members, attorneys, and outside advocates, may assist residents in filing requests for administrative remedies or complaints relating to allegations of sexual abuse and may file such requests on behalf of the reporting resident. As confirmed by observation and interviews, the facility provides the residents with all the information needed for third party reporting. Upon arrival, each resident receives and signs for a handbook that address the requirements of this standard. There are postings in the areas of the facility used for visitation that provide the hotline number and the address to report allegations of sexual abuse or sexual harassment. Compliance with this standard was confirmed through a review of policy, a review of the Client Handbook and interviews with staff and residents.

Standard 115.261 Staff and agency reporting duties

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

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.

The agency policy 7C-04 addresses the requirements of this standard. Policy requires all staff to immediately report any knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment that occurred in the facility, retaliation against residents or staff who reported such incidents and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Policy states that apart from reporting to designated supervisors or officials, staff shall not reveal 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. The facility does not house residents under the age of 18. Staff interviewed were aware of their duty to immediately report all allegations of sexual abuse, harassment and retaliation relevant to PREA standards and appropriate reporting methods. Compliance to the standard was verified through staff interviews and a review of policies.

Standard 115.262 Agency protection duties

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

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.

The facility policy 1200:23A addresses the requirements of this standard. All staff interviewed were aware of their duties and responsibilities if they become aware of a resident that is subject to substantial risk of imminent sexual abuse. All staff interviewed stated that they would take immediate action to protect the resident. In the previous 12 months there were no instances where it was determined that a resident was subject to an imminent risk of sexual abuse. Compliance to this standard was confirmed through staff interviews and a review of policy.

Standard 115.263 Reporting to other confinement facilities

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

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.

The facility policy 1200:23A addresses the requirements of this standard. Policy requires the reporting of any PREA related allegation by a resident that occurred at another facility. Upon receiving an allegation that a resident was sexually abused while confined at another facility/program, the Director must notify the Director of the facility where the allegation occurred within 72 hours of the receiving the allegation. The Director is also required to immediately notify the contracting officer of the agency that has contracted for services for the resident. A resident who reports previous sexual abuse/sexual assault will have support services made available to them including counseling and community support groups. There have been no allegations of sexual abuse or sexual harassment reported to have occurred at another facility during the previous year. Compliance to this standard was confirmed through staff interviews and a review of policy.

Standard 115.264 Staff first responder duties

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

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.

The facility policy 1200:23A addresses the requirements of this standard. All staff interviewed were knowledgeable regarding their first responder duties upon learning of a sexual abuse or sexual harassment allegation. The staff stated they would immediately separate the residents, secure the scene as a possible crime scene, protect possible evidence, not allow the victim to bath, smoke, brush their teeth, defecate, urinate, eat, drink, or change clothes, not allow other residents to destroy possible evidence and contact their supervisor and the Facility Director. Compliance to this standard was confirmed through staff interviews and a review of policy.

Standard 115.265 Coordinated response

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

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.

The agency policy 7C-03 addresses the requirements of this standard. A review of agency policies and procedures confirmed that there is a coordinated response to resolve sexual abuse/sexual harassment incidents that includes first responders, referral to medical and mental health practitioners, investigators and facility leadership. The facility does have a Sexual Assault Response Team (SART) that is charged with ensuring that the victim of any sexual abuse/sexual assault is cared for physically and emotionally. The SART is also directed by policy to ensure that all policies and procedures are being followed concerning an allegation of sexual abuse. Compliance to this standard was confirmed through staff interviews and a review of policy.

Standard 115.266 Preservation of ability to protect residents from contact with abusers

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

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.

This standard is Not-Applicable. The facility does not have a collective bargaining agreement with any employee.

Standard 115.267 Agency protection against retaliation

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

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.

The agency policy 7C-04 and facility policy 100:16 address the requirements of this standard. The policy prohibits any type of retaliation to any staff or resident who has reported sexual abuse or sexual harassment or who has cooperated in any PREA allegation investigation. The Clinical Treatment Services Coordinator has been designated as the retaliation monitor. She stated she would meet with and monitor any resident who made an allegation of sexual abuse or sexual harassment on at least a weekly basis for at least 90 days or longer if needed to make sure the resident is protected and safe from retaliation. Compliance to this standard was confirmed through staff interviews and a review of policy.

Standard 115.271 Criminal and administrative agency investigations

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

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.

The agency policy 7C-03 and facility policy 100:16 address the requirements of this standard. All allegations of sexual abuse or sexual harassment are referred to the Agency Investigator/PREA Coordinator for investigation and disposition. The Fort Worth Police Department is also notified of any allegation that is criminal in nature. Substantiated allegations of conduct that appears to be criminal in nature are referred for prosecution. There was one allegation of resident on resident sexual abuse/ sexual harassment during the previous 12 months. This incident was reported to the PREA Coordinator/Agency PREA Investigator. An administrative investigation was promptly conducted on the allegation. Compliance to this standard was confirmed through interviews with the Interim Facility Director and the PREA Coordinator/Agency PREA Investigator and a review of policy.

Standard 115.272 Evidentiary standard for administrative investigations

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

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.

The PREA Coordinator/PREA Investigator was interviewed concerning this standard. The evidence standard is a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. Compliance to this standard was confirmed through an interview with the PREA Coordinator/PREA Investigator.

Standard 115.273 Reporting to residents

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

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.

The facility policies 1200:01 and 100:16 address this standard. Policy requires that a victim resident be informed of the determination of an investigation into an allegation of sexual abuse or sexual harassment; that is whether the allegation was determined to be substantiated, unsubstantiated or unfounded. There was one administrative investigation involving a resident on resident sexual harassment allegation during the previous 12 months that was substantiated. The victim in this case was not available for interview as he was no longer at the facility. Compliance to this standard was confirmed through staff interviews and a review of policy.

Standard 115.276 Disciplinary sanctions for staff

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

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.

The facility policy 100:16 addresses the requirements of this standard. The agency employee handbook also informs employees of disciplinary sanctions that may be imposed as a result of violating the agency sexual abuse or sexual harassment policies. Termination is the presumptive disciplinary sanction for staff who engage in sexual abuse. There were no allegations of sexual misconduct by staff during the previous 12 months. Compliance to this standard was confirmed through staff interviews and a review of policy.

Standard 115.277 Corrective action for contractors and volunteers

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

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.

The facility policy 1200:01 addresses the requirement of the standard. Any contractor or volunteer who engages in sexual abuse would be immediately prohibited from contact with residents and would be reported to law enforcement and to relevant licensing bodies, unless the activity was clearly not criminal. During the past 12 months there were no volunteers or contractors accused of sexual abuse or sexual harassment of a resident. Compliance to this standard was confirmed through staff interviews and a review of policy.

Standard 115.278 Disciplinary sanctions for residents

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

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.

The facility policy 1200:16 addresses the requirement of the standard. The facility prohibits any and all sexual activity between residents and may discipline residents for such activity. Policy and procedures do not allow consensual sex of any nature. Compliance to this standard was confirmed through staff interviews and a review of policy.

Standard 115.282 Access to emergency medical and mental health services

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

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.

The facility policy 7C-03 and 7C-04 address the requirements of this standard. All staff are trained as first responders to refer victims to John Peter Smith Hospital for medical treatment and the gathering of forensic evidence. Residents are referred to the Women's Center of Fort Worth, Texas for mental health treatment. Staff are also trained to preserve any on site evidence for criminal investigations. Residents are offered 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 treatment is to be offered at no financial cost to the residents irrespective of whether the victim names the abuser or cooperates with any investigation arising from the incident. Compliance to this standard was confirmed through staff interviews and a review of policy.

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

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

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.

The facility policies 7C-03 and 7C-04 address the requirements the standard. Through an agreement with John Peter Smith Hospital for medical treatment and the Women's Center of Fort Worth, Texas for mental health treatment, residents will receive continued treatment if needed. Services are consistent with a community level of care and are provided without financial cost to the resident. Resident victims of sexually abusive vaginal penetration while incarcerated would be offered pregnancy testing and if a pregnancy results, the victim would be offered timely and comprehensive information about access to all lawful pregnancy related medical services. Medically appropriate testing for sexually transmitted diseases would also be offered. During the previous 12 months, the facility did not have any victim needing medical or mental health treatment. This standard's compliance was determined by staff interviews and a review of policies.

Standard 115.286 Sexual abuse incident reviews

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

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.

The agency policy 7C-03 addresses the requirements of this standard. The facility has established a PREA Incident Review Committee and Sexual Assault Response Team (SART) which operates in accordance with the required components of the standard. The committee includes the Chief Program Officer, the Facility Director, the PREA Coordinator and the resident's Case Manager/Counselor. The team was activated and reviewed the one allegation during the reporting period within seven days of the allegation. Compliance to this standard was confirmed through staff interviews, a review of policy and other documentation.

Standard 115.287 Data collection

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

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.

The facility policy 100:16 addresses the requirement of the standard. The facility collects accurate uniform data for every allegation of sexual abuse or sexual harassment by using a standardized instrument. The incident-based and aggregate data collected is provided to the Agency Wide PREA Coordinator. Compliance to this standard was confirmed through staff interviews and a review of policy.

Standard 115.288 Data review for corrective action

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

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.

The facility policies 100:16 addresses the requirement of the standard. The facility reviews and assesses all sexual abuse and sexual harassment data at least annually to improve the effectiveness of its sexual abuse prevention, detection and response policies and to identify any issues or problematic areas and take corrective action, if needed. Compliance to this standard was confirmed through staff interviews and a review of policy.

Standard 115.289 Data storage, publication, and destruction

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

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.

The facility policy 100:16 addresses the requirements of this standard. The facility reviews and assesses all sexual abuse and sexual harassment data at least annually to improve the effectiveness of its sexual abuse prevention, detection and response policies and to identify any issues or problematic areas and take corrective action, if needed. On an annual basis, the agency PREA Coordinator will provide the data to the agencies contracting for resident services and it will be made available in hard copy to the public upon request. Compliance to this standard was confirmed through staff interviews and a review of policy.

AUDITOR CERTIFICATION

I certify that:

- ■ The contents of this report are accurate to the best of my knowledge.
- ■ No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- ■ I have not included in the final report any personally identifiable information (PII) about any resident or staff member, except where the names of administrative personnel are specifically requested in the report template.

Glynn Maddox 09/05/2016

Auditor Signature Date